



EDGECOMBE COUNTY HEALTH DEPARTMENT

a division of the
Edgecombe County Human Services Agency
Po Box 100
122 E. St. James Street
Tarboro, NC 27886
252-641-7511



Edgecombe County Health Department Application for Improvement Permit and/or Authorization to Construct

- Survey plat to scale* submitted
- Scaled* site plan submitted
- Unscaled site plan submitted
- * scale of 1" = no more than 60'

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

Residential Specifications

Maximum number of bedrooms: _____
of people in residence: _____
If expansion: Current # of bedrooms: _____
Will there be a basement? 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: Are there any existing wells, springs, or existing waterlines on this property? yes no

- New well Existing Well Community Well Public Water Spring

If applying for Authorization to Construct: Please Indicate Desired System Type(s):
(systems can be ranked in order of your preference)

- Accepted Alternative Conventional Innovative Other _____ 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 of 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: