

Initial Application Date:				Application #	
0 1 15 10			ETT RESIDENTIAL LAND US	SE APPLICATION	#
_		-		25 ext:2 Fax: (910) 893-279	
**A RECORDED SURVEY M	AP, RECORDED DEED	OR OFFER	TO PURCHASE) & SITE PLAN AR	RE REQUIRED WHEN SUBMITTING A	LAND USE APPLICATION**
LANDOWNER:			Mailing Address:_		
City:	State:	Zip:	Contact No:	Email:_	
APPLICANT*:		Mailir	ng Address:		
City.	Ctata	7:	Contact No.	Fall	
City:*Please fill out applicant information if c	State: ifferent than landowne	<b>ZIP:</b> er	Contact No:	Email:_	
CONTACT NAME APPLYING IN	OFFICE:			Phone #	
ADDRESS:					
DEED OR OTP:					
PROPOSED USE:					
□ SFD: (Sizex) # E				age: Deck: Crawl Spac _) yes () no (if yes add in witi	
,			, ,	nge: Site Built Deck: built additions? () yes ()	
☐ Manufactured Home:SW	/DWTW (	Size	x) # Bedrooms:	Garage:(site built?) De	eck:(site built?)
□ Duplex: (Sizex)	No. Buildings:		No. Bedrooms Per Unit:		
☐ Home Occupation: # Rooms:	Us	se:	Hours of Op	eration:	#Employees:
☐ Addition/Accessory/Other: (S	zex) l	Jse:		Closets	in addition? () yes () no
Water Supply: X County	Existing Well	New \	Nell (# of dwellinas usina wei	// ) *Must have opera	able water before final
Sewage Supply: X New Seption		(Need	to Complete New Well Appli	cation at the same time as New Tank County Sewer	<mark>/ Tank</mark> )
(Complete Enviror Does owner of this tract of land, ov	mental Health Che	cklist on othe	er side of application if Septic	<del></del> ,	vo2 ( ) voc ( ) no
Does the property contain any eas				, ,	ve () yes () no
		_			
Structures (existing or proposed):	,	•			
If permits are granted I agree to co I hereby state that foregoing stater					
	ignature of Owner	or Owner's	s Agent	Date	
***It is the owner/applicants res	ponsibility to prov	ide the cou	nty with any applicable info		

incorrect or missing information that is contained within these applications.\*\*\*
\*This application expires 6 months from the initial date if permits have not been issued\*\*

**APPLICATION CONTINUES ON BACK** 

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## \*\*This application expires 6 months from the initial date if permits have not been issued\*\*

\*This application to be filled out when applying for a septic system inspection.\*

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

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT
OR 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)

## **■ Environmental Health New Septic System**

- <u>All property irons must be made visible</u>. Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property**.
- All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.

## ☐ Environmental Health Existing Tank Inspections

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if possible) and then put lid back in place. (Unless inspection is for a septic tank in a mobile home park)
- DO NOT LEAVE LIDS OFF OF SEPTIC TANK

SEDTIC

## "MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

<u>SEI IIC</u>					
If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.					
{}} Acce	epted	$\{\_\}$ Innovative $\{X\}$ Conventional $\{\_\}$ Any			
{}} Alter	rnative	{}} 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 is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:					
{}}YES	$\{\underline{X}\}$ NO	Does the site contain any Jurisdictional Wetlands?			
{}}YES	$\{\underline{X}\}$ NO	Do you plan to have an <u>irrigation system</u> now or in the future?			
{}}YES	$\{\underline{X}\}$ NO	Does or will the building contain any drains? Please explain.			
$\{\underline{X}\}$ YES	{}} NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property? (SEE PLAT)			
{}}YES	$\{\underline{X}\}$ NO	Is any wastewater going to be generated on the site other than domestic sewage?			
{}}YES	{X} NO	Is the site subject to approval by any other Public Agency?			
$\{X \}$ YES	{}} NO	Are there any Easements or Right of Ways on this property? (SEE PLAT)			
$\{\underline{X}\}$ YES	{}} NO	Does the site contain any existing water, cable, phone or underground electric lines?			
		If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.			

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.

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