



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 Improvement Permit Construction Authorization - required to obtain building permit
 Expansion Improvement Permit Construction Authorization - required to obtain building permit
 Existing System Reconnection Renovation Addition 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	WATER SUPPLY	
# Bedrooms _____	# Units _____	Basement	Yes	No		Check 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

- 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) Refunds are not given once work has initiated on an application. There is a \$25 administrative fee on all refunds

Signature of Owner or Authorized Agent _____
Date

Directions to Property _____

