



# Stanly County Environmental Health Property Development Application

Dept. Use Only	
Date Submitted	_____
Fee Paid	_____
Application approved	_____
Assigned to:	_____
Site ready/date	_____
CDP#	_____ TR# _____
Date Scheduled	_____

**Section 1** Please complete the following information

Owner	Mailing Address	City	Zip Code	Telephone Number(s) daytime
Applicant (if different than owner)	Mailing Address	City	Zip Code	Telephone Number(s) daytime

**Property Location**      Address: \_\_\_\_\_      Subdivision: \_\_\_\_\_      Section#/Lot \_\_\_\_\_

**APPLICATION FOR:**

New System	<input type="checkbox"/> Improvement Permit	<input type="checkbox"/> Construction Authorization - required to obtain building permit
Expansion	<input type="checkbox"/> Improvement Permit	<input type="checkbox"/> Construction Authorization - required to obtain building permit
Existing System	<input type="checkbox"/> Reconnection	<input type="checkbox"/> Renovation <input type="checkbox"/> Addition <input type="checkbox"/> Repair

**If applying for Authorization to Construct :** Please Indicate Desired System Type(s): (systems can be ranked in order of your preference)  
 Conventional     Innovative     Accepted     Alternative     Other \_\_\_\_\_     Any

**TYPE OF FACILITY**

<input type="checkbox"/> Single Family	<input type="checkbox"/> Multi-family	Garbage Disposal	Yes	No	<b>WATER SUPPLY</b>	
# Bedrooms _____	# Units _____	Basement	Yes	No		Circle One
# Occupants _____	# Bedrooms/unit _____	Basement Fixtures	Yes	No		Public    New Well    Existing Well

**Existing System Approval ( Reconnection)**

Reconnection	# of bedrooms in original home: _____	# bedrooms in new home: _____
Addition (no bedroom)	Type of addition: _____	Square footage: _____
Detached Accessory Structure	Type of structure: _____	Square footage: _____

Will there be any water using fixtures installed in the addition or detached accessory structure? \_\_\_\_\_

In what name was the **original** septic tank permit issued? \_\_\_\_\_

In what year was the septic tank system installed? \_\_\_\_\_

The applicant shall notify the Health Department if any of the following apply to the property in questions

<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the site contain any jurisdictional wetlands?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the site contain any existing wastewater systems?
<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 property 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 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) Refunds are not given once work has initiated on an application. There is a \$25 administrative fee on all refunds**

_____ <i>Signature of Owner or Authorized Agent</i>	_____ <i>Date</i>
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Directions to Property \_\_\_\_\_

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