

PLEASE PRINT

Name: _____ Mailing Address: _____ City/State/Zip _____

Home Phone: _____ Business/Mobile Phone: _____ E-mail Address: _____

Street Address for Site: _____ Zip: _____ Subdivision: _____ Lot/Section: _____

Directions to Property: _____

Installation for:	County Sewer: (YES) (NO)	Tax Parcel # _____
Residence: _____	Lot Size: _____	Industry or Business: _____
Industrial / Commercial _____ (Type) _____	Number of Bedrooms: _____	Number of Employees: _____
Duplex: _____	Number of Occupants: _____	Number/Type of water using fixtures: _____
	Private Well: (YES) (NO)	
	Public System Name: _____	

OFFICE USE ONLY:

TO MAKE APPLICATION FOR ENVIRONMENTAL HEALTH SERVICES YOU MUST SUBMIT A PLAT OR SITE PLAN DRAWN TO SCALE OF YOUR PROPERTY WITH THIS APPLICATION.

- Mobile Home Replacement _____
- Building Addition/Conversion _____
- Swimming Pool (Private) _____
- Well Abandonment _____
- Well Permit (new / replacement) _____
- Well Repair/Reconstruction _____
- Water Sample (Bacteriological) _____
- Water Sample (Inorganic) _____
- Water Sample (Organic) _____
- Water Sample (Resample) _____
- Permit Revision _____

Please show the location of the residence or building, including driveways, and any other improvements/additions (pools, decks, etc.)

Please submit storm water plans for Subdivisions and Commercial Developments.

Permits issued pursuant to this application shall not be affected by change in ownership provided the site plan remains unchanged.

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. It is understood that any permit issued hereafter is subject to suspension or revocation if the site plans or the intended use change or if the information submitted on this application is falsified.

Amount Received: \$ _____ Receipt #: _____

Cash _____ Check # _____ Credit Card _____

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



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 WELL PERMIT

- ___ New Hanover County Health Department (NHCHD) Environmental Health Services (EHS) application form (*blue*), 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
- ___ Site plan, drawn to scale, between 1 in. = 10 ft. and 1 in. = 60 ft., showing all existing and proposed development. Include all plumbing connections to sewer
- ___ Copy of recorded plat or subdivision plan (*not required for replacement well serving existing development*)
- ___ Written documentation from the nearest provider of water that public water is NOT available to the property.
- ___ A map from the nearest public sewer provider showing location of existing and/or proposed sewer mains, manholes, and lift stations. Any sewer easements on or within 100 ft. of the subject property must be shown
- ___ 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 easement(s) must be marked in the field.
- ___ All proposed development must be flagged or staked (*flags will be provided*).
- ___ Expose all existing subsurface well heads.

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

Signature of applicant/owner

“Healthy People, Safe Environment, Strong Community”

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