MINOR SUBDIVISION APPLICATION
FOR DEVELOPMENTS USING ON-SITE SEWAGE MANAGEMENT
Gilmer County Health Department
Environmental Health Office

(Minor Subdivision: Four lots or less.)

INSTRUCTIONS: If certain questions do not apply simply write N/A. We understand that some of the information you provide may change before final approval, but keep us informed of these changes. It is critical that you understand the subdivision review and approval process that is attached to this application.

GENERAL INFORMATION

*Name of proposed subdivision:_______________________________________

*Location of subdivision:_______________________________________

*Directions:_______________________________________

*Owner/Developer:__________________________________

Address & Phone:___________________________________

_______________________________________________

*Company Name, Address & Phone (if different than above):

_______________________________________________

_______________________________________________

*Surveyor and Phone number: __________________________

*Area of subdivision in acres:__________________________

*Number of Lots Anticipated:___________________________

*Will development take place in phases (I, II, etc.)?____________
SEWAGE DISPOSAL

Are all lots to be served by individual on-site sewage management systems (septic tank systems, etc)? __________________________

If not, what other sewage disposal methods will be used? (circle those that apply): Public/Municipal, Community, Other __________

Do you know of any plans to extend public sewers to serve the area of your subdivision (future availability)? ______________________

If yes, give details: _______________________________________

Will there be any commercial or business development as part of your planned subdivision? ____________ If yes, what kinds? _______

WATER SUPPLY

Will lots be served by (circle all that apply):

- Individual wells or springs on each lot
- A public water system (county, city, etc)
- A new water system to serve this proposed subdivision (must be approved by Georgia’s E.P.D.)
- Other, or combination of above (describe): ____________________________

NOTE: If you plan to connect to an existing water or sewer system we will need a letter from that city, county or community authorizing your connection and service.
BUILDING INFORMATION

This section provides this office with the kind of structures that are going to be placed on the lots.

Typical Home: Minimum Square Footage ________
No. of Bedrooms ______

Mobile Homes ______  Stick-Built ________ Other __________

REQUIRED INFORMATION

Preliminary Plat Review:

_________Copy of Preliminary Plat Set

Final Plat Review:

_________Copy of Final Plat Set

*Final Review can take a minimum of 2 weeks to complete!!! It is critical that all the required information is provided (as applicable). If it is not provided, we can not sign-off on your final plat and will delay your approval.
*Additional requirements may be imposed if found to be necessary to determine the suitability of an on-site sewage management system for any lot in question.

STATEMENT OF APPLICATION AND RECEIPT OF MATERIALS

I am the owner/developer of this proposed subdivision or authorized representative of same. I hereby make application for development of this subdivision in accordance with the “Rules of Department of Human Resources, Public Health, Chapter 290-5-26, On-Site Sewage Management Systems” and the “Gilmer County Board of Health specifications for on-site sewage management systems locations, and minimum lot size or land area requirements for on-site sewage management systems as adopted 6th day of March,
2001.” I have received a copy of the Guidelines for Subdivision Development, and understand that I may purchase copies of these Rules and the Manual for On-Site Sewage Management Systems. I understand that lots within this proposed subdivision may not be sold or offered for sale until written approval of plans for the water supply and sewage disposal has been obtained from the Gilmer County Board of Health.

SIGNED:_______________________________________________________________

PRINT NAME:________________________________________________________

DATE:_______________________________________________________________