



106 E Morgan St. Ste. 105
 Brevard, NC 28712
 828-884-3139
 Fax 828-884-3259
 www.transylvaniahealth.org

Application for Septic Improvement/Authorization to Construct Permit
Incomplete Applications Will Not Be Accepted or Processed

IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENT PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT AND AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. THIS APPLICATION IS VALID FOR ONE YEAR.

___ Improvement Permit ___ Authorization to Construct ___ Repair \$ _____ Receipt No.: _____
Office Use

APPLICANT INFORMATION e-mail address: _____

Applicant: Buyer, Contractor, Agent _____ Address (Buyer only) _____ Home, Work and/or Cell Phone _____

Property Owner Name _____ Address _____ Home, Work and/or Cell Phone _____

PROPERTY INFORMATION PIN: _____
 (Office Use: Date current parcel was originally deeded & recorded) _____

Street Address _____ Subdivision Name _____ Section/Phase/Lot# _____

Directions to Site: _____ Lot Size _____

Comments/Notes _____
Office Use

DEVELOPMENT INFORMATION

- New Single Family Residence
- Expansion of Existing System:
- Repair of Malfunctioning Sewage Disposal System
- Non-Residential Type of Structure

Residential Specifications

Maximum number of bedrooms & occupants _____
 If expansion: Current number of bedrooms: _____
 Will there be a basement? Yes No
 Plumbing fixtures in basement? Yes No

Non-Residential Specifications:

Type of business: _____ Total Square footage of Building: _____
 Maximum number of employees: _____ Maximum number of seats: _____

Water Supply: Are there any existing wells, springs, or existing waterlines on this property? Yes No
 If YES, these MUST be shown on the site plan or survey plat.

- New well Existing Well Community Well Public Water Spring

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

The Applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question 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 marking of all property lines and corners; field staking the house and all appurtenances in their exact locations on the site; and making the site accessible so that a complete site evaluation can be performed. Failure to do so may result in additional fees before proceeding with the permitting process.**

Property owner's or owner's legal representative signature _____ Date _____

TRANSYLVANIA PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION SITE PLAN



Instructions to Applicant: *Environmental Health personnel will not begin the evaluation process until all property lines are accurately marked and the house site and all appurtenances (outbuildings, detached garages, pools, drive, etc.) are staked and flagged in their exact locations matching this submitted Site Plan.* Property lines MUST match those shown on a survey or preliminary plat. A site evaluation will not be scheduled until this site plan is completed and signed unless a “to scale” survey plat (scale of 1” = no more than 60’) showing all components has been completed by a Registered Land Surveyor and submitted to the Environmental Health Section.

As Close to Scale as Possible: **1.** Draw the existing/proposed parcel showing all applicable property lines with dimensions and orientation to proposed or existing streets and roads. **2.** Indicate the location of the proposed home/building and all appurtenances, including decks, porches or any other structures, showing dimensions and distances to property lines. **3.** Locate all wells, both existing and proposed (including those on adjacent properties, if known) and indicate the preferred drain field location. **4.** All surface waters including springs, ponds, rivers, streams, etc. must be shown. **5.** Draw a North arrow as accurately as possible. **Transylvania County will attempt to locate the drain field and the well in the requested area(s); however, conditions may exist that prohibit those areas from being used as desired.**

A large, empty rectangular box with a thick black border, intended for the applicant to draw the site plan as described in the instructions above.

I hereby agree that the information shown is correct to the best of my knowledge.

Signature of owner/authorized agent

Parcel Identification Number (PIN) Date