



**Moore County Health Department
Environmental Health Section
PO Box 279, Carthage, NC 28327
Phone (910) 947-6283
Fax (910) 947-5127**



Application for Improvement Permit

Receipt #: _____ Parcel ID / LRK #: _____

Owner: _____ Home Phone #: _____

Mailing Address: _____ Cell #: _____

_____ Email: _____

Representative/Buyer: _____ Home Phone #: _____

Mailing Address: _____ Cell #: _____

_____ Email: _____

Exact Directions to Property (911 address, if available): _____

New System: ____ Expansion/Relocation of Existing System: ____

Permit Valid for [5] years (attach site plan): ____ Permit valid without expiration (attach plat): ____

Construction Authorization (valid for five [5] years): ____

Requested system type: Conventional ____ Accepted ____

Number of bedrooms: ____ Number of people served: ____ Number of Employees (if applicable): ____

Number, description and use of structures on property: _____

Will wastewater, other than domestic sewage, be generated? _____

Indicate type of foundation: _____ Basement (circle): Yes / No

Indicate type of water supply (circle): Public / Private

Are there any wells on adjoining property? _____ Is there an irrigation system planned? _____

Are there designated wetlands on the property? _____ If yes, please show on plat or site plan.

Are there any right of ways or easements on the property? _____

Required zoning or other public agency approval obtained? _____

Is this property and proposed or existing structures under common or joint control (i.e. a condominium or other multiple ownership development)? _____

***I HEREBY CERTIFY THE INFORMATION SUPPLIED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I HEREBY WAIVE ANY CLAIM FOR DAMAGES FROM ANY EVALUATION PERFORMED PURSUANT TO THIS APPLICATION. ***

Date: _____ Signature: _____

(Owner or Representative)



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Important Notice to All Applicants

BEFORE INSTALLING A SEWAGE DISPOSAL SYSTEM OR MAKING ANY IMPROVEMENTS TO PROPERTY, IT IS THE LANDOWNER'S RESPONSIBILITY TO VERIFY THAT ANY PROPOSED IMPROVEMENTS COMPLY WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS, RULES, AND REGULATIONS CONCERNING LAND USE, ZONING, SUBDIVISION, EROSION CONTROL, FLOOD DAMAGE PREVENTION, WETLAND REGULATIONS AND ANY OTHER LAND DEVELOPMENT RESTRICTIONS.

A VALID CONSTRUCTION AUTHORIZATION AND IMPROVEMENT PERMIT FOR THE SPECIFIED USE OF THE PROPERTY MUST BE OBTAINED PRIOR TO ISSUANCE OF ANY BUILDING OR ELECTRICAL PERMITS. THE CONSTRUCTION AUTHORIZATION IS VALID FOR A MAXIMUM OF FIVE (5) YEARS FROM THE DATE IT IS ISSUED OR UPON EXPIRATION OF THE IMPROVEMENT PERMIT IT IS ISSUED FOR. IMPROVEMENT PERMITS AND CONSTRUCTION AUTHORIZATIONS ARE SUBJECT TO REVOCATION IF THE INTENDED USE OF THE PROPERTY OR CONSTRUCTION PLANS CHANGE.

THE SIGNED APPLICATION AUTHORIZES COUNTY AND STATE OFFICIALS RIGHT OF ENTRY TO CONDUCT NECESSARY INSPECTIONS.

Prior to a site visit by an environmental health specialist, the applicant is responsible for the following:

1) Upon receipt of your paperwork by Environmental Health, we will send an email detailing the next required steps (2-4) to be completed on site. Please respond once these items are finished. If an email address is not provided, we will contact you by phone to verify completion of all necessary steps.

2) **Clearly mark** the location of property boundaries.

3) **Stake** the corners of all proposed structures and outbuildings, etc. If applicable, mark the location of any proposed driveways and swimming pools, etc.

4) Applicants **may be required** to dig pits when necessary for proper evaluation of the soil at the site.

5) **Make** the property **accessible** for evaluation (this may require clearing thick undergrowth).

*** APPLICATIONS ARE PROCESSED ON A FIRST COME / FIRST SERVED BASIS. IF YOUR TURN COMES AND THE ABOVE HAS NOT BEEN COMPLETED, THE NEXT APPLICATION IN LINE WILL BE PROCESSED.**

*** ALL FEES ARE NON-REFUNDABLE AFTER NINETY (90) DAYS OR AFTER VISIT TO THE PROPERTY HAS BEEN MADE.**



Moore County Health Department
Environmental Health Section
1042 Carriage Oaks Dr.
PO Box 279, Carthage, NC 28327



Matthew Garner, MPA
Health Director

Telephone: 910-947-6283
Fax: 910-947-5127

Designation of Legal Representative

I, _____, hereby authorize
Property Owner (print)

_____ to serve as my legal
Legal Representative (print)
representative for the purpose of obtaining a permit to install, repair or
expand an on-site wastewater system and/or well. I understand that submittal
of the application for evaluation will authorize the Moore County Health
Department to perform said evaluation on my property.

Parcel ID/LRK #: _____

Address of Property: _____


Signature: _____ Date: _____
Property Owner

Signature: _____ Date: _____
Legal Representative

Moore County Environmental Health Site Plan Instructions

On your property:

- 1) Make sure the property lines are clearly marked.
 - 2) Make sure the corners of the house are clearly marked to include a carport, deck, or any other attachment to the home.
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- 1) When you come to the office, make sure the dimensions of the house are clearly shown on the site diagram, as well as the distances from the side property lines and the distance from the front of the house to the front property line. For questions about minimum setbacks contact Zoning Office at **(910)-947-5010**
 - 2) Clearly show the preferred location of your septic system, well, driveway and any outbuildings such as sheds or workshops. Show any future additions such as pools or decks so septic system can be adjusted to accommodate them.

 = House Corners

 = Property Corners

