



Department of Planning and Economic Development
City of Garden City
P.O. Box 7548
Garden City GA, 31418

Dear Applicant:

Several new procedures are now in place concerning water and sewer availability for development in Garden City. The regulations and requirements are as follows:

1. A Water and Sewer Availability request form must be filled out and submitted with the water and sewer detailed plans.
2. A complete set of water and sewer detailed plans, prepared by a Georgia licensed professional engineer with his or her seal and signature certification must be submitted to the city's engineering firm, Hussey, Gay, Bell & DeYoung.
3. After the city engineers' approval, the approved set of plans and the water/sewer availability request must be submitted to the Garden City Water/Sewer Director for approval.
4. Once approved, the contractor/ developer/ resident will need to go to the Utility Billing Dept. at City Hall and fill out a water/sewer application form, pay all fees and charges, and schedule a time for inspection to insure proper installation of the work done by the contractor.
5. Septic systems require the approval with Chatham County. Please see the enclosed applications for on-site sewage disposal system.

Additionally, all tap and meter fees must be paid in full at the time building permit fees are paid.

Sincerely,

Nathan Mai-Lombardo
Director, Department of Planning and Economic Development
Garden City, GA



Garden City Water/Wastewater New Service Check Sheet

Water/Wastewater Availability Request

1. Signed By: _____ Date: _____
Given to Contractor/Resident etc. to be filled out
2. Signed By: _____ Date: _____
Filled out and Returned by Contractor/Resident etc.
3. Signed By: _____ Date: _____
Approved By Director of Water/Wastewater (Residential only)
4. Signed By: _____ Date: _____
A copy of the Approved (Residential) Water/Wastewater Availability Request form has been given to the Water Dept.

Water and Sewer Detailed Plans

1. Signed By: _____ Date: _____
Plans and Water/ Wastewater Availability Request form have been given to the City Engineers and Director of Water/Wastewater
2. Signed By: _____ Date: _____
Plans and Water/ Wastewater Availability Request form have been approved by City Engineers and a copy of has been given to the Director of Water/Wastewater.



Garden City Water/Wastewater Water/Wastewater Availability Request Form

Date: _____

A. Owner/Developer _____ Phone# _____

Address _____

Contact Person _____ Phone# _____

Address _____

Engineer _____ Phone# _____

Development Name _____

B. Development location _____

Map & Parcel # (Attach Plat)

C. Type of Development (Circle appropriate choice)

Residential Multi-Family Commercial Industrial Institutional

Number of lots/single family units _____ Building Square Footage _____

Number of multi/family units _____

Type of Business(es) _____

Rezoning Required: Yes No Subdivision Required: Yes No

D. Proposed EPD Preliminary Review Date _____

Proposed EPD Final Review Date _____

E. Maximum number of employees in 24 hour period _____

If restaurant, seating capacity _____

If car wash, number of bays _____

If Laundromat, number of washers _____

If church, number of seats _____

**F. **SITE PLANS AND WATER USE CALCULATIONS OR SQUARE FOOTAGE ARE
NEEDED FOR FEE QUOTES****

Approved by: _____
City's Engineer

Approved by: _____
Director Water/Wastewater



CITY OF GARDEN CITY

APPLICATION FOR SERVICES

APPLICANT'S NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

DO YOU RENT OR OWN

EMPLOYER: _____

APPLICANT'S PHONE: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER PHONE: _____

TYPE OF SERVICE REQUIRED: RESIDENTIAL _____ COMMERCIAL _____

WATER _____ SEWER _____ GARBAGE PICK-UP _____

AMOUNT OF DEPOSIT: WATER AND SEWER \$ _____ GARBAGE \$ _____

AFFIDAVIT OF APPLICANT:

I SWEAR THAT THE ABOVE INFORMATION IS CORRECT, AND I UNDERSTAND AND AGREE TO PAY ALL BILLS BY THE DUE DATE AS REQUIRED BY THE ORDINANCES OF THE CITY OF GARDEN CITY, GA. **I UNDERSTAND THAT IF I DO NOT PAY ALL CURRENT CHARGES BY THE DUE DATE OF EACH MONTH MY SERVICES WILL BE DISCONNECTED.** I FURTHER AGREE THAT UPON DISCONNECTION OF SERVICES, MY DEPOSIT WILL BE APPLIES TO MY FINAL BILL AND ANY BALANCE WILL BE REFUNDED TO ME.

