

PICKENS COUNTY ENVIRONMENTAL HEALTH

1266 East Church Street, Jasper, GA 30143

Phone: (706) 253-0900

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Office Hours: 8:00-9:30 a.m. & 1:00-1:30 p.m.

SUBDIVISION APPLICATION

FOR DEVELOPMENTS USING ON-SITE SEWAGE MANAGEMENT

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:

_____ Red-stamped Level III soil analysis

_____ Original Level II soil analysis (lots > 3 acres)

_____ Copy of Preliminary Plat Set

_____ Lot Numbered and Marked on Property

_____ Property Lines marked

*Preliminary Review for subdivisions can take **a minimum** of 2 weeks to complete! If we don't have all the required information at time of application, this will delay the preliminary review process and approval.

Final Plat Review:

_____ Required Original Site Plans

_____ Required Red-Stamped Level IV Soil Evaluations

_____ New Red-Stamped Level III Overlay reflecting lot line changes, re-numbered lots, lot deletions, etc.

_____ Copy of Final Plat Set

_____ Lot Lines Marked and Visible

_____ Lots Visibly Numbered on Each Lot

*Final Review can take **a minimum** of 3 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.

STATEMENT OF APPLICATION AND RECEIPT OF MATERIALS

I am the owner/developer or authorized agent for this proposed subdivision. I agree to follow the rules and regulations of the **State of Georgia Manual for On-Site Sewage Management Systems** and the Pickens County Board of Health lot sizes when developing this subdivision. I agree to provide any and all information necessary to the Pickens County Environmental Health Office to aid in the review process. I understand that I must remit a subdivision plan review fee of \$30 per lot for all lots proposed on the preliminary plat. This fee must be paid at the time of the application and plan review. I understand that I must allow up to thirty (30) days for the Environmental Health to complete the preliminary review.

SIGNED: _____

PRINT NAME: _____

DATE: _____

NAME OF DEVELOPMENT: _____

For Office use only

Plan Review Paid:

Receipt #: _____

Date: _____

Amount: _____