



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 _____

(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 _____