



IMPROVEMENT PERMIT AND/OR CONSTRUCTION AUTHORIZATION APPLICATION

Improvement Permit

Construction Authorization

Applicant: _____
 Mailing Address: _____

 Phone #: _____
 Email: _____

Owner: _____
 Mailing Address: _____

 Phone #: _____
 Email: _____

PIN/Lot Identifier: _____ Property Acreage: _____
 Date Parcel Originally Deeded and Recorded: _____
 Property Address: _____
 Subdivision (if applicable) _____ Lot #: _____ Block: _____ 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: _____ 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

If the answer to any of the following questions 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?
 Yes No Are there any easements or right of ways on this property?

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. **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)***

Property owner's signature (required)

Date

Applicant's signature (required)

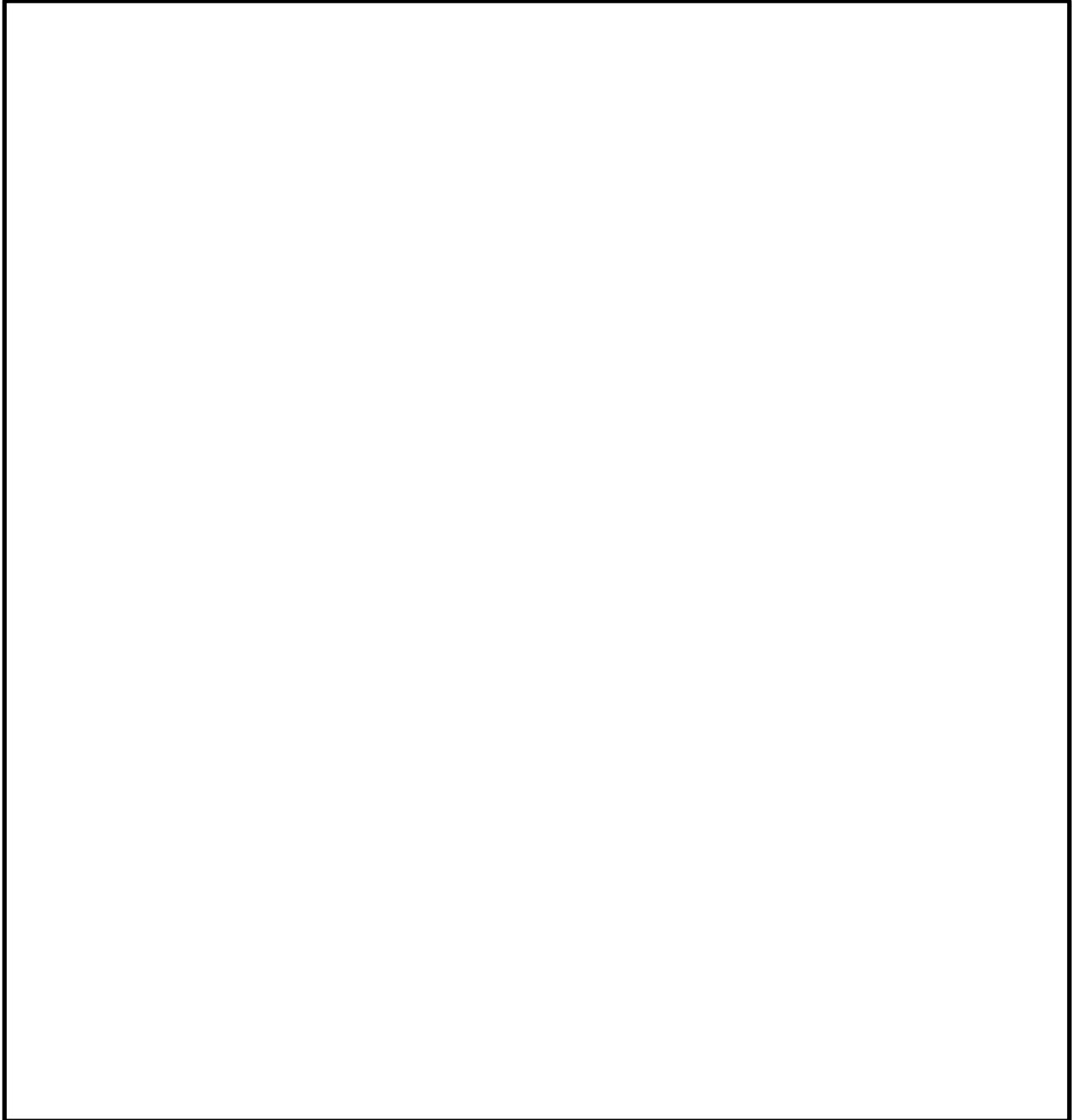
Date

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

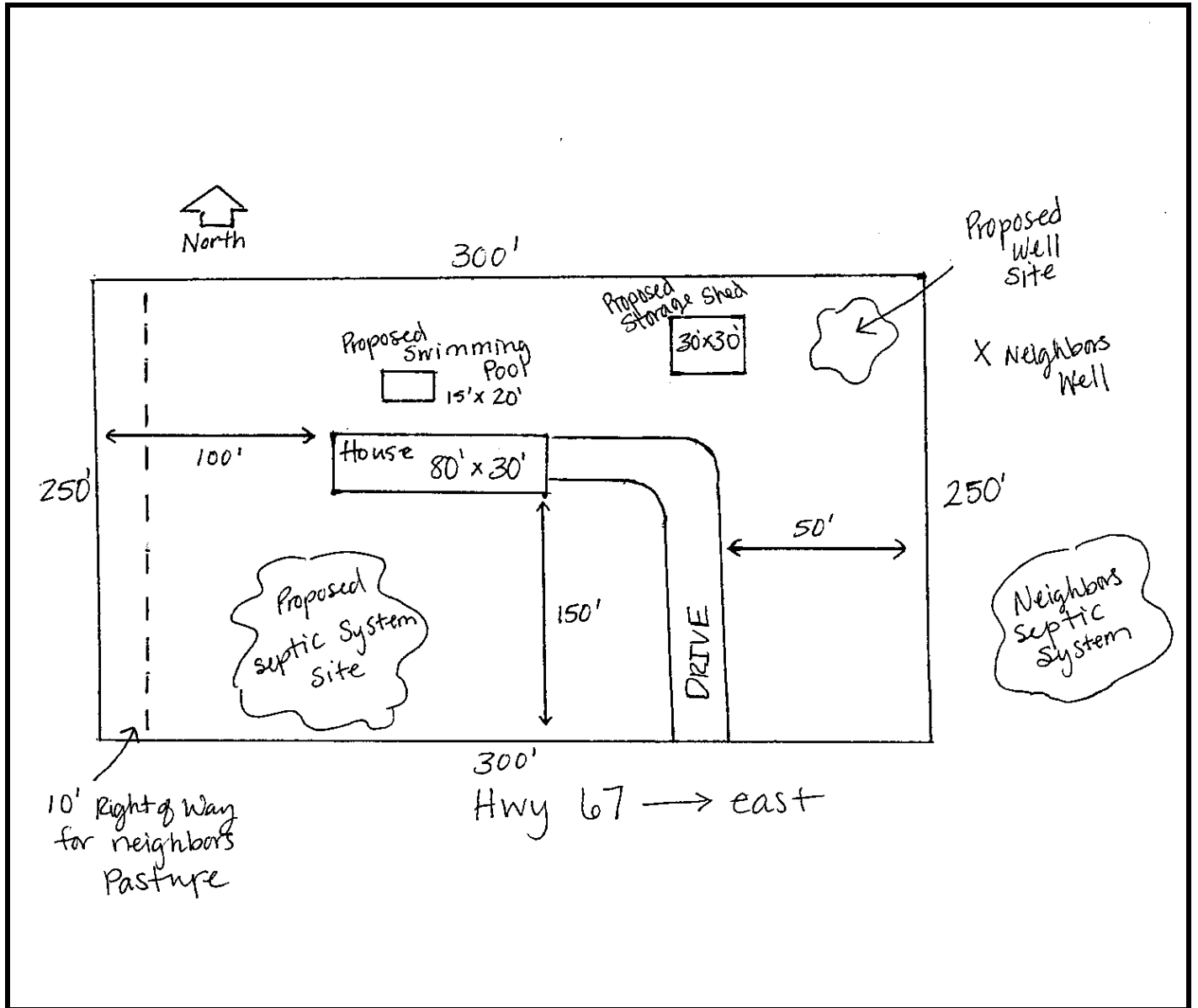
SITE PLAN

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;



EXAMPLE SITE PLAN



If you have questions or need clarification about how to complete your site plan, please call us at (828) 694-6060.

Required Steps for New Septic System Permit Applications

Name of Applicant _____

Site Address or REID # _____

Please initial each step below *after* each step has been complete. By initialing you are confirming that each step has been completed.

****NOT HAVING THE ITEMS BELOW COMPLETE WHEN THE INSPECTOR ARRIVES WILL RESULT IN A LENGTHY DELAY IN RECEIVING A PERMIT****

1. Lot lines have been clearly marked and corner pins located (Survey Pins). INITIAL: _____
2. Proposed house corners are marked and encompass the entire footprint of the structure including decks, garages, or other structures. INITIAL: _____
