

APPLICATION FOR IMPROVEMENT PERMIT OR AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

Haywood County Health and Human Services Agency • Environmental Health Section
157 Paragon Parkway, Suite 200, Clyde, NC 28721 • Phone: 828-452-6682 • Fax: 828-452-6791

1. **APPLICATION FOR:** Authorization for Wastewater System Construction (Septic Permit) Plan Review (# of Lots _____)
 Upgrade Improvement Permit to Authorization for Wastewater System Construction
 Improvement Permit (Soil/Site Evaluation) REPAIR

A.F.W.S.C. Permits are valid for a period of 60 Months (5 Years) or until Improvement Permit Expires
Improvement Permits are valid for a period of 60 Months (5 Years) or without expiration (with proper documentation)

2. Property Owner: _____ Phone: _____
Mailing Address: _____
Property Address (if available): _____

3. Permit Requested By: _____ Phone: _____
Mailing Address: _____

4. If Subdivision, indicate name: _____ Section _____ Lot # _____

5. Date Property Deeded and Recorded _____ **If the recording information is not completed, or if the recording date is after January 1, 1983, a septic repair area will be required. If you do not have this information on the property, please contact the Haywood County Register of Deeds Office, Mapping Office, and/or Tax Office for assistance before submitting the application.*

6. IF THERE IS A LOCKED GATE PREVENTING ACCESS TO THIS PROPERTY, WHAT IS THE NUMBER/CODE? _____

7. Directions to the property: _____

8. Are there any existing structures and/or septic systems on this property? YES NO

9. Type of Water Supply: Individual Well Community Well City Water If so, which Municipality? _____

10. Is this property a jurisdictional wetland or subject to any other jurisdictions? YES NO If so, which? _____

11. Type of System: Single Family Multiple Family MH Park Other _____

New Existing/Repair Addition/Renovation Size/Dimensions of Home: _____ Sq. Footage: _____

of Bedrooms: _____ # of Occupants: _____ Basement: Yes No Water Using Fixtures in Basement: Yes No

IF MULTIPLE FAMILY:

Number of Residential Units or Mobile Homes: _____ 2-Bedroom Units _____ 3-Bedroom Units _____ 4-Bedroom Units _____

IF COMMERCIAL:

Restaurant: No. of Seats _____ Business Industry Other: _____

Type of Facility: _____ Size of Facility: _____ # of people served: _____

12. Do you anticipate any additions? Yes No If yes, please explain: _____

13. Has any grading or removal of topsoil been done to this property? Yes No
If yes, please describe _____

14. Do you anticipate any wastewater generation other than domestic sewage? Yes No
If yes, please describe _____

15. Are there any easements or right-of-ways recorded on this property? Yes No
If you do not have this information, please contact the Haywood County Register of Deeds Office for assistance or refer to your deed before submitting the application.

16. Please check the type of system preferred: Conventional Approved Innovative Experimental Any

I hereby make application to the Haywood County Environmental Services for a site evaluation for a ground absorption sewage disposal system to serve the above described facility on this property and authorize Health Department Representatives to go on this property for evaluation purposes. I certify the above information to be correct and understand that any permit and report issued as result of this information will become invalid if it is found to be incorrect or if any changes are made in the lot or the size and location of the proposed facilities.

IF YOUR APPLICATION IS INACTIVE/PENDING FOR MORE THAN THREE (3) YEARS, IT WILL BE CONSIDERED EXPIRED AND MAY BE DISCARDED. NO CREDITS OR REFUNDS WILL BE GIVEN FOR EXPIRED APPLICATIONS.

PIN: _____



HAYWOOD COUNTY HEALTH AND HUMAN SERVICES AGENCY

157 Paragon Parkway, Clyde, NC 28721-9481

IRA DOVE

Health and Human Services Agency Director

PATRICK H. JOHNSON, RN-C, MPA, Public Health Services Director

828-356-2244

Environmental Health Section

157 Paragon Parkway, Suite 200, Clyde, NC 28721

828-452-6682

- A survey plat (if available) and **DETAILED SITE PLAN** must accompany all applications, or no work will begin. You will be given a map of your property, on which you must draw in the proposed location of the house, driveway, and/or any other structures such as decks, garage, carport, outbuildings, pool, etc.)
- Property corners and lines between must be clearly marked.
- Applicant must stake proposed location of house, mobile home or other structures to include decks, pools, barns, garages, and etc.
- Area to be evaluated must be reasonably clear so that an Environmental Health Specialist can walk over the area easily and complete his/her evaluation. Do not grade this site, only remove underbrush such as briars and rhododendron.
- **\$50 return trip fee will be charged to the applicant** if any of the above items are not completed when the Environmental Health Specialist arrives at the lot.
- **Application must be signed by CURRENT Owner, or their agent who has a legal proxy to sign, giving permission for Environmental Health to go onto the property.**

Date: _____ Signature: _____

Owner Agent Other _____

Owner Email Address: _____

For Official Use Only:

Date Paid: _____ Amt \$ _____ Ck. # _____ Cash Credit Card

Receipt # _____ Received By: _____