



Permit # \_\_\_\_\_

Fee: \_\_\_\_\_

Receipt # \_\_\_\_\_

### Application for Improvement Permit and/or Authorization to Construct

Improvement Permit

Authorization to Construct

### APPLICANT INFORMATION

Current Property Owner \_\_\_\_\_

Mailing Address/City/State/Zip \_\_\_\_\_

Preferred Email Address \_\_\_\_\_

Home/Work Phone \_\_\_\_\_

Parcel ID/PIN \_\_\_\_\_

Acreage/Lot Size: \_\_\_\_\_

Date *current* parcel was originally deeded & recorded (date since last property line change – not change in ownership): \_\_\_\_\_

Property Address/City/Zip \_\_\_\_\_

Subdivision Name/Lot #/Phase \_\_\_\_\_

Gate Code \_\_\_\_\_

#### DEVELOPMENT INFORMATION

Type of Facility:  House  SW Mobile Home

- New Septic for Single Family Residence
- Expansion of Existing System
- Non-Residential Type of Structure
- Re-Evaluation/Move Septic or Well

#### Residential Specifications

DW Mobile Home  Modular  Other \_\_\_\_\_

- Maximum number of bedrooms: \_\_\_\_\_
- If expansion: Current number of bedrooms: \_\_\_\_\_ Desired # \_\_\_\_\_
- Will there be a basement?  Yes  No
- Plumbing fixtures in Basement?  Yes  No

#### Non-Residential Specifications:

Type of business: \_\_\_\_\_  
Maximum number of employees: \_\_\_\_\_

Total Square footage of Building: \_\_\_\_\_  
Maximum number of seats: \_\_\_\_\_

**Water Supply:** Are there any existing wells, springs, or existing waterlines on this property?  Yes  No  
 New Well  Existing Well  Shared Well  Public Well  Municipal  Spring

If applying for authorization to Construct, please indicate desired system type.  
(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", application 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 rights of way on this property?
- Yes  No Are there any current or pending restrictions regarding groundwater use?
- Yes  No Are there any variances regarding well construction or location?

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.

**Application and the application fees paid will be valid for a period of (12) twelve months from the date of receipt. After (12) months, the application is void and the fee is non-refundable.**

\_\_\_\_\_  
Property owner's or Owner's Legal Representative \* Signature (required)  
\* Must provide documentation to support claim as owners legal representative

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

Survey plat to scale\* submitted    Scaled\* site plan submitted    Unscaled site plan submitted   \*scale of 1"= no more than 60'

**Site Plan Form**

**Instructions To Applicant:** The Environmental Health Specialist cannot begin the evaluation process until all property lines and the proposed home or building are staked and flagged with dimensions.