3. The lot has been under-brushed/mowed/or otherwise made accessible in your proposed septic area. DO NOT GRADE OR REMOVE LARGE TREES FROM THE PROPOSED SEPTIC AREA. The proposed septic area should be about 100' x 50'. INITIAL: _____
4. All rights-of-way (if they exist) have been marked that are in the septic/well area. (Overhead power lines and drives leading to adjacent lots.) INITIAL: _____
5. Neighboring wells have been located. INITIAL: _____
6. If test pits are needed *after* the initial site evaluation (per the inspector's instructions), I will obtain a backhoe. INITIAL: _____
7. Property has been posted by sign or other method. If needed, placards can be obtained from Henderson County Department of Public Health. INITIAL: _____

****NOT HAVING THE ABOVE ITEMS COMPLETE WILL RESULT IN A LENGTHY DELAY IN RECEIVING A PERMIT****

WHEN ITEMS ABOVE ARE COMPLETE PLEASE SUBMIT USING ONE OF THE FOLLOWING OPTIONS:

- Upload to [online portal](#)
- Call office at: (828) 694-6060
- EMAIL FORM TO: HCDPH_EnvHealth@hendersoncountync.gov
- Fax to (828) 697-4523

Thank you!

Date received by ENV Health:

Permit Number:

SITE FOR HEALTH DEPARTMENT EVALUATION

SUBDIVISION NAME

ADDRESS

LOT NUMBER

NAME OF OWNER/AGENT

INSTRUCTIONS:

PLEASE POST THIS CARD ON THE LOT TO BE EVALUATED, IN A LOCATION THAT IS READILY VISIBLE FROM THE ROAD. LOCATE AND CLEARLY FLAG SURVEY CORNERS OR PROPOSED CORNERS OF LOT TO BE EVALUATED.



Agent Authorization Form

I, _____ (NAME OF OWNER – Print) do

authorize _____ (NAME OF APPLICANT – Print)

to act as my agent in obtaining septic and/or well permit(s) from the

Henderson County Department of Public Health.

Address/Parcel Number of Property: _____

Owner Signature: _____

Date: _____

NOTE: All blanks must be filled in or this form will not be accepted.