



## Clarke County Environmental Health Services

183 Paradise Blvd. Ste. 104 • Athens, Georgia 30607 • Phone: 706-583-2658 • Fax: 706-583-2668

### Commercial Site Evaluation Request Form

Name of Business/Institution \_\_\_\_\_ Lot \_\_\_\_\_ Acreage \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Engineer \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer's Mailing Address \_\_\_\_\_

Water Supply (check one) Public \_\_\_\_\_ Individual \_\_\_\_\_ Community \_\_\_\_\_

Intended Use of Building \_\_\_\_\_ Number of Employees \_\_\_\_\_

Number of Restrooms \_\_\_\_\_ Square Footage of Building \_\_\_\_\_

The following must be provided by the owner or builder prior to department review:

- (1) Site Plan and Floor Plan; as applicable (2) Level III Soil Map and 2' contours overlaid on site plan with soil report. (3) Recorded plat of property (4) Applicable Fees

*The above information as furnished is true and correct to the best of my knowledge; therefore, I hereby apply for a building and an on-site sewage management system inspection based upon this information.*

Owner's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Authorized Agent/Applicant \_\_\_\_\_ Phone Number \_\_\_\_\_

Owner/Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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#### (Department Use Only)

Site Plan \_\_\_\_\_ Floor Plan \_\_\_\_\_

Recorded Plat \_\_\_\_\_ Original Level III Soil Report \_\_\_\_\_

Date of Evaluation \_\_\_\_\_ Inspector \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Type of System \_\_\_\_\_

Comments \_\_\_\_\_

Fee Paid Amount \_\_\_\_\_ Received By \_\_\_\_\_ Date \_\_\_\_\_