

ROBESON COUNTY HEALTH DEPARTMENT
Application for
Improvement Permit an/or Authorization to Construct

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|--|
| <input type="checkbox"/> Survey plat to scale* submitted |
| <input type="checkbox"/> Scaled* site plan submitted |
| <input type="checkbox"/> Unscaled site plan submitted |
| * scale of 1" = no more than 60' |

____Improvement Permit ____Authorization to Construct

IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENTS PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENTS 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	____ Address	____ Home & Work Phone
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____ Owner	____ Address	____ Home & Work Phone
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PROPERTY INFORMATION

Tax Map Number: _____

____ Street Address	____ Subdivision Name	____ Section/Phase/Lot#
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Directions to Site: _____

DEVELOPMENT INFORMATION

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

Residential Specifications

Max number of bedrooms: _____

Max number of occupants: _____

If expansion: Current number of bedrooms: _____

Will there be a basement: yes no

Non-Residential Specifications:

Type of business: _____ Total square footage of building: _____

Maximum number of employees: _____ Maximum number of seats: _____

Water Supply:

- New Well Existing Well Community Well * Public Water please return to RCHD for well permit.*

* If public water is ever disconnected

Please Indicate Desired System Type(s): (systems can be ranked in order of your preference)

____Alternative ____Conventional ____Innovative ____Modified Conventional ____Other (specify)

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", applicant must attach supporting documentation.

- yes no Does the site contain any jurisdictional wetlands?
- yes no Is any wastewater going to be generated on the site other than domestic sewage?
- yes no Is the site subject to approval by any other public agency?

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
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**Must provide documentation to support claim as owner's legal representative.