**\*\* SEE REVERSE FOR EXAMPLE OF COMPLETED SITE PLAN FORM \*\***

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

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

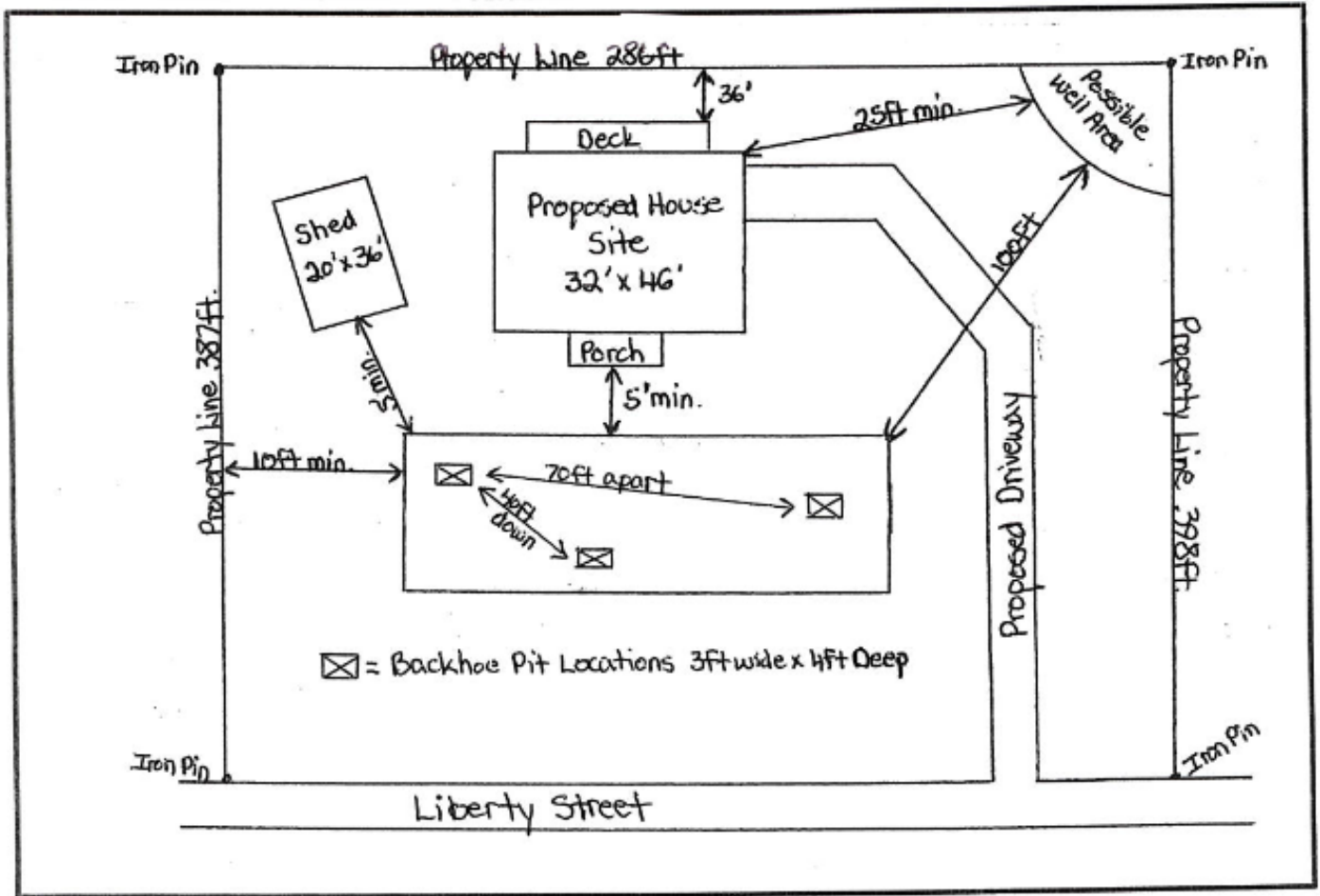
\_\_\_\_\_ Date \_\_\_\_\_

Property owner's or Owner's Legal Agent Representative (Signature Required)

Must provide documentation to support claim as owners legal representative.

Rutherford County Health Department  
221 Callahan Koon Rd.  
Spindale, NC 28160  
(828) 287-6317  
Email: [rutherfordenv@foothillshd.org](mailto:rutherfordenv@foothillshd.org)

McDowell County Health Department  
408 Spaulding Rd.  
Marion, NC 28752  
(828) 652-2921  
Email: [mcdowellenv@foothillshd.org](mailto:mcdowellenv@foothillshd.org)





## Instructions for Applicant

In order to make the best use of your time and assist the staff in completing applications quickly we ask that the items provided below be completed prior to visit. By completing these items it reduces the time on site and the need for return visits. We appreciate your cooperation. **\*\*Please be advised that a revisit fee may be assessed if a site visit is made and items are not completed. The fee will be based on the current fee schedule.**

1.  I have completed the "Application for Improvement Permit/Authorization to Construct".
2.  I have provided a scaled map of the property (other than a tax map) with dimensions or a survey plat. If property is in a subdivision, please provide survey plat/map.
3.  I have marked all property corners and boundaries.  
***\*\* Note: All property corners, lines, and boundaries must be clearly marked. It is recommended that visible flagging be used every 50 feet.***
4.  I have located all wells, springs, and surface waters on the property or within 50' of the property.
5.  I have completed the Site Plan Form, showing all property lines, proposed structures, wells and springs, including neighboring septic systems and water supplies, drawn a closely to scale as possible.
6.  I have staked all proposed structures in their exact location on the site, including driveway.  
***\*\* Note All proposed structures including decks, porches, garages, driveway, etc. must be staked out on the site with stakes or flags. The specialist must be able to identify these proposed structures before the site evaluation can be performed.***
7.  I have cleared undergrowth on the property to the point that there is visibility for at least 50 feet from any one location.
8.  I understand that no grading shall be performed before issuance of permit.
9.  I have dug backhoe pits as described on the site plan example.
10.  I understand that if above items are not completed, and a site visit is made, I may be assessed a revisit fee.

I agree to complete the requirements listed above and have the property prepared for a soil/site evaluation, prior to scheduling an appointment.

Your application and the application fees paid will be valid for a period of (12) twelve months from the date of receipt. After (12) twelve months, the application is void and the fee is non-refundable. Within the twelve months, you may request in writing a refund for the application fee. If the fee payment cannot be verified by our records, you must provide an original receipt.

Applications and application fee payments may not be transferred, sold, or assigned.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Detailed directions to property from the Health Department:

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