



WARE COUNTY PLANNING & CODE DEPARTMENT

902 GROVE AVENUE, WAYCROSS, GA 31501

Telephone: (912) 287-4379 Fax: (912) 287-2467



A SITE PLAN MUST BE SUBMITTED BEFORE APPLICATION CAN BE PROCESSED FOR A SEPTIC TANK OR BUILDING PERMIT.

REQUEST: _____

<u>RESIDENTIAL</u>	<u>NON-RESIDENTIAL</u>	<u>OTHER</u>
NEW SYSTEM PERMIT (\$110) *	NEW SYSTEM PERMIT (\$110) *	RE-INSPECT/RETURN TRIP (\$50) *
REPAIR OF SYSTEM (\$110) *	REPAIR OF SYSTEM (\$110) *	EVALUATION w/LETTER (\$60) *
EXISTING INSPECTION (\$60) *	EXISTING SYSTEM (\$60) *	CULVERT

* The fees above include a non-refundable administrative/application fee.

* **If required fill dirt is above 18 inches, a fee of \$20.00 must be paid for fill (mound) evaluation.** \$20.00 paid

APPLICATION DATE: _____ FEE PAID \$ _____ CLERK: Diane Becky Martha James Wayne

APPLICANT'S NAME _____

PRESENT MAILING ADDRESS _____ CITY _____ ZIP _____

HOME PHONE: _____ WORK PHONE: _____ MOBILE PHONE: _____

ADDRESS OF PROPERTY APPLIED FOR: _____

NAME OF SUBDIVISION (If applicable): _____ **LOT #** _____

LAND OWNER OF PROPERTY: _____ PREVIOUS OWNER: _____

★ **ARE YOU A NEW RESIDENT OF WARE COUNTY?** **YES** **NO**

TYPE OF STRUCTURE: RESIDENTIAL SITE BUILT MANUFACTURED HOME INDUSTRIAL/COMMERCIAL

YEAR _____ MAKE _____ LENGTH _____ WIDTH _____ SW DW CLASS A

OF BEDROOMS _____ # OF BATHROOMS _____ **JACUZZI** YES NO **GARBAGE DISPOSAL** YES NO

MANUFACTURED HOME SERIAL # _____

WE REGRET THAT WE CANNOT ISSUE MANUFACTURED HOME PERMITS WITHOUT THE SERIAL NUMBER.

TYPE OF CONSTRUCTION: _____ **CONTRACTOR:** _____

ELECTRICIAN: _____ LICENSE YES NO PLUMBER: _____ LICENSE YES NO

H&A: _____ LICENSE YES NO ESTIMATED COST: \$ _____ SQ. FOOTAGE: _____

COUNTY WATER PRIVATE WELL New Existing POWER CO GA Power Satilla Slashpine Okefenokee

HEALTH DEPT WELL INSPECTION/WATER SAMPLE **\$35.00 EFFECTIVE FEBRUARY 2007 (New wells ONLY)**

TAX MAP NUMBER _____

BLOCK/LAND LOT NUMBER _____

PARCEL NUMBER _____

EXISTING ZONING _____

FLOOD PLAIN ZONING _____

WETLANDS ZONING SYMBOLOGY _____

GROUND WATER-POLLUTION SUSCEPTIBILITY _____ LOW _____ AVERAGE _____ HIGH

COUNTY WELLHEAD LOCATION _____ WITHIN 100' _____ WITHIN 150'

EXISTING ZONING SETBACKS:

FRONT: _____

SIDE: _____ CORNER: _____

REAR: _____

SOIL EROSION PLAN - 1.1 ACRE OR MORE _____ Y _____ N

SIGNIFICANT GROUND-WATER RECHARGE ZONING _____ Y _____ N

DIRECTIONS TO SITE: _____

ADDITIONAL NOTES:

WARE COUNTY HEALTH DEPARTMENT, CODES & INSPECTORS POLICY

1. THE CORNERS OF THE HOUSE OR MANUFACTURED HOME MUST BE STAKED OFF. THE FOUR CORNERS OF EXISTING TANK MUST BE UNCOVERED BEFORE INSPECTION OR AN ADDITIONAL \$35.00 WILL BE CHARGED FOR THE ENVIRONMENTALIST TO MAKE A RETURN TRIP.
2. ELECTRICAL SERVICE WILL NOT BE HOOKED UP UNTIL SEPTIC TANK AND MOBILE HOME ARE INSTALLED AND APPROVED BY THE WARE COUNTY HEALTH DEPARTMENT AND BUILDING INSPECTOR.
3. WARE COUNTY REQUIRES APPLICATION FOR A CULVERT AT TIME OF SEPTIC TANK APPLICATION/REQUEST.

APPLICANTS SIGNATURE: _____ DATE: _____

CONTRACTORS SIGNATURE: _____ DATE: _____