Public Health
Prevent. Promote. Protect.

Forsyth County Environmental Health

514 West Maple Street Suite 404 · Cumming, Georgia 30040
PH: 770-781-6909 · FAX: 678-807-7343 · www.forsythhd.com
District 2, Public Health

SITE EVALUATION APPLICATION

Date: _____ **Property Type**: Residential ☐ Commercial ☐

SERVICE TYPE:

☐ **Addition to Home(non-bedroom)** ☐ **Barn/Shed/Storage Structure** ☐ **Deck/Porch/Patio**

☐ **Detached Garage** ☐ **Replace Mobile Home** ☐ **OTHER:** _____

☐ **Review before Purchase** ☐ **Adoption/Foster Care** ☐ **Lot Review** ☐ **Lender Request**

List all additional existing structures and the intended use: _____

Description with sizes: _____

_____

_____

SERVICE ADDRESS:

_____
Street City State Zip

Subdivision: _____ Lot#: _____ Lot Size (acres): _____

Gate Code: _____ Animals: ☐ Yes ☐ No If yes, type: _____

HOME INFORMATION:

Water Supply (check one): ☐ **Public** ☐ **Community** ☐ **Private (well)**

Plumbing Level: (check one): ☐ **Basement** ☐ **Above Ground Level** ☐ **Ground Level**

(Residential) # of Bedrooms: _____ **or** **(Commercial) # of Gallons Used Per Day** _____

Garbage Disposal: (check one): ☐ **Yes** ☐ **No**

OWNER INFORMATION

Name: _____ Phone #: _____

Email address: _____

AUTHORIZED AGENT/CONTACT INFORMATION

Name: _____ Phone #: _____

Email address: _____

It is your responsibility to notify the Health Department of all water wells on your property or wells within 100 feet of your property. This includes wells used for ANY purpose, or any that are no longer used or have not been properly abandoned. You must notify this office of the location of any wells prior to the issuance of the permit or your permit may be voided. Permits are not transferable and expire 12 months from date of issues. All surface and/or ground water must be diverted around septic systems. A new soil report is recommended before any septic repair. AN INCOMPLETE APPLICATION PACKET WILL NOT BE ACCEPTED

Signature of Applicant: _____

Print name: _____