



ON-SITE SEWER MANAGEMENT SYSTEM APPLICATION

APPLICATION TO PETITION THE MAYOR AND COUNCIL FOR APPROVAL OF INSTALLATION OF ON-SITE SEPTIC SYSTEM

City of Snellville
Planning & Development Department
2342 Oak Road, 2nd Floor
Snellville, GA 30078
Phone 770.985.3514 Fax 770.985.3551 www.snellville.org

DATE RECEIVED: _____

rev 100608

Applicant is: (check one) Lessee
 Contract Purchaser
 Property Owner

Property Owner (to be completed by the Property Owner, if not the Applicant)

Applicant Name (please print) _____

Property Owner Name (please print) _____

Address _____

Address _____

City, State, Zip Code _____

City, State, Zip Code _____

Phone Number(s) _____ Fax _____

Phone Number(s) _____ Fax _____

Contact Person: _____ Phone: _____ Fax: _____

Cell Phone: _____ E-mail: _____

Proposed Use of Property: _____

Property Address/Location: _____ District _____ Land Lot _____ Parcel _____

Land Use (check one): Residential –Low Density Residential –Medium Density Office/Professional Commercial/Retail Public/Civic

At a minimum, the following items are required with submittal of this application. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

- √ Pre-submittal appointment shall be requested and completed a minimum of five (5) business days prior to Application submittal to ensure application is complete, accurate, and includes all required attachments/exhibits and required signatures;
- √ One (1) original and nine (9) copies of a Letter of Intent explaining the Petition request and what is proposed;
- √ The names, addresses, and original signatures of the applicants and owners of the subject property;
- √ Two (2) originals and nine (9) copies of a House Location Plan (HLP) or Residential Drainage Plan (RDP) prepared in accordance with the Development Regulations, Section 10.4 or 10.5 or Concept Plan (for non-residential land uses);
- √ Ten (10) legible copies of the APPROVED Gwinnett Co. Environmental Health, Georgia Department of Human Resources Application for Construction Permit and Site Approval for On-Site Sewage Management System, issued within 30-days of Petition;
- √ One (1) original and nine (9) copies of documentation from Gwinnett Co. Department of Water Resources, Pollution Control Division, including: a) sewer availability as determined by Gwinnett County Water Resources; b) sanitary sewer vicinity map; and c) cost analysis to connect to the sanitary sewer system; and
- √ One (1) original and nine (9) copies of the On-Site Sewer Management System Application and Petition Requesting Approval for Installation of On-Site Sewage Management System.

PLANNING DEPARTMENT USE ONLY

APPLICATION REVIEWED & ACCEPTED BY: _____ DATE: _____

APPLICATION DISTRIBUTED TO M&C ON _____ FOR PLACEMENT ON THE _____ PH AGENDA.

**PETITION REQUESTING APPROVAL
FOR INSTALLATION OF
ON-SITE SEWAGE MANAGEMENT SYSTEM**

To the Mayor and City Council of Snellville, Georgia.

I/we, the undersigned, the applicant(s) and owner(s) of the real property of the territory described herein, respectfully request that the Mayor and City Council of the City of Snellville approve the installation of an on-site sewage management system as approved and permitted by the Gwinnett County Department of Environmental Health.

Physical Street Address: _____ Tax Parcel No.: _____

Subdivision Name: _____ Lot No.: _____ Block: _____

APPLICANT'S CERTIFICATION

The undersigned below, is authorized to make this application.

Signature of Applicant Date

Type or Print Name and Title

Notary Seal

Signature of Notary Public Date

PROPERTY OWNER'S CERTIFICATION

The undersigned below, authorizes applicant to submit this application and to petition the Snellville Mayor and Council for approval of the installation of an on-site sewage management system and to comply with all applicable codes and zoning regulations. check here if there are additional property owners and attach additional sheets.

Company Name or Corporation Name

Signature of Owner Date

Type or Print Name and Title

Notary Seal

Signature of Notary Public Date