

**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

_____ 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#
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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 border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Residential</u></td> <td style="text-align: center;"><u>Non-Residential</u></td> </tr> <tr> <td style="text-align: center;">_____ Bedrooms</td> <td style="text-align: center;">_____ Seats</td> </tr> <tr> <td style="text-align: center;">_____ Occupants</td> <td style="text-align: center;">_____ Employees</td> </tr> </table>	<u>Residential</u>	<u>Non-Residential</u>	_____ Bedrooms	_____ Seats	_____ Occupants	_____ Employees
<u>Residential</u>	<u>Non-Residential</u>						
_____ 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)							

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Does the site contain any jurisdictional wetlands? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is any wastewater going to be generated on the site other than domestic sewage? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is the site subject to approval by any other public agency? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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)** _____ **Date**
 **Must provide documentation to support claim as owner's legal representative.



RICHMOND COUNTY HEALTH DEPARTMENT

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Fax: 910-997-8372



**North Carolina
Public Health**

Preparing Your Property For Evaluation:

- For new system evaluations:
 1. Property must be cleared (mowed, bush-hogged, etc.) to permit easy access. This may require mowing tall weeds in a field or cutting bushes and limbing trees in a wooded area. If wooded lots are cleared, it is very important not to disturb existing soil or reshape lots in any way. Clearing with heavy equipment should only be done in dry conditions. Disturbance of soil may cause sites to be unsuitable for a septic system or may require a more expensive system. A permit that has been issued could be revoked due to site disturbance or construction in the area permitted for the septic system or repair area.
 2. Home corners must be flagged with provided yellow flags.
 3. Property corners must be flagged. All survey irons must be identified prior to calling for the site evaluation, if owner/agent cannot find irons, then a licensed surveyor should be hired by the owner/agent to identify irons.
 4. Property must be identified by a provided placard on the road frontage.
 5. Any designated wetlands must be identified prior to this evaluation.
- For existing system evaluations (If Record Card Is Not Found In This Office):
 1. A portion of the septic tank must be uncovered, (1' x 1' min.)
 2. A flag must be placed at the septic tank.
- For repair evaluations (If Record Card Is Not Found In This Office):

Place a flat at the septic tank. Please indicate on the application **what** type of problem you are having, (backing up in house, in yard, at tank, etc.)

Once you have properly prepared the site for evaluation:

- *Contact Environmental Health at (910)997-8320.*
- *If you do not call back, your site will not be scheduled for inspection.*
- *Failure to prepare property may result in additional fees*

Please note:

The septic system and any other improvements or conditions shall be installed and maintained as indicated on the permit issued. This permit shall in no way be taken as a guarantee or implied warranty that the septic system will function for any given period of time or that representatives of the Health Department assume any liability for related damages, consequential or direct, which are caused or which may be caused by a malfunctioning of such system.



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To complete this application you will need:

- **A map of the property to be evaluated**

This map can be obtained from Land Records/Mapping Department 2nd Floor, Located at 1401 Fayetteville Road.

- **12 Digit parcel number for the property**

This number can be obtained from Land Records/Mapping Department 2nd Floor, Located at 1401 Fayetteville Road.

