Edgecombe County Health Department

Application for Improvement Permit and/or Authorization to Construct

___ Improvement Permit  ______ Authorization to Construct

IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENTS PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENTS PERMIT AND AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted.

(complete site plan = 60 months; complete plat = without expiration)

APPLICANT INFORMATION

E-Mail Address

Applicant

Mailing Address/City/State  Home & Work Phone

Owner

Mailing Address/City/State  Home & Work Phone

PROPERTY INFORMATION

Township & Tax Parcel #  Date originally deeded & recorded

Street Address  Subdivision Name  Section/Phase/Lot#

Directions to Site:  Lot Size

DEVELOPMENT INFORMATION

☐ New Single Family Residence
☐ Expansion of Existing System
☐ Repair to Malfunctioning Sewage Disposal System
☐ Non-Residential Type of Structure

☐ Yes ☐ No
Plumbing fixtures in basement

☐ Yes ☐ No
Non-Residential Specifications:

Type of business:  Total Square footage of Building:

Maximum number of employees:  Maximum number of seats:

Water Supply:

☐ New well  ☐ Existing Well  ☐ Community Well  ☐ Public Water  ☐ Spring

☐ Yes ☐ No
Are there any existing wells, springs, or existing waterlines on this property?

☐ Yes ☐ No
If applying for Authorization to Construct: Please Indicate Desired System Type(s):

(Consults can be ranked in order of your preference)

☐ Accepted  ☐ Alternative  ☐ Conventional  ☐ Innovative  ☐ Other  ☐ Any

Any

The Applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is “yes”, applicant must attach supporting documentation.

☐ Yes ☐ No  Does this site contain any jurisdictional wetlands?

☐ Yes ☐ No  Does the site contain any existing wastewater systems?

☐ Yes ☐ No  Is any wastewater going to be generated on the site other than domestic sewage?

☐ Yes ☐ No  Is the site subject to approval by any other public agency?

☐ Yes ☐ No  Are there any easements or right or ways on this property?
I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Property owner’s or owner’s legal representative** signature (required)  Date

**Must provide documentation to support claim as owner’s legal representative.  (continued on back)
SITE PLAN WORKSHEET

Place a mark (X) beside each item that has been indicated on your site plan, incomplete site plans will be returned to you for completion. Remember: **Your property will not be scheduled for an evaluation until we have received a completed application, site plan, and all proposed items are marked on the property.**

- ______ The dimensions of the property.
- ______ The proposed location of all structures (e.g.: facility, wells, water lines, outbuildings, pools). Show the distances from the road and the side property line to all structures. Be sure and give the dimensions for all the structures. If you are unsure as to the structure size, please show the dimensions of the MAXIMUM area of the lot that you anticipate the structure will cover.
- ______ The site you would prefer your septic system to go in.
- ______ The proposed well location.
- ______ A north arrow or other sufficient directional indicator.

N/A ______ Any proposed structures or improvements to the property such as garages, workshops, pools, etc. **If there are none, circle “N/A”.**

N/A ______ The location of any existing septic tank systems and wells on your property and on the adjoining property within 100’ of your property line. **If there are none, circle “N/A”.**

N/A ______ The location of any easements or rights of way on the property. **If there are none, circle “N/A”.**

N/A ______ The location of any designated wetlands on the property. **If there are none, circle “N/A”.**

_______

**USE THIS SPACE TO DRAW YOUR SITE PLAN:**