APPLICANT'S NAME (PRINTED)

APPLICANT'S SIGNATURE

SOCIAL SECURITY #

DATE

OWNER'S NAME (PRINTED)

OWNER'S SIGNATURE

DATE

CLERK: _____

DATE: _____



CITY OF GARDEN CITY
APPLICATION FOR ON-SITE SEWAGE DISPOSAL SYSTEM

City applying for: _____

Owner's Name: _____ Date: _____

Address: _____ Zip: _____

Day Phone: _____ Cell: _____ Pager/Beeper: _____ Fax: _____

TYPE OF BUSINESS: () Business () Residence Number of Bedrooms: _____

LOCATION OF PROPERTY:

Legal Description: PIN# _____ Lot No.: _____

Address: _____ Subdivision: _____

Detailed Directions: _____

Size of Lot: Front: _____ Rear: _____ Sides: Right: _____ Left: _____

Existing Subdivision: () Yes () No Water Supply: () Public () Private () Community

Number of existing buildings on lot now: _____

Adjacent property: Any factors influencing approval of this lot?

Remarks:

APPLICANT'S SIGNATURE

DATE

ATTACHMENT:***PLOT PLAN SHOWING PROPOSED BUILDING, WELL AND SURROUNDING WELLS, AND ANY DRIVEWAYS, POOLS, ETC. PLANNED. (CAN BE PROFESSIONALLY DRAWN OR HAND DRAWN)

*****NOTE:** CONNECTION SHALL BE MADE TO A PUBLIC OR COMMUNITY SEWAGE TREATMENT SYSTEM WHEN SUCH SYSTEM IS AVAILABLE WITHIN TWO HUNDRED FEET (200') OF THE PROPERTY LINE, OR AVAILABLE IN PUBLIC RIGHT-OF-WAY ABUTTING THE PROPERTY.



WELL PERMIT

OFFICE USE ONLY:

Approved to issue by _____ Date application received in ofc.: _____
 Date Paid _____ PERMIT NUMBER _____
 FINANCE RECEIPT NO _____ Date permit issued and mailed : _____

1. P.J.N. (Property Identification Number) _____
2. On Lot number _____ Tract or Subdivision _____
3. Situated on the _____ side of _____ Street / Road / Avenue
4. Between _____ Road / Street / Avenue and _____ Street / Road / Avenue
5. Property mailing address _____
6. Deep Well _____ Shallow Well _____
7. Estimated depth in feet _____ Method of Construction _____
8. The specific purpose of which such well is to be used _____
9. The number of gallons of water per minute such well will be capable of pumping _____
10. The anticipated amount of water to be used per day in the operation of such well _____
11. Desired yield _____ Proposed diameter or well in inches _____
12. Type of well casing proposed _____
13. Depth of casing _____ Motor horse power _____
14. Number of dwelling units / structures served by the proposed well _____
15. Tank size _____
16. Distance of the proposed well site from:
 - (a) Nearest septic tank or drainfield _____
 - (b) Property line _____
17. The nearest distance from the well owners property to the nearest county / city / community water supply line is _____ feet.

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 I / We the undersigned have truthfully, to the best of our knowledge, completed the above application for a City of Garden City Well Permit. I / We understand that the issuance of a Well Permit in no way constitutes a right to violate any City of Garden City Ordinance. I / We also attest to the fact that the well owner has read and completed the attached 2nd part (if a deep well) of this application submitted.

