If permits are granted I agree to conform to all ordinances and the laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that the foregoing statements are accurate and correct to the best of my knowledge. This permit is subject to revocation if false information is provided on this form.

Signature of Owner or Owner's Agent

Nearest Building on same lot

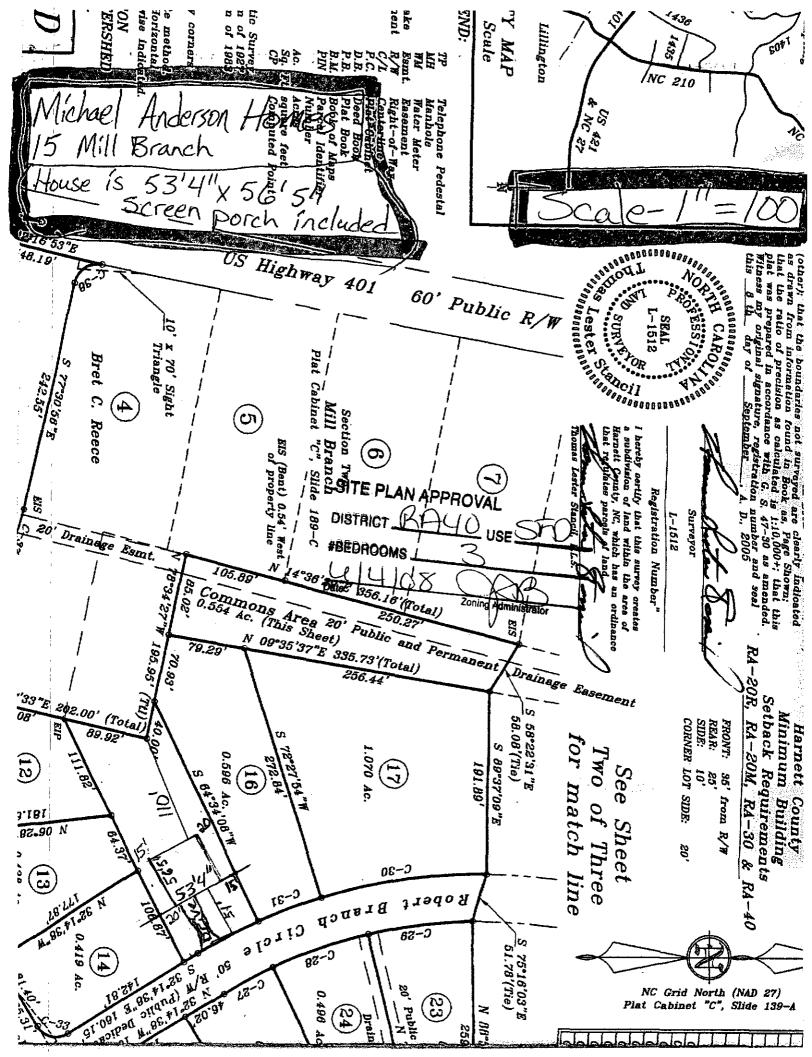
Date

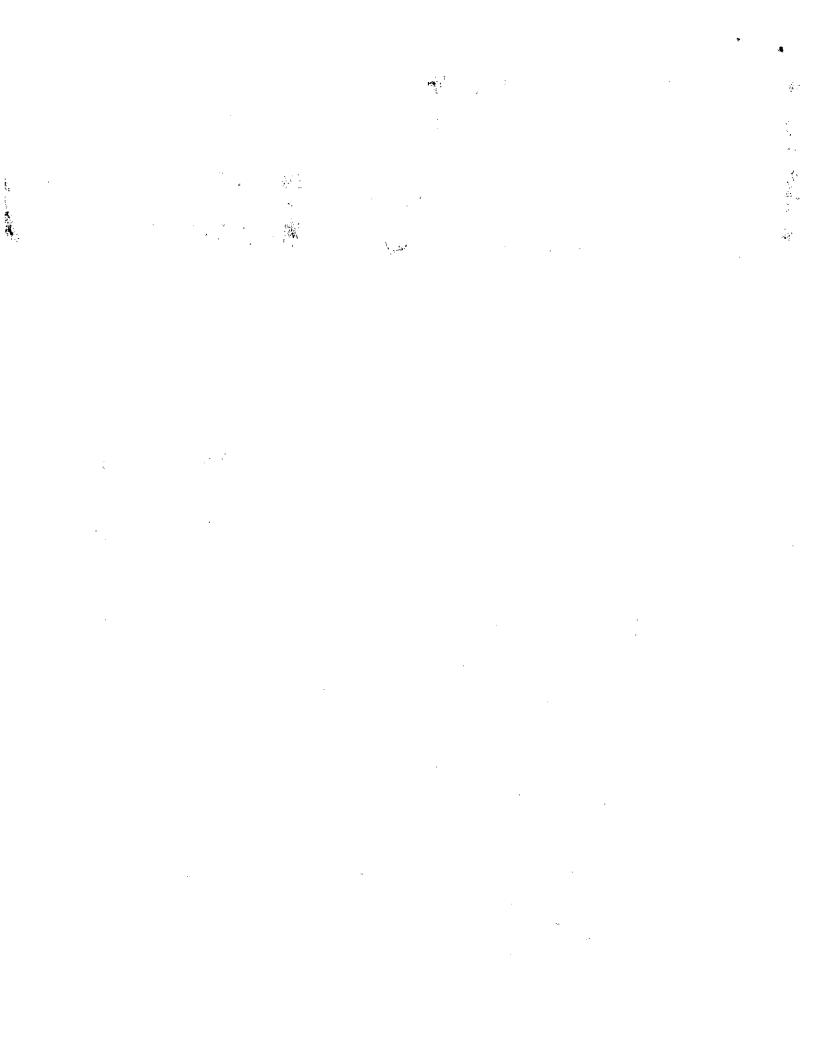
This application expires 6 months from the initial date if no permits have been issued

