



Public Health  
Prevent. Promote. Protect.



- Survey plat to scale\* submitted
- Scaled\* site plan submitted
- Unscaled site plan submitted
- \* scale of 1" = no more than 60'

## CASWELL COUNTY ENVIRONMENTAL HEALTH

PO Box 1406, 144 Main Street, Yanceyville, NC 27379  
PHONE 336-694-9731 • FAX 336-694-5547

### APPLICATION FOR IMPROVEMENT PERMIT AND/OR AUTHORIZATION TO CONSTRUCT

**Improvement Permit**

**Authorization to Construct**

**IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENT PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT 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 Name: \_\_\_\_\_  
 Applicant Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Property Owner Name: \_\_\_\_\_  
 Property Owner Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

#### PROPERTY INFORMATION:

Street Address \_\_\_\_\_  
 Subdivision Name \_\_\_\_\_ Section/Phase/Lot# \_\_\_\_\_  
 Lot Size: \_\_\_\_\_ Date Originally Deeded & Recorded: \_\_\_\_\_  
 Directions to Site \_\_\_\_\_

#### DEVELOPMENT INFORMATION:

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

#### NON-RESIDENTIAL SPECIFICATIONS:

Type Of Business: \_\_\_\_\_  
 Maximum Number Of Employees: \_\_\_\_\_  
 Total Square Footage Of Building: \_\_\_\_\_  
 Maximum Number Of Seats: \_\_\_\_\_

#### RESIDENTIAL SPECIFICATIONS:

**Max # Of Bedrooms/ # of occupants:** \_\_\_\_\_ / \_\_\_\_\_  
 If Expansion, Current Number Of Bedrooms: \_\_\_\_\_  
 Will There Be A Basement?  Yes  No  
 Plumbing Fixtures In Basement  Yes  No

#### WATER SUPPLY:

Are There Any Existing Wells, Springs, Or Existing Waterlines On This Property?  Yes  No  
 New Well  Existing Well  Community Well  
 Public Water  Spring

If Applying For Authorization To Construct, Please Indicate Desired System Type(s): *(Systems Can Be Ranked In Order Of Your Preference)*

- Accepted  Alternative  Conventional  Innovative  Any  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 to any question is "Yes", the applicant must attach supporting documentation.

- 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  No
- Is the site subject to approval by any other public agency?**  Yes  No
- Are there any easements or right of ways on this property?**  Yes  No

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 comers 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**

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

**SITE PLAN WORKSHEET**

Place a mark (X) beside each item that has been indicated on your site plan, incomplete site plans will be returned to you for completion. Remember: Your property will not be scheduled for an evaluation until we have received a completed application, she plan, and all proposed items are marked on the property.

- \_\_\_\_\_ e dimensions of the property.
- \_\_\_\_\_ The proposed location of all structures (e.g.: facility, wells, water lines, outbuildings, pools). Show die distances from the road and the side property line to all structures. Be sure and give the dimensions for all die structures. If you are unsure as to the structure size, please show the dimensions of the MAXIMUM area of the lot that you anticipate the structure will cover.
- \_\_\_\_\_ The site you would prefer your septic system to go in.
- \_\_\_\_\_ The preferred driveway location.
- \_\_\_\_\_ The proposed well location.
- \_\_\_\_\_ A north arrow or other sufficient directional indicator.
- N/A \_\_\_\_\_ Any proposed structures or improvements to the property such as garages, workshops, pools, etc. *If there are none, circle "N/A".*
- N/A \_\_\_\_\_ **The location of any existing septic tank systems and wells on your property and on the adjoining property within 100' of your property line. *If there are none, circle "N/A".***
- N/A \_\_\_\_\_ **T** **The location of any easements or rights of way on the property. *If there are none, circle "N/A".***
- \_\_\_\_\_ **h** **The location of any designated wetlands on die property. *If there are none, circle "N/A".***

---

**USE THIS SPACE TO DRAW YOUR SITE PLAN**