

Receipt # _____
PIN _____

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

Toe River Health District
Application for Improvement Permit and/or Authorization to Construct

____ Improvement Permit ____ Authorization to Construct

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 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

Date originally deeded & recorded _____

____ Street Address _____ Subdivision Name _____ Section/Phase/Lot#

Directions to Site: _____ Lot Size _____

DEVELOPMENT INFORMATION

- New Single Family Residence
- Expansion of Existing System
- Repair to Malfunctioning Sewage Disposal System
- Non-Residential Type of Structure
- Addition to structure requiring building permit
- Verification of existing septic system

Residential Specifications

- Maximum number of bedrooms: _____
- If expansion: Current number of bedrooms: _____
- Will there be a basement? yes no
- Plumbing fixtures in Basement yes no
- Square footage of residence: _____
- Maximum # of occupants: _____

Non-Residential Specifications:

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

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)

____ Any ____ Accepted ____ Alternative ____ Conventional ____ Innovative ____ 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", applicant must attach supporting documentation.

- Yes No 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 Has any grading, removal or addition of soil been done to this property? (Please describe on back)

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.

Office Use Only

Date appointment made: _____

Date of appointment: _____

Date flagged: _____

of site visits: _____

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, site plan, and all proposed items are marked on the property.**

- _____ - The dimensions of the property.
 - _____ - The proposed location of all structures (e.g.: facility, wells, water lines, outbuildings, pools). Show the distances from the road and the side property line to all structures. Be sure and give the dimensions for all the 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 _____ - The location of any easements or rights of way on the property. **If there are none, circle "N/A"**.
 - N/A _____ - The location of any designated wetlands on the property. **If there are none, circle "N/A"**
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USE THIS SPACE TO DRAW YOUR SITE PLAN:

Well and/or Septic Example Site Plan

Providing complete and accurate information on your site sketch is critical and will assist us in efficiently evaluating your site.

This example was prepared to assist you in drawing your own site plan. Without your site plan we cannot perform the site evaluation. If you have any questions, please contact your local health department.