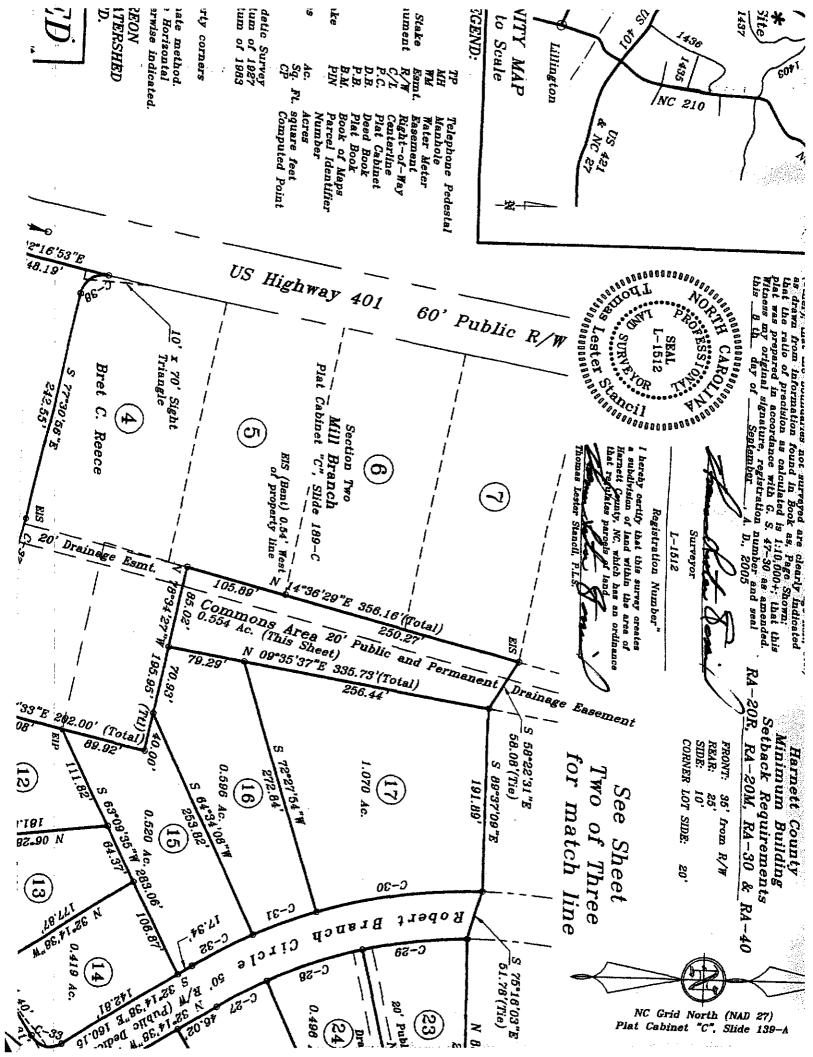
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OWNER NAME	Michael	Anderso	n Homes, Inc	, APPLICATION #:	20230
O TO THE PARTY IN				(MILLICIATION N	

This application to be filled out only when applying for a new septic system. County Health Department Application for Improvement Permit and/or Authorization to Construct

IM 60	PROVE	MENT PERM	N IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE MIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either piration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without					
<u>DE</u>	VELOF	MENT INF	ORMATION					
×	New si	ngle family r	esidence					
Q	Expansion of existing system							
0	Repair to malfunctioning sewage disposal system							
0	Non-re	sidential type	e of structure					
W.	ATER S	UPPLY						
Q	New w	ell						
0	Existin	g well						
۵	Comm	unity well	•					
X	Public	water						
	Spring							
Аге	there as	ny existing w	ells, springs, or existing waterlines on this property? {}} yes no {} unknown					
	PTIC applying	for authorizat	ion to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.					
{_	_} Acce	epted	{}} Innovative					
{_	_} Alten		{}} Other					
Þ	≰ Conv	entional	{}} Any					
			y the local health department upon submittal of this application if any of the following apply to the property is "yes", applicant must attach supporting documentation.					
{	YES	≥ NO	Does The 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	MO NO	Is The Site Subject To Approval By Any Other Public Agency?					
{_	}YES	XNO	Are There Any Easements Or Right Of Ways On This Property?					
I H	ave Rea	ıd This Appl	ication And Certify That The Information Provided Herein Is True, Complete And Correct.					
Au	thorized	l County An	d State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine					
Co	mplianc	e With Appl	icable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification					
An	d Label	ing Of All P	roperty Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can					
Be	Perforn	ned.						
		11 1	1/1					

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

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