

**A RECORDED SURVE  LANDOWNER: City: APPLICANT*: City: *Please fill out applicant informatio  ADDRESS: Zoning: Flood: PROPOSED USE: SFD: (Sizex  Mod: (Sizex	O8 E. Front Street, Lillin EY MAP, RECORDED DEED State: State: In if different than landowned Watershe Back:  () # Bedrooms: # Ba	gton, NC 275  O (OR OFFER T  Zip:  Mailing Zip:  zip:  Side:	O PURCHASE) & SITE PLAN ARE  Mailing Address: Contact No: g Address: Contact No: PIN: Deed Book / Page:	E APPLICATION 5 ext:2 Fax: (910) 893-2 E REQUIRED WHEN SUBMITTING Email: Email:	
LANDOWNER:  City:  APPLICANT*:  City:  *Please fill out applicant information  ADDRESS:  Zoning:  Flood:  PROPOSED USE:  SFD: (Sizex	State:State: on if different than landowne Watershe Back:)# Bedrooms:# Ba	Zip: Mailing Zip: er ed:Side:_	Mailing Address:  Contact No:  Address:  Contact No:  PIN:  Deed Book / Page:	Email: Email:	
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☐ Home Occupation: # Roo	oms:Us	se:	Hours of Ope	ration:	#Employees:
☐ Addition/Accessory/Other	r: (Sizex)	Jse:		Closet	ts in addition? () yes () no
	eptic Tank Expans vironmental Health Cher d, own land that contain	(Need sion Re cklist on othe s a manufac	to Complete New Well Applic location Existing Septic riside of application if Septic) tured home within five hundre	ation at the same time as Ne Tank County Sewer  Ind feet (500') of tract listed at	ew Tank)
Structures (existing or propose	ed): Single family dwellir	ngs:	Manufactured Hom	nes:Othe	r (specify):
I hereby state that foregoing st		and correct t	o the best of my knowledge.  Agent	Permit subject to revocation  Date	the specifications of plans submitted if false information is provided.  property, including but not limited

to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any 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** 



## \*\*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

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

<u>SEPTIC</u>	
If applying for authorizat	tion to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{}} Accepted	{}} Innovative {}} Conventional {}} Any
{}} Alternative	{}} Other
	by the local health department upon submittal of this application if any of the following apply to the property in is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{}}YES	Does the site contain any Jurisdictional Wetlands?
{}}YES	Do you plan to have an <u>irrigation system</u> now or in the future?
{}}YES	Does or will the building contain any drains? Please explain.
{}}YES	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{}}YES	Is any wastewater going to be generated on the site other than domestic sewage?
{}}YES	Is the site subject to approval by any other Public Agency?
{}}YES	Are there any Easements or Right of Ways on this property?
{}}YES	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.