



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 _____

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 () Other _____ () Any

TYPE OF FACILITY

<input type="checkbox"/> Single Family	<input type="checkbox"/> Multi-family	() Business Type of business: _____
# Bedrooms _____	# Units _____	Number of employees _____
# Occupants _____	# Bedrooms/unit _____	Number of seats _____

Water Supply (circle one)	
Public	Existing Well
New Well	Shared well

Garbage disposal: Yes No Basement: Yes No Basement Fixtures: Yes No
 Crawl Space: Yes No Slab foundation: Yes No

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

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?
 Yes No Has 811 been contacted and identified any underground utilities on the property? If yes, please list
 Ticket reference number: _____ Visit by date: _____

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)

_____ <i>Signature of Owner or Authorized Agent</i>	_____ <i>Date</i>
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This application is valid for 12 months from the date submitted.

Directions
