

**New Hanover County Health Department
Application for
Improvement Permit and/or Authorization to Construct**

- | |
|---|
| <input type="checkbox"/> Survey plat to scale* submitted
<input type="checkbox"/> Scaled* site plan submitted
<input type="checkbox"/> Unscaled site plan submitted
* scale of 1" = no more than 60' |
|---|

___ Improvement Permit ___ Authorization to Construct Tax Parcel # _____

IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENTS PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENTS PERMIT AND AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)

APPLICANT INFORMATION

Applicant _____ Address _____ Home & Work Phone _____

Email Address: _____

Owner _____ Address _____ Home & Work Phone _____

Email Address: _____

PROPERTY INFORMATION

date originally deeded & recorded _____

Street Address _____ Subdivision Name _____ Section/Phase/Lot# _____

Directions to Site: _____ Lot Size _____

DEVELOPMENT INFORMATION

- New Single Family Residence
- Relocation/New
- Expansion of Existing System
- Repair to Malfunctioning Sewage Disposal System
- Non-Residential Type of Structure

Residential Specifications

Maximum number of bedrooms: _____
 Maximum number of occupants: _____
 If expansion: Current number of bedrooms: _____
 Will there be a basement? yes no
 Plumbing fixtures in Basement yes no

Non-Residential Specifications:

Type of business: _____ Total Square footage of Building: _____

Maximum number of employees: _____ Maximum number of seats: _____

Water Supply: Are there any existing wells, springs, or existing waterlines on this property? yes no

New well Existing Well Community Well Public Water Spring

If applying for Authorization to Construct: Please Indicate Desired System Type(s):

(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", 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?

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.

Property owner's or owner's legal representative signature (required)**

Date

**Must provide documentation to support claim as owner's legal representative.



NEW HANOVER COUNTY
HEALTH DEPARTMENT
 Environmental Health Services
 230 Government Center Dr., Suite 140
 Wilmington, NC 28403
 TELEPHONE (910) 798-6667 FAX (910) 798-7815



CHECKLIST FOR APPLICATION FOR LOT EVALUATION

- _____ NHCHD EH application form for Improvement Permit and Construction Authorization, Completely filled out and signed
- _____ Owner’s consent to filing of this application, in writing, **if applicant is not owner**
- _____ Survey or other legal map showing property dimensions, boundaries, and all easements and wetlands; contours shown if slope is greater than 2%; elevations above mean sea level must be shown if property located on Figure Eight Island
- _____ Site plan, drawn to scale, between 1 in. = 10 ft. and 1 in. = 60 ft., showing all existing and proposed development
- _____ A copy of the deed for subject property and a recorded plat, showing date recorded; and any previous deeds that show subdivision of property
- _____ Written documentation from the nearest provider of sewer/water that sewer/water is NOT available to the property.
- _____ If served by public water – location of main, meter and proposed waterline to structure
- _____ The lot must be cleared to allow visibility and access by foot AND the property boundaries must be flagged or staked (*flags will be provided*). Edge of all easements and wetlands must also be marked in the field.
- _____ All proposed development must be flagged or staked (***yellow flags will be provided***).
- _____ Approved or permitted storm water plans for subdivisions and commercial developments (prior to issuance of Construction Authorization)

I, _____ (*print name*) certify that I have fulfilled the above-referenced application requirements and the property is prepared for a soil evaluation. _____

Signature of applicant/owner

“Healthy People, Safe Environment, Strong Community”

