



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

CASWELL COUNTY ENVIRONMENTAL HEALTH

PO Box 1406, 215 County Park Rd, Yanceyville, NC 27379

PHONE: 336-694-9731

APPLICATION FOR IMPROVEMENT PERMIT AND/OR AUTHORIZATION TO CONSTRUCT

☐ Improvement Permit

☐ Authorization to Construct

IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENT PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT 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 Name: _____

Applicant Address: _____

Home Phone: _____ Work Phone: _____

Property Owner Name: _____

Property Owner Address: _____

Home Phone: _____ Work Phone: _____

PROPERTY INFORMATION:

Street Address _____

Subdivision Name _____ Section/Phase/Lot# _____

Lot Size: _____ Date Originally Deeded & Recorded: _____

Directions to Site _____

DEVELOPMENT INFORMATION:

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

NON-RESIDENTIAL SPECIFICATIONS:

Type Of Business: _____
Maximum Number Of Employees: _____
Total Square Footage Of Building: _____
Maximum Number Of Seats: _____

RESIDENTIAL SPECIFICATIONS:

Max # Of Bedrooms/ # of occupants: _____ / _____
If Expansion, Current Number Of Bedrooms: _____
Will There Be A Basement? ☐ Yes ☐ No
Plumbing Fixtures In Basement ☐ Yes ☐ No

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 ☐ Any ☐ Other _____

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", the applicant must attach supporting documentation.

- | | |
|---|--|
| Does the site contain any jurisdictional wetlands? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the site contain any existing wastewater systems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is any wastewater going to be generated on the site other than domestic sewage? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the site subject to approval by any other public agency? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are there any easements or right of ways on this property? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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.

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, she plan, and all proposed items are marked on 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 preferred driveway location.

A north arrow or other sufficient directional indicator.

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".*

h

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

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

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