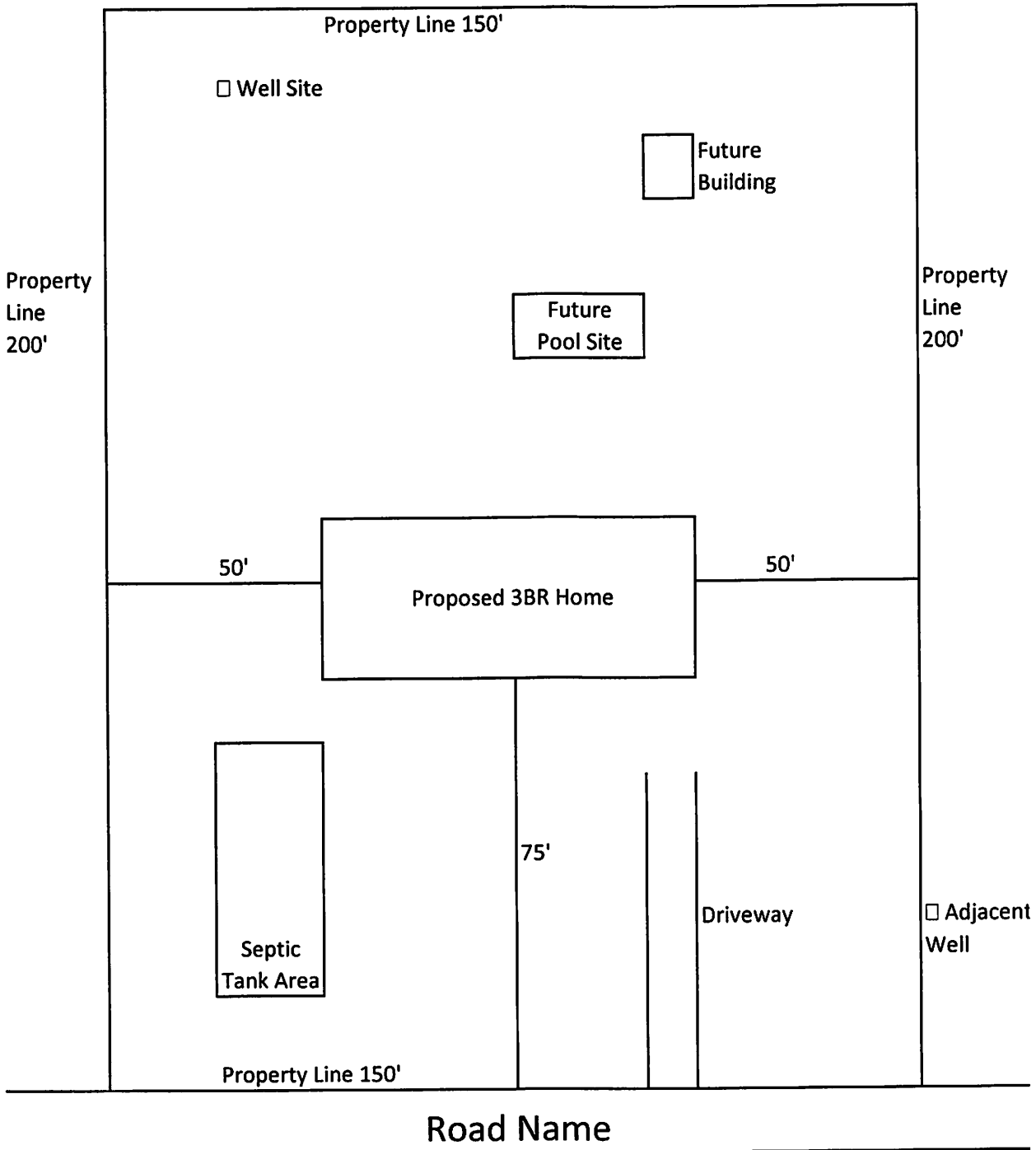
- **A proposed site plan for the property**

- Please follow the instructions on the site plan worksheet
- See sample site plan on last page of application
- It is important that you be specific about location of structures, driveways, wells, etc. Or we cannot properly evaluate your site

All Checks can be made Payable to: Richmond County Health Department

Example Site Plan

County Requirement: Map/Drawing including parcel boundaries with dimensions. Locations of all proposed improvements with dimensions from two intersecting property lines to the proposed structure. Drawing must include all existing wells, septic systems, easements, and utilities.





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DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

1. Power of Attorney
2. Real Estate Contract
3. Estate executor
4. Bankruptcy trustee
5. Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

1. Complete this form to document his or her legal representative, or
2. Provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in Richmond County, North Carolina.

I do hereby authorize (print legal representative/company name) _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Richmond County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	Date	Signature of Witness	Date
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