

PERMIT # \_\_\_\_\_



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

**APPLICATION FOR AN IMPROVEMENT PERMIT**

***\*Application will not be accepted without a site plan\****

Receipt #: \_\_\_\_\_ Parcel ID/LRK #: \_\_\_\_\_

Owner: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Representative/Buyer: \_\_\_\_\_ Home #: \_\_\_\_\_

Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

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

New System: \_\_\_\_\_ Permit Valid for five (5) years (attach site plan): \_\_\_\_\_

Expansion/Relocation of Existing System: \_\_\_\_\_

Permit valid without expiration (attach plat): \_\_\_\_\_

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

Requested system type: Conventional \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Number, description, and use of structures and proposed structures on the property: \_\_\_\_\_

Number of bedrooms: \_\_\_\_\_ Number of people served: \_\_\_\_\_

Please describe any additional factors which may affect the amount of water used: \_\_\_\_\_

Will wastewater, other than domestic sewage, be generated? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please describe: \_\_\_\_\_

Is there a basement or construction below existing grade? Yes \_\_\_\_\_ No \_\_\_\_\_

Indicate type of water supply: Public \_\_\_\_\_ Private \_\_\_\_\_

Are there any wells on adjoining property? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a geothermal/HVAC system planned? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there an irrigation system planned? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there designated wetlands on the property? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate their location on the plat or site plan.

Are there any right of ways or easements on the property? Yes \_\_\_\_\_ No \_\_\_\_\_

Required zoning or other public agency approval obtained? Yes \_\_\_\_\_ No \_\_\_\_\_

Date property was originally deeded or platted and recorded: \_\_\_\_\_

Is this property and proposed or existing structures under common or joint control (i.e. a condominium or other multiple ownership development)? Yes \_\_\_\_\_ No \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(Owner or Representative)

## 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) **Clearly mark** the location of property boundaries.
- 2) **Stake** the corners of all proposed structures and outbuildings, etc. Mark the location of driveways and swimming pool in a similar way.
- 3) **Make** the property **accessible** for evaluation (this may require clearing undergrowth).
- 4) **Dig** a minimum of three (3) holes about fifty (50) feet apart in the location proposed for system installation. The holes should be a minimum of six (6) inches in diameter and twenty-four (24) inches deep. Additional holes or the assistance of a backhoe may be required.
- 5) **Post** attached notice on property to be evaluated in a place that is visible from entrance to property.
- 6) **Call (after above steps have been completed)** 910-947-6283 between the hours of 8:00 a.m. and 5:00 p.m. and leave message on specialist's voice mail that the above steps have been completed.