NEW HANOVER COUNTY ENVIRONMENTAL HEALTH SERVICES FEE SCHEDULE

Soil Evaluation	\$281.00 *plus \$100 each additional 500 gal/day
Sewage System Construction Authorization (Type I, II, III)	\$280.00
Sewage System Construction Authorization (Type IV, V, VI)	\$832.00 *plus \$100 each additional 500 gal/day
Sewage System Permit Revision	\$140.00
Sewage System Repair Permit	\$ 50.00
Existing System Inspection (Building addition or Private pool)	\$140.00
Existing System Inspection (Reuse Purposes)	\$140.00
Reissue or Revise Construction Authorization	\$140.00
Land Record Review	\$100.00 plus \$50 each additional hour
Re-inspection after failed inspection at initial visit	\$ 70.00
Well Permit (Including site evaluation & bacterial analysis)	\$350.00
Water Sample – Bacteriological	\$140.00
Water Sample – Bacteriological	\$ 70.00
Water Sample – Chemical	\$140.00
Re-inspection after failed inspection at initial visit	\$ 70.00
Food Service Plan Review	
Prototype Restaurant & Food Stands	NC DENR – Division of EH approval letter
Non-prototype / Independent Restaurants, Food Stands & Mobile Food Units	\$250.00
Renovations / Changes (dimension of food preparation area, seating capacity or addition to room)	\$250.00
Temporary Food Establishment Permit	\$ 75.00
Seafood Market Permit	\$100.00
Seafood Vehicle Permit	\$ 50.00
Swimming Pool – Operation permit	\$200.00 **
Swimming Pool – Plan Review (new facility construction	\$250.00
Re-inspection after failed inspection at initial visit	\$ 70.00
Tattoo Artist and/or Body Piercing Permit per location	\$200.00
Tattoo Artist and/or Body Piercing per location paid less than 30 days prior to or after permit expiration	<u>\$300.00</u>
Tattoo Artist and/or Body Piercing Secondary Permit @ alternate location	\$125.00 ***
Temporary Tattoo Artist and/or Body Piercing Permit	\$100.00 **** operate 2 weeks or less

- * First 500 gal/day
- ** Second & subsequent facility @ same address 25% reduction
- *** Tattoo and/or Body Piercing Shop under same ownership
- **** Permit to operate 2 weeks or less

EHS091
7-2013

DOCUMENTATION TO AUTHORIZE AN OWNER’S LEGAL REPRESENTATIVE

Applications for permits require the “signature of the owner or owner’s legal representative” (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

- 1. Power of Attorney
- 2. Real Estate Contract
- 3. Estate executor
- 4. Bankruptcy trustee
- 5. Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

- 1. Complete this form to document his or her legal representative, or
- 2. Provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

- 6. By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in New Hanover County, North Carolina.

I do hereby authorize (print legal representative/company name) _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the _____ County Department of Public Health, Environmental Health Division.

Signature of Owner(s) Date _____ _____
Signature of Witness Date



**NEW HANOVER COUNTY
HEALTH DEPARTMENT
Environmental Health Services
230 Government Center Dr., Suite 140
Wilmington, NC 28403**

TELEPHONE (910) 798-6667 FAX (910) 798-7815



**PREPARATION OF YOUR PROPERTY/PROPERTIES
FOR HEALTH DEPARTMENT LOT EVALUATIONS**

Lot evaluations are conducted to determine if a septic system can be installed on a specific property. The property must meet minimum requirements with respect to site and soil characteristics. To request a Lot Evaluation an application must be submitted and must include **A SCALED PLAN OR SURVEY SHOWING THE PROPOSED LOCATION OF ALL STRUCTURES AND DRIVEWAYS**. Once an application is completed, the applicant will receive a sign to post at the property and flags to mark the property corners and building locations.

PLEASE NOTE: The \$281.00 fee for a lot evaluation is limited to one (1) acre of land. If your property is over this size; please designate the one (1) acre for evaluation.

**PREPARATION OF YOUR PROPERTY/PROPERTIES FOR HEALTH DEPARTMENT
EVALUATION**

Prior to a site visit for a Lot Evaluation, the property/properties need to be prepared as follows:

1. For identification of the property, utilize the card stating “SITE FOR HEALTH DEPARTMENT EVALUATION” and post in a location that is readily visible from the road.
2. The applicant shall identify property corners and property lines at indicated property utilizing stakes with surveyor’s tape attached, or flags obtained from the Environmental Health Section of the Health Department.
3. The applicant shall make the property accessible for a soil evaluation to take place:
 - a. Bush – hog property to minimize the presence of heavy undergrowth.
(If you have any questions about what is clear and accessible please speak with the Environmental Health Specialist assigned to the property).
4. The applicant shall identify fixed reference points on the property as well as on the site plan/survey of the following:
 - a. wetlands
 - b. ditches
 - c. easements (utility, drainage, pedestrian etc.)
 - d. right-of-ways

If any of the above is not complete prior to the site visit by the Environmental Health Specialist you will be notified by a phone call or letter informing you what needs to be completed.

“Healthy People, Safe Environment, Strong Community”