

Forsyth County Environmental Health 309 Pirkle Ferry Rd Building D Suite 500 • Cumming, Georgia 30040 PH: 770-781-6909 • FAX: 678-807-7343 • www.forsythhd.com

District 2, Public Health

TEMPORARY TOILET APPLICATION

(\$100.00 per unit)

Permit/Business Na	me:					
Mailing Address:						
Subdivision:				Lot#:		
Temporary Toilet L	ocation Address:					
City:				Zip:		
Application Date: _			_			
Construction Type:	Individual New Home Other			Modification / Addition		
Additional location Address	(s) to be covered by thi	s temporary	toilet:	Lot#		
Service Provider of	ervice Provider of Toilet: Phone #:					
* - Each construction sit * - The maximum accept	viced no less than bi-weekly. e must have a Temporary To able "Worker to Temporary 12 months from date of issue	Toilet" ratio is		he building's foundation.		
Temporary Facility type	e: Construction Trailer	Port-a-Jon	Other (s	specify)		
Applicant Name:		Phone #: _				
Applicant Signature	·					
Construction Start I						