

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

Applicant	Address	Home & Work Phone
Owner	Address	Home & Work Phone

PROPERTY INFORMATION 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.