18. _____ Owners Name	_____ Contractor / Agent
18. _____ Owners Address	_____ PRINT CONTRACTOR / AGENT NAME
18. _____ Home Phone / Work Phone	_____ Contractors Address
18. _____ Date	_____ Contractors Phone Number
	_____ Date Application Submitted



APPLICATION FOR BUILDING PERMIT

Building Permit #: _____

PIN #: _____

Map #: _____ Bld. #: _____ Parcel #: _____ Zone: _____

*Applicant to compete numbered spaces only.***Job Address**

1. LEGAL DESC.	LOT NO.	BLK.	SUBDIVISION
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Size Lot: _____ Size of Building: _____ Total Sq. Ft. Bldg.: _____
 # Stories: _____ #Baths: _____ #Bedrooms: _____ Size Carport/Garage: _____
 San. Sewer Septic Tank Height Bldg.: _____

2. OWNER	MAIL ADDRESS	ZIP	PHONE
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3. CONTRACTOR	MAIL ADDRESS	PHONE	CITY LICENSE #
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4. ARCHITECT/ENGINEER	MAIL ADDRESS	ZIP	PHONE
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5. USE OF BUILDING:	S. Fam. Res. <input type="checkbox"/>	Multi-Fam. Res. <input type="checkbox"/>	Accessory <input type="checkbox"/>	Com. Bldg. <input type="checkbox"/>	Industrial <input type="checkbox"/>	Manf. Res. <input type="checkbox"/>
	Other: _____					# Units: _____

6. CLASS OF WORK:	Erect <input type="checkbox"/>	Addition <input type="checkbox"/>	Alteration <input type="checkbox"/>	Repair <input type="checkbox"/>	Move <input type="checkbox"/>	Demolish <input type="checkbox"/>
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7. DESCRIBE WORK: _____

8. VALUATION OR WORK: \$ _____

9. (a) Type Construction: Wood Frame Masonry Pre-Fab Steel Other (specify) _____(b) Footing: Monolithic Pour Poured Size _____(c) Foundation: Concrete Slab Wood Joist Size _____ O.C.(e) Exterior Walls: Wood Siding Brick Veneer Tabby or Stucco Concrete Block Metal Siding Other (specify) _____
 Size Studs _____ O.C. Rafters _____ O.C. Size Partitions _____

O.C. Type Sheathing _____

(f) Interior Walls: Gypsum Paneling Other (specify) _____(g) Floating: Asphalt or Fiberglass Shingle Wood Shakes Built Up Other (specify) _____(h) Windows: Wood Aluminum

(i) Insulation: Walls _____ R _____ Ceiling _____ R _____ Floors _____ R _____

(j) Finished Floor: Carpet Tile Brick Terrace Other (specify) _____(k) Air Conditioning: Central Window(l) Heating: Gas Electric Space

SPECIAL CONDITIONS: _____

PLAN CHECK FEE:	PERMIT FEE:
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Type of Const.	Occ. Group
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APPROVED FOR ISSUANCE BY: _____

Max. Occ. Load	OFFSTREET PARKING PLACES: Covered _____ Uncovered _____
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Director of Inspections _____ Date _____

Flood Zone	Use Zone	Fire Sprinklers (Required: Yes No)
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NOTICE: (A) SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. (B) CONSTRUCTION IN SOME AREAS MAY IMPACT WETLANDS AND REQUIRE A 404 PERMIT FROM THE CORPS OF ENGINEERS. PERMIT HOLDER AGREES TO HOLD THE CITY OF GARDEN CITY HARMLESS ON ANY CONSTRUCTION COVERED BY THIS PERMIT RESULTING IN CONSTRUCTION IN WETLANDS. (C) THIS PERMIT BECOMES NULL AND VOID IF WORK OF CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Water Permit #: _____
 Sewer Permit #: _____
 Water and Sewer Connection(s) approved by: _____
 City Engineer of Authorized Rep. _____ Date _____

Signature of Owner/Contractor or Authorized Agent _____ Date _____