$\overline{\mathbf{O}}$	Henderson County
	Department of Public Health
	Environmental Health

1200 Spartanburg Highway, Suite 100

Hendersonville, NC 28792

Phone: (828) 694-6060 Fax: (828) 697-4523 www.hendersoncountync.gov/health

IMPROVEMENT PERMIT AND/OR CONSTRUCTION AUTHORIZATION APPLICATION

Improvement Permit	Construction A	Authorization		
Applicant: Mailing Address:	Mailing Address:			
 Phone #: Email:	Phone #:			
PIN/Lot Identifier: Date Parcel Originally Deeded and Recorded:		Property Acreage:		
Property Address:			Section:	
Directions to property:				
Wastewater System Request: New Expansion System Relocation Change of Use Repair Please describe your project:				
Facility Type (House, Restaurant, Office, etc.):				
Number of bedrooms: Other: Other: Other:				
Number of seats:				
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				
			[_] Any	
If the answer to any of the following questions is "yes", applicant m		ng documentation.		
Yes No Does the site contain any jurisdictional w				
Yes No Is any wastewater going to be generated Yes No Is the site subject to approval by any oth		ian domestic sewage?		
Yes No Is the site subject to approval by any oth Yes No Are there any easements or right of ways				

I acknowledge that pursuant to 15A NCAC 18E .0202 (c) – that the application for the IP, CA, or existing system authorization will expire after 12 months with no action by the applicant. There will be no refunds for applications which expire.

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. <u>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.</u> 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)

Property owner's signature (required) Date Applicant's signature (required) *Must provide documentation to support claim as owner's legal representative.

SITE PLAN

Please include on this site plan:

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