

**WHITFIELD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION**

1407 BURLEYSON DRIVE•SUITE 1•DALTON, GA 30720
(706) 272-2005 PHONE•(706) 272-2442 FAX
Hours: Monday – Friday, 8:00 a.m. – 4:30 p.m.

**SUBDIVISION APPLICATION
FOR DEVELOPMENTS REQUIRING ON-SITE SEWAGE MANAGEMENT SYSTEMS**

INSTRUCTIONS: Please make sure that you **read and understand** the **Environmental Health Guidelines for Subdivision Development**. Please answer all questions that apply and sign the statement at the end of the application. Please print or type answers.

Name of proposed development: _____

Location of proposed development: _____

Owner/Developer: _____

Address & Phone : _____

Company Name, Address & Phone (if different from above): _____

Total land area (in acres): _____

Total number of proposed lots: _____

Will development take place in phases? (if so, how many phases?): _____

Is distance to public sewer greater than 500'? _____

Adjacent land use (commercial, residential, reservoirs, etc.): _____

Water supply: PUBLIC _____ OTHER (will require additional documentation) _____

What is the proposed minimum square footage for homes in the development?: _____

What is the estimated number of bedrooms per home in the development: _____

What is the minimum square footage for the main level? _____

SUBDIVISION DEVELOPMENT APPLICATION AGREEMENT

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 Whitfield County Board of Health lot sizes when developing this subdivision. I agree to provide any and all information necessary to the Whitfield County Environmental Health Office to aid in the review process.

I understand that I must remit a subdivision plan review fee of \$20 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.

I have received a copy of the *Environmental Health Guidelines for Subdivision Development* and understand that I may purchase a copy of the **Georgia On-Site Sewage Manual** (the On-Site rules {but not the complete manual} are available on-line at health.state.ga.us/programs/envservices). The information I have provided is accurate to the best of my knowledge and I will advise the Environmental Health Office of any pertinent changes.

SIGNED: _____

PRINT NAME: _____

DATE: _____

NAME OF DEVELOPMENT: _____

For office use only

PLAN REVIEW FEE PAID: (date) _____ Amount Paid: \$ _____

SAMPLE