

Application for Improvement
Permit an/or Authorization to
Construct

Richmond County Health Department
127 Caroline Street
Rockingham, NC 28379
910-997-8320

FOR OFFICE USE ONLY
File # _____
Date Received _____
Date Called _____
Date of Initial Site Visit _____

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

Email Address: _____

Applicant _____ Address _____ Home & Work Phone _____

Owner _____ Address _____ Home & Work Phone _____

PROPERTY INFORMATION

Parcel Identification number _____ Property Size _____ acres

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

Directions to Site: _____

DEVELOPMENT INFORMATION:

<input type="checkbox"/> New Single Family Residence: Max number of bedrooms: _____ Max number of occupants: _____ Will there be a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No Plumbing Fixtures in Basement <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> New Non-Residential Structure (church, store, etc.): Total Square footage of Building: _____ Maximum number of seats: _____ Maximum number of employees: _____ Type of business: _____						
<input type="checkbox"/> Repair to Malfunctioning Sewage Disposal System: Number of bedrooms: _____ Number of occupants: _____ Discharge to surface _____ Damaged _____ Backing up _____	<input type="checkbox"/> Conditional Recertification (addition to home or property): <input type="checkbox"/> Bedroom (Total number after addition? _____) <input type="checkbox"/> Bathroom <input type="checkbox"/> Storage Building <input type="checkbox"/> Other _____						
<input type="checkbox"/> Existing System Use (connection of home to existing septic tank): Number of bedrooms: _____ Number of occupants: _____	<input type="checkbox"/> Re-Evaluation (Proposed Number Of) <table style="width:100%; border:none;"> <tr> <td style="text-align:center; border:none;"><u>Residential</u></td> <td style="text-align:center; border:none;"><u>Non-Residential</u></td> </tr> <tr> <td style="border:none;">_____ Bedrooms</td> <td style="border:none;">_____ Seats</td> </tr> <tr> <td style="border:none;">_____ Occupants</td> <td style="border:none;">_____ Employees</td> </tr> </table>	<u>Residential</u>	<u>Non-Residential</u>	_____ Bedrooms	_____ Seats	_____ Occupants	_____ Employees
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_____ Bedrooms	_____ Seats						
_____ Occupants	_____ Employees						
Water Supply: <input type="checkbox"/> New well <input type="checkbox"/> Existing Well <input type="checkbox"/> Community Well <input type="checkbox"/> Public Water							
Please Indicate Desired System Type(s): <input type="checkbox"/> Alternative <input type="checkbox"/> Conventional <input type="checkbox"/> Innovative <input type="checkbox"/> Modified Conventional <input type="checkbox"/> Other(specify)							

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

Date