\* **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.**

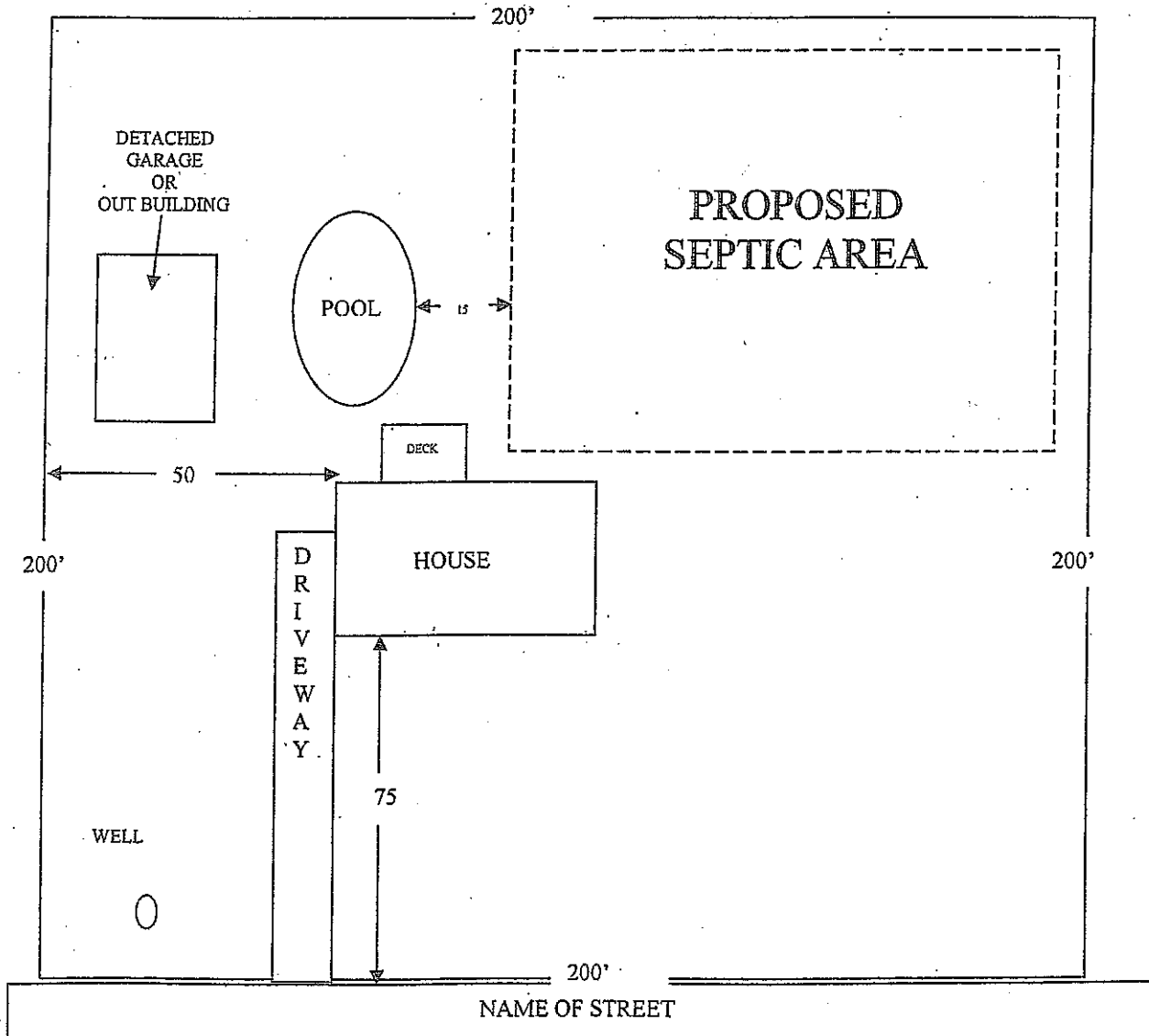
\* **ALL FEES ARE NON-REFUNDABLE AFTER NINETY (90) DAYS OR AFTER VISIT TO THE PROPERTY HAS BEEN MADE.**

**SITE PLAN WORKSHEET**

Place a mark (X) beside each item that has been indicated on your site plan, incomplete site plans will be returned to you for completion. Remember: **Your property will not be scheduled for an evaluation until we have received a completed application, site plan, and all proposed items are marked on the property.**

- \_\_\_\_\_ - The dimensions of the property.
- \_\_\_\_\_ - The proposed location of all structures (e.g.: facility, wells, water lines, outbuildings, pools). Show the distances from the road and the side property line to all structures. Be sure and give the dimensions for all the structures. If you are unsure as to the structure size, please show the dimensions of the MAXIMUM area of the lot that you anticipate the structure will cover.
- \_\_\_\_\_ - The site you would prefer your septic system to go in.
- \_\_\_\_\_ - The preferred driveway location.
- \_\_\_\_\_ - The proposed well location.
- \_\_\_\_\_ - A north arrow or other sufficient directional indicator.
- N/A \_\_\_\_\_ - Any proposed structures or improvements to the property such as garages, workshops, pools, etc. **If there are none, circle "N/A"**
- N/A \_\_\_\_\_ - The location of any existing septic tank systems and wells on your property and on the adjoining property within 100' of your property line. **If there are none, circle "N/A"**.
- N/A \_\_\_\_\_ - The location of any easements or rights of way on the property. **If there are none, circle "N/A"**.
- N/A \_\_\_\_\_ - The location of any designated wetlands on the property. **If there are none, circle "N/A"**

USE THE BACK OR ANOTHER SHEET TO DRAW YOUR SITE PLAN:  
**SAMPLE BELOW:**



**County of Moore**  
*Department of Health*  
705 Pinehurst Avenue • P.O. Box 279  
Carthage, North Carolina 28327

Robert R. Wittmann, M.P.H.  
Director

Telephone: 910-947-3300  
Medical Records Fax: 910-947-1663  
Administration Fax: 910-947-5837

**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.

Address of Property: \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Property Owner

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Legal Representative

*"To Protect and Promote Health through Prevention and Control of Disease and Injury."*  
<http://www.moorecountync.gov/health/>

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

WIC  
Telephone: 910-947-2797  
Appointments: 910-947-3271  
Fax: 910-947-2460