OFFICE USE ONLY

PLAN REVIEW FEE PAID: YES or NO PER LOT FEE PAID: YES, NO, or N/A BALANCE OWED: _____ RECEIPT NUMBER: ____

DATE SUBMITTED:

SUBDIVISION APPLICATION

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

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 <u>a minimum</u> 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 <u>a minimum</u> 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 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:_____