



Stanly County Environmental Health Property Development Application

Dept. Use Only
Date Submitted _____
Fee Paid _____
Application approved _____
Assigned to: _____
Site ready/date _____
RN# _____ EH# _____
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

Section 2 Development Information

Property Location Address: _____ Subdivision: _____ Section#/Lot _____

APPLICATION FOR:

New System	Improvement Permit	Construction Authorization - required to obtain building permit
Expansion	Improvement Permit	Construction Authorization - required to obtain building permit
Existing System	Reconnection	Renovation Addition

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

TYPE OF FACILITY

Single Family	Type _____ <small>(mobile home, site built home, etc.)</small>	Multi-Family	Business/Industry <i>(See Addendum)</i>
# Bedrooms _____	# Units _____	# Bedrooms per unit _____	Type of Business/Industry _____
# Other rooms w/closets	Basement	Basement Water Fixtures	Wastewater: Domestic <i>check one</i> Industrial

Water Supply Public Community Private Other

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 question.

If the answer is "yes" supporting documentation must be attached

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 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)

Signature of Owner or Authorized Agent

Date

Directions to Property _____
