



WARE COUNTY PLANNING & CODE DEPARTMENT
305 OAK STREET, SUITE 157, WAYCROSS, GA 31501
Telephone: (912) 490-4379 Fax: (912) 490-2467



SEPTIC TANK PERMIT APPLICATION /MOBILE HOME MOVING PERMIT APPLICATION
WE ACCEPT DEBIT/CREDIT CARD, CHECK AND/OR MONEY ORDER

REQUEST: _____

Onsite Sewage Disposal System

If on public sewer system check here

<u>RESIDENTIAL</u>	<u>NON-RESIDENTIAL</u>	<u>OTHER</u>
NEW SYSTEM PERMIT (\$135) *	NEW SYSTEM PERMIT (\$260) *	RE-INSPECT/RETURN TRIP (\$50) *
REPAIR OF SYSTEM (\$135) *	REPAIR OF SYSTEM (\$260) *	EVALUATION w/LETTER (\$60) *
EXISTING INSPECTION (\$60) *	EXISTING SYSTEM (\$60) *	CULVERT

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

*** IF NEW INSTALL FAILS INSPECTION THERE WILL BE A \$50.00 RE-INSPECTION FEE**

APPLICATION DATE: _____ FEE PAID \$ _____ CLERK: Jamie Lyn Diane Morgan

APPLICANT'S NAME _____

PRESENT MAILING ADDRESS _____ CITY _____ ZIP _____

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

ADDRESS OF PROPERTY APPLIED FOR: _____

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 PERMIT: _____ **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 Slaspine Okefenokee

ACCOUNT HOLDER'S NAME: _____

TAX MAP NUMBER _____

BLOCK/LAND LOT NUMBER _____

PARCEL NUMBER _____

EXISTING ZONING _____

EXISTING ZONING SETBACKS:

FRONT: _____

SIDE: _____ **CORNER:** _____

REAR: _____

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.

APPLICANTS SIGNATURE: _____ **DATE:** _____

CONTRACTORS SIGNATURE: _____ **DATE:** _____