



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
KODY H. KINSLEY • Secretary  
MARK BENTON • Deputy Secretary for Health  
SUSAN KANSAGRA • Assistant Secretary for Public Health  
Division of Public Health

### Application for Services

This application, in conjunction with the common form established in G.S. 130A-335(a3) and (a5), is optional for local health departments to be used for applications submitted in accordance with G.S. 130A-335(a2), (a3), and (a5).  
[hereinafter, G.S. 130A-335(a3) and (a5) permits referred to as (a2) Improvement Permit and (a2) Construction Authorization]

Applying for:

- (a2) Improvement Permit       (a2) Construction Authorization       (a2) Repair/Construction Authorization

Please check one of the following:

- New Construction       Expansion       System Relocation       Change of Use       Repair  
 5 Year Expiration Requested (site plan provided)  
 Non-Expiring Permit Requested (plat provided, as defined in G.S. 130A-334(7a))

Property Owner Name: Halcyon Homes, LLC  
Property Owner Mailing Address: PO Box 33576 Raleigh NC 27636  
Property Owner Phone Number: 919-337-5245  
Property Owner Email Address: arobertson@halcyonhomesnc.com

Applicant Name: Halcyon Homes, LLC  
Applicant Mailing Address: Halcyon Homes, LLC  
Applicant Phone Number: 919-337-5245  
Applicant Email Address: arobertson@halcyonhomesnc.com

Does the property include, or is subject to, any of the following:

- Yes  No      Previously identified jurisdictional wetlands  
 Yes  No      Existing or proposed easements, rights-of-way, encroachments, or other areas subject to legal restrictions  
 Yes  No      Approval by other public agencies

A site plan or plat is required, **OR** the site sketch submitted from the LSS/AOWE, must include the following:

- (A) existing and proposed facilities, structures, appurtenances, and wastewater systems
- (B) proposed wastewater system showing setbacks to property line(s) or other fixed reference point(s)
- (C) existing and proposed vehicular traffic areas
- (D) existing and proposed water supplies, wells, springs, and water lines; and
- (E) surface water, drainage features, and all existing and proposed artificial drainage, as applicable.

Requesting DHHS review:  Yes  No

I understand that the documentation and fees, as required in G.S. 130A-335(a2), (a3), (a5), and (a6), attached to this application are to be used to issue an Improvement Permit and/or Construction Authorization pursuant to G.S. 130A-335(a2),(a3), and (a5). I understand that authorized county and state officials are granted right of entry to the property indicated on this application to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that if the information in the application for an Improvements Permit and/or Construction Authorization is falsified, changed, or the site is altered, then the Improvement Permit and Construction Authorization shall become invalid.

Applicant Signature: *Austin Roberts* Date: 10/26/23  
Owner's Signature: *Austin Roberts* Date: 10/26/23

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH

LOCATION: 5605 Six Forks Road, Building 3, Raleigh, NC 27609  
MAILING ADDRESS: 1632 Mail Service Center, Raleigh, NC 27699-1632  
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