

THIS IS NOT A PERMIT

Forms Received		
<input type="checkbox"/> EH-1	<input type="checkbox"/> EH-5	<input type="checkbox"/> EH-7
<input type="checkbox"/> EH-2	<input type="checkbox"/> EH-6	
<input type="checkbox"/> EH-3	<input type="checkbox"/> Dev-1	
<input type="checkbox"/> EH-4	<input type="checkbox"/> Dev-2	

Alexander County Health Department
6125 NC Hwy 16 S., Taylorsville, NC 28681
 (828)632-1000 Call between 8:00-9:00 M-F
Application for Improvement Permit and/or
Authorization for Construction

Application:
Fee:
Receipt:
Date:
Received by:

Sequence/Property# _____
 Deed Recordation or Plat Date _____ Acres _____
 Improvement Permit Authorization to Construct
 Authorization of existing sys. Repair Expansion

<input type="checkbox"/> Survey plat to scale submitted*	*scale of
<input type="checkbox"/> Scaled site plan submitted*	1"=60"
<input type="checkbox"/> Unscaled site plan submitted	or larger

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 Improvement 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
Owner	Address	Home & Work Phone

PROPERTY INFORMATION

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

DEVELOPMENT INFORMATION

Facility Type: House Mobile Home Modular
 Multi. Family Residences Units Total # of bedrooms
 Expansion of Existing System
 Repair to Existing Subsurface Sewage Disposal System
 Non-Residential Type of Structure
 Do you anticipate any additions to Facility **Yes No**
 Are there easements/right-of-ways recorded on this property? **Yes No**
 Has any grading, removal, or addition of soil been done to this property? **Yes No**

Residential Specifications

Max number of bedrooms: _____ Bathrooms: _____
 Max number of occupants: _____
If expansion: Current number of bedrooms: _____
 Will there be a basement? **Yes No**
 Basement plumbing (list fixtures) _____
 Garbage disposal? **Yes No**

Non-Residential Specifications:

Type of business: _____ Total Square footage of Building: _____
 Number of shifts: _____ Maximum number of employees: _____ Maximum number of seats: _____

Water Supply: ** If public water is not available on or adjacent to this property a Well Permit must be issued with the Authorization to Construct Permit

New well Existing Well Community Well Public Water
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
 **Must provide documentation to support claim as owner's legal representative.

APPLICATION VALID FOR 6 MONTHS FROM DATE PAID