

CUMBERLAND COUNTY HEALTH DEPARTMENT
 ENVIRONMENTAL HEALTH DIVISION
 227 Fountainhead Lane
 Fayetteville NC 28301
 Phone (910) 433-3660 / Fax (910) 433-3669

APPLICATION FOR PERMIT

Tax Parcel Number _____	Site Address _____		
Township _____	City _____	State _____	Zip _____
Development/Subdivision _____	Lot/Phase/Section _____	Bldg _____	Unit _____
APPLICANT: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor / Builder * <input type="checkbox"/> Project Contact Person / Authorized Representative			
Name _____ Phone _____ Fax _____ Other _____			
Address _____			
City _____ State _____ Zip _____		* License # & Classification: _____	
Project Contact Person _____ Phone _____ Fax _____ Other _____			
Address _____ City _____ State _____ Zip _____			
REASON FOR APPLICATION:			
<input type="checkbox"/> Repair of Existing System	<input type="checkbox"/> Inspection for Resale/Refinance - Individual Water	<input type="checkbox"/> New Well	
<input type="checkbox"/> Inspection of Existing System	<input type="checkbox"/> Inspection for Resale/Refinance - Public Water	<input type="checkbox"/> Swimming Pool/Room Addition	
<input type="checkbox"/> Renewal of Existing System	<input type="checkbox"/> Authorization in Writing	<input type="checkbox"/> Water Sample - Bacteriological/Chemical	
<input type="checkbox"/> Redraw Plot Plan	<input type="checkbox"/> Occupancy	<input type="checkbox"/> Water Sample - Compliance	
		<input type="checkbox"/> Water Sample - Petroleum/Pesticide	
<small>(NOTE: 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.)</small>			
Type of On-Site Wastewater System Desired:			
<input type="checkbox"/> Conventional	<input type="checkbox"/> Innovative	<input type="checkbox"/> Modified Conventional	
<input type="checkbox"/> Alternative	<input type="checkbox"/> Other _____		
Type of Well: <input type="checkbox"/> Drilled <input type="checkbox"/> Bored <input type="checkbox"/> Driven <input type="checkbox"/> Other _____			
Name of Original Owner: _____		Request for: <input type="checkbox"/> New Home <input type="checkbox"/> Existing Home	
Was Plat / Property Approved Conditionally by Planning Department? <input type="checkbox"/> Yes* <input type="checkbox"/> No (<i>* Attach copy of conditions</i>)			
Type of Establishment / Residence: <input type="checkbox"/> House <input type="checkbox"/> MH <input type="checkbox"/> Other _____			
Square Footage of Residence/Building: _____		# Bedrooms: _____	# People: _____
Basement Plumbing Fixtures Proposed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Year House Built / Septic Tank Installed: _____		Property Zoned? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Property Originally Deeded & Recorded: _____		Zoning Permit No. _____	
<input type="checkbox"/> Site Plan Provided <i>A Site Plan (drawing) is valid for five (5) years. A new application must be filed for the expired improvement permit. Authorization for Wastewater System Construction (ATC) is good for only five (5) years.</i>			
<input type="checkbox"/> Plat Provided <i>A Plat drawn by a Registered Land Surveyor (RLS) to a scale of 1 inch equals no more than 60 feet is valid without expiration. Authorization for Wastewater System Construction (ATC) is good for only five (5) years, at which time it must be renewed.</i>			
*** CLEARLY STAKE ALL CORNERS & LINES OF THE PROPERTY. STAKE ALL CORNERS OF ALL PROPOSED STRUCTURES. SURVEY PLAT OR SITE PLAN MUST BE ATTACHED TO THIS APPLICATION.***			
<small>House Bill 53: (D) If a Local Health Department repeatedly fails to issue or deny improvement permits for conventional septic tank systems within sixty (60) days of receiving completed applications for the permits, then the Department of Environment, Health and Natural Resources may withhold public health funding from that local health department. *Plat also means, for subdivision, lots approved by the local planning authority and recorded with the County Register of Deeds, a copy of the recorded subdivision plat that is accompanied by a site plat that is drawn to scale.</small>			

I hereby make application to the Cumberland County Health Department for a site evaluation for the on-site sewage disposal system for the above-described property. I agree that the contents of this application are true and represent the maximum facilities to be placed on the property. I understand if the site is altered or the intended use changes, the permit shall become invalid. I understand that as applicant, I am responsible for identifying and marking property lines, corners and making the site accessible for the personnel of the Cumberland County Health Department to conduct their evaluations. I additionally understand that I am responsible for notifying the Health Department if my property contains any wetlands as designated by the Army Corps of Engineers, and if the site is subject to approval by other public agencies.

Owner / Agent Signature: _____ Date: _____