Area_____ Permit #_____ Office Use Only: Initials_____ Amt. Rec'd_____ Receipt #_____


# RICHMOND COUNTY HEALTH DEPARTMENT

127 Caroline Street Rockingham, NC 28379

Dr. Tommy Jarrell, Health Director
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☐ Survey plat to scale* submitted
☐ Scaled* site plan submitted
☐ Unscaled site plan submitted

* scale of 1" = no more than 60'

## *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/City Home & Work Phone

_____ _____ _____
Owner Address/City Home & Work Phone

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**PROPERTY INFORMATION** PIN#_____ date originally deeded & recorded _____

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

Directions to Site: _____

_____

_____ Lot Size _____

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DEVELOPMENT INFORMATION

☐ New Single Family Residence ($200.00)
☐ Commercial ($300.00)
☐ Industrial ($500.00)
☐ Connection Permit ($75.00)
☐ Expansion of Existing System ($50.00)
☐ Conditional Recertification ($50.00)
☐ Re-evaluations ($50.00)
☐ Repair to Malfunctioning Sewage Disposal System ($0)

Residential Specifications

Maximum number of bedrooms:_____ Mobile Home_____
Maximum number of users:_____ Site built House_____
If expansion: New number of bedrooms:_____ Modular Home_____
Will there be a basement? ☐ yes ☐ no
Plumbing fixtures in Basement ☐ yes ☐ no
Will home have a crawl space ☐ yes ☐ no
Future Pool/Building ☐ yes ☐ no **(show on site plan)**
Driveway Location_____ **(show on site plan)**

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**Non-Residential Specifications**:
Type of facility: _____ Total Square footage of Building: _____
Maximum number of employees: _____ Maximum number of seats: _____
*Churches will have to provide this office the occupant content form from Fire Marshall when applying.

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**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)**

☐ Accepted ☐ Alternative ☐ Conventional ☐ Innovative ☐ Other _____ ☐ Any

**Conditional Recertification Specifications**:
☐ Pool ☐ Garage ☐ Dining Room ☐ Building ☐ Other_____
☐ Deck ☐ Bedroom ☐ Kitchen ☐ Living Room Will structure have water using fixtures?_____

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?

**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. If the information in the application for an improvement permit is falsified, changed, or the site is altered, then the improvement permit and authorization to construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct.**

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