



CHATHAM COUNTY PUBLIC HEALTH DEPARTMENT  
 DIVISION OF ENVIRONMENTAL HEALTH  
 80 EAST ST, P.O. BOX 130 • PITTSBORO, NC 27312  
 PHONE 919-542-8208 • FAX 919-542-2473  
 www.chathamcountync.gov/environmentalhealth

OFFICE USE ONLY  
 Record#:EH-\_\_\_\_-\_\_\_\_  
 Initials:\_\_\_\_/\_\_\_\_  
 Date Rec'd:\_\_\_\_  
 Amount Rec'd:\_\_\_\_  
 REHS:\_\_\_\_  
 Appt Date:\_\_\_\_  
 Time:\_\_\_\_

**IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION/WELL PERMIT APPLICATION**

Improvement Permit      Construction Authorization      Well Permit      Septic Repair/Abandonment

Owner: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

Parcel Number: \_\_\_\_\_  
 Existing Property Acreage: \_\_\_\_\_ Proposed Property Acreage: \_\_\_\_\_  
 Property Address: \_\_\_\_\_ City: \_\_\_\_\_ State: NC Zip: \_\_\_\_\_  
 Subdivision (if applicable) \_\_\_\_\_ Lot #: \_\_\_\_\_

Directions to property: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Wastewater System Request:  New     Expansion     System Relocation     Repair    Abandonment  
 Facility Type (House, Restaurant, Office, etc.): \_\_\_\_\_  
 Number of bedrooms: \_\_\_\_\_ Number of Occupants: \_\_\_\_\_ Other: \_\_\_\_\_  
 Number of seats: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Other: \_\_\_\_\_  
 Basement?     Yes     No      Basement Fixtures?     Yes     No  
 Crawl Space?     Yes     No      Slab Foundation?     Yes     No  
 Is a grinder pump proposed before the septic tank?     Yes     No  
 Type of Water Supply:  Private well     Public well     Shared well     Municipal Supply     Spring     Other: \_\_\_\_\_  
 Are there any existing wells, springs, or existing waterlines on this property?     Yes     No  
 If applying for a Construction Authorization, please indicate desired system type(s):  
 Accepted     Conventional     Innovative     Other \_\_\_\_\_     Any Type

If the answer to any of the following questions is "yes", applicant must attach supporting documentation.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the site contain any jurisdictional wetlands?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is any wastewater going to be generated on the site other than domestic sewage?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the site subject to approval by any other public agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any easements or right of ways on this property?

*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. **I understand that if the information in the application is falsified, changed, or the site is altered, then the Improvement Permit and/or Construction Authorization shall be invalid. I understand that the permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)***

\_\_\_\_\_  
 Owner or \*Legal Representative Signature      Date      Applicant Signature      Date  
**\*Must provide documentation to support claim as owner's legal representative.**