Septic Tank Permit Application Pierce County Community Development 312 Nichols Street, Suite 3, Blackshear, GA 31516 912.449.2037 912.449.2224 fax

HEALTH DEPARTMENT SERVICES

Subdivision:		Parcel:	Lot:
Site Address:		City:	
Property Owner:			
Mail Address:		= '	
Contact Number:			
Applicant:		_	
Applicant Address:		City:	
Contact Number:		_	
Contractor:			Number:
5	Repair/Rep Existing Sy Mound Evalu Re-evalu Water Sample (Bacteria STRUCTURE IN Commercial Site Built anufactured Home	ystem \$40 Juation \$20 Juation \$60 Juation	
Directions:			
Remarks: Owner/Applicant:	Mark off corners of where the ne Corners of existing tank must be Please complete where applicable completion a \$60 fee will be issue Permit and letter from the Health need to be signed <u>before</u> Building	uncovered. e. If return inspo ed. o Dept will be av	ection is required due to non- vailable at Code Office and will
Applicant Signature:			Date:
Inspection Approval:	Health Department: Tony Sapp or I	Brant Phelns	Date:
		Jse Only	
ACCEPTED BY: APPROVED BY:	DATE:	PERMIT: _ FEE:	
AFFROVED BT.	DATE:	- '	