

APPLICATION FOR PROPERTY RENOVATION

Fulton County Board of Health
Environmental Health Services

PROPERTY
OWNER
INFORMATION

Address of Renovation: _____
Street Suite/Bldg# City GA ZIP

Name: _____

Address: _____
Street Suite/Bldg# City State ZIP

Contact: _____
Telephone/Cell# Fax# E-mail

Name: _____

Company Name: _____

Address: _____
Street Suite/Room# City State ZIP

Contact: _____
Telephone/Cell# Fax# E-mail

CONTRACTOR / BUILDER
INFORMATION

As the property owner, I _____ am requesting approval for the following renovation on
(Print Property Owner's Name)
my property at the above address:

_____ (installing pool, adding deck/bedroom, building garage/tennis court, etc.)

I agree that approval of plans by the Department of Health and Wellness, Environmental Health Services Division, for this renovation does not eliminate the possibility that the existing onsite sewage management system (OSMS) on my property will be disturbed during the renovation. In the event that my OSMS system is disturbed in any way during the renovation, the contractor / builder and I have reached an agreement as to who will be responsible for repairing/restoring my OSMS in accordance with instructions from the Fulton County Board of Health and Chapter 511-3-1, Rules and Regulations for OSMS. I and the contractor/builder agree that if the OSMS is disturbed during the renovation, all work shall stop until the Department is contacted and a permit to repair the OSMS system has been issued by the Department.
Preferred Contact Method: ☐ Telephone ☐ Email ☐ Fax

(Property Owner's Signature) (Date)

(Contractor's / Builder's Signature) (Date)

=====EHS Use Only=====

Copy of OSMS Inspection Report attached Copy of Renovation Letter attached

Inspection Date: _____ Control #: _____

Service Code: _____ Check/M.O.#: _____ Fee Amount: _____ Receipt#: _____

Approved By: _____

EHS Staff

Date