



# Stanly County Environmental Health Property Development Application

### Dept. Use Only

Date Submitted \_\_\_\_\_  
Fee Paid \_\_\_\_\_  
Assigned to: \_\_\_\_\_  
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 \_\_\_\_\_

### Section 2 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  Expansion/DDF increase  Change of use  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 ( ) Other \_\_\_\_\_ ( ) Any**

### Section 3 TYPE OF FACILITY

( ) Single Family # Bedrooms \_\_\_\_\_ # Occupants \_\_\_\_\_  
( ) Multi-family # Units \_\_\_\_\_ # Bedrooms/unit \_\_\_\_\_  
( ) Business Type of business: \_\_\_\_\_  
Number of employees \_\_\_\_\_  
Number of seats \_\_\_\_\_

### Water Supply (circle one)

Garbage disposal: Yes No Basement: Yes No Basement Fixtures: Yes No  
Crawl Space: Yes No Slab foundation: Yes No  
Public Existing Well  
New Well Shared well

Are there any existing wells, springs, or existing waterlines on this property? Yes No  
Is a grinder pump or sewage lift pump proposed before the septic tank? Yes No

### Section 4 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? Yes No  
In what name was the **original** septic tank permit issued? \_\_\_\_\_  
In what year was the septic tank system installed? \_\_\_\_\_

### If the answer to any of the following questions is "yes", applicant must attach supporting documentation.

- ( ) 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 proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. I understand that if the information in the application is falsified, changed, or the site is altered, then the Improvement Permit and/or Construction Authorization shall be invalid. I understand that 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_