

## Forsyth County Environmental Health 514 West Maple Street Suite 404 · Cumming, Georgia 30040

514 West Maple Street Suite 404 · Cumming, Georgia 30040 PH: 77-781-6900 · FAX: 678-807-7343 · www.forsythhd.com District 2, Public Health

## TEMPORARY TOILET APPLICATION

(\$100.00 per unit)

Permit/Business Na	ime:					
Mailing Address:						
Phone Number:						
Subdivision:				Lot#:		
Temporary Toilet L	ocation Address:					
City:			Zip:			
Application Date:			-			
Construction Type:				Modification / Addition		
	Other		Is prope	erty on: septic system or public sewer		
Additional location Address	(s) to be covered by th	is temporary t	coilet:	Lot #		
Service Provider of Toilet:			Phone #:			
* - Each construction sit * - The maximum accept	viced no less than bi-weekly. e must have a Temporary To table "Worker to Temporary 12 months from date of issue sferable.	oilet located with y Toilet" ratio is 2				
Applicant Name:			Phone #: _	Phone #:		
Applicant Signature	e					
	Date:					