



catawba county public health

Application for Environmental Health Services THIS IS NOT A PERMIT

Application is for: New Construction Existing Facility

- Improvement Permit Authorization to Construct
 New Septic Septic Repair/Malfunction Septic Relocation Septic Expansion
 Existing System Inspection or Reconnection
 New Well Replacement Well Well Abandonment Well Repair

Property Address _____
Acres _____ Subdivision _____ Lot# _____

Driving Directions to Property _____

Describe work _____

Applicant Name	
Applicant Address _____	
Phone _____	Cell Phone _____
Owner Name	
Owner Address _____	
Phone _____	Cell Phone _____
Contractor Name	License # _____
Contractor Address _____	
Phone _____	Cell Phone _____

Name to Appear on Permit? Owner Applicant Contractor
Who will be the Primary Contact? Owner Applicant Contractor

Proposed New Construction - Residential

Primary Residence New Residence Addition to Residence # of New Bedrooms *† _____ # of Occupants _____
Project Description _____

Structure Dimensions, also specify dimensions of decks & porches _____
Basement Yes No Basement Plumbing Yes No

Accessory Dwelling # of New Bedrooms *† _____ # of Occupants _____ Structure Dimensions _____
Basement Yes No Basement Plumbing Yes No

Accessory Structure(s) Describe _____ Structure(s) Dimensions _____
Plumbing Yes No Describe Plumbing Needed _____

Multi-Family Residence # of Apartments _____ #Bedrooms per Apartment*† _____ Total # Bedrooms in Structure *† _____ # of Occupants _____
Structure Dimensions _____ Basement Yes No Basement Plumbing Yes No

Well Construction/Abandonment/Repair

Proposed Well Type Individual Well Semi-Public Well Community Well
Abandonment Type Drilled Bored Dug Unknown
Well Repair Requested Yes No Describe _____
Will Certified Well Contractor Install Water Line or Electrical Line from Well Head to Pressure Tank? Yes No

catawbacountync.gov

Environmental Health

Catawba County Government Center

25 Government Drive | PO Box 389 | Newton NC 28658 | 828.465.8270

MAKING. LIVING. BETTER.

Existing Structures on Site

Describe _____ Structure Dimensions _____

of Bedrooms * _____ # of Occupants _____

Basement Yes No Basement Plumbing Yes No**Existing Water Supply** Individual Well Shared Well – Number of Connections _____ Community Well County/City/Township Water LineIs a public water supply available? ** Yes No**Commercial** **Proposed New Construction** **Existing/ Change of Use** **Repair****Food Service** Specify Type _____

Seats _____ Dining Area (Sq. Ft.) _____

Employees per Shift _____ # of Shifts _____

Church # of Seats _____ Daycare Yes No # of Children _____ # of Employees per Shift _____ # of Shifts _____Commercial Kitchen Yes No Residential Kitchen Yes No**Daycare** # of Children _____ # of Employees per Shift _____ # of Shifts _____**Business/Other** Specify Type _____ Structure Dimensions _____

Retail Floor Space _____ # of Employees per Shift _____ # of Shifts _____

Other Information _____

Calculated Design Flow, Commercial † _____ (This value will be determined by EH staff)

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? Describe _____**If applying for an Improvement Permit or Authorization to Construct, Please Indicate Desired System Type(s):**

(systems can be ranked in order of your preference)

 Accepted Alternative Conventional Innovative Other _____ Any

*Any room that will be intended for sleeping at the time of construction or for future consideration should be noted as a bedroom and counted on all applications. The number of bedrooms will be confirmed by rooms identified on floor plans as a bedroom at the time of building permit issuance. This may prevent the need for septic system expansion in the future.

† If structure is plumbed but has no bedrooms, calculated design flow will be determined by EH Staff.

** If No, a well permit must be issued with the Authorization to Construct.

RETREP TO THE PROPERTY AND/OR SYSTEM REDESIGN WILL INCUR AN ADDITIONAL CHARGE (SEE FEE SCHEDULE)

Completed applications are valid for a period of 2 years. Improvement Permits are valid: with complete site plan = 60 months (5 years); with complete plat = without expiration. An Authorization to Construct will remain valid as long as the Improvement Permit is valid. An Authorization to Construct, issued for septic repair is valid for 60 months (5 years). Permits may be revoked if the information on this application/site plan changes or if the intended use for the proposed facility changes. Permits may be revoked if site conditions are altered such that they effect permit conditions or installation requirements.

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.

The undersigned is the owner of the property or legal agent of the owner.

Signature of Owner or Legal Agent _____ Date _____

Printed Name of Owner or Legal Agent _____