

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: _____	

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.

OFFICE USE ONLY:

Amount Received: \$ _____ Receipt #: _____
 Cash _____ Check # _____ Credit Card _____

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 ENVIRONMENTAL HEALTH SERVICES FEE SCHEDULE

Soil Evaluation	\$	281.00	* plus \$100 each additional 600 gal/day
Sewage System Construction Authorization (Type I, II, III(a))	\$	280.00	
	\$	832.00	* plus \$100 each additional 600 gal/day
Sewage System Construction Authorization (Type III(b), IV, V, VI)			* plus \$100 X # inspections / 20 years
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	
Monitoring Soil Wetness Wells		\$300.00	Per address per month
Land Record Review	\$	100.00	plus \$50 each additional hour
Re-inspection after failed inspection at initial visit	\$	70.00	
Engineer Option Permit (GS 130A-336.1(n) based on Sewage System design/capacity (Type I,II, III(a), III(b), IV, V, or VI		30% (IP + Construction Authorization)	
Well Permit (including site evaluation & bacteriological analysis)	\$	350.00	
Water Sample - Bacteriological	\$	140.00	
Water Sample - Bacteriological - resample	\$	70.00	
Water Sample - Chemical	\$	140.00	
Re-inspection after failed inspection at initial visit	\$	70.00	
Food Service Plan Review			
Prototype Restaurants & Food Stands			NCDENR - 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 of 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 and existing remodel construction)	\$	250.00	
Swimming Pool - Plan Review (new and existing remodel construction) secondary and each resubmittal of rejected plans	\$	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 Permit per location paid less than 30 days prior to or after permit expiration	\$	300.00	
Temporary Tattoo Artist and/or Body Piercing Permit	\$	100.00	** operate 2 weeks or less

* First 600 gal/day **Permit to operate 2 weeks or 1 Refund Request prior to provision of service will be granted on the basis of \$10.00 filing charge

DEPARTAMENTO DE SALUD DEL CONDADO DE NEW HANOVER, SECCIÓN DE SERVICIOS DE SALUD DEL MEDIO AMBIENTE: PRECIOS

Evaluación de suelo	\$	281.00 (* más \$100.00 p/cada 600 galones diarios adicionales)
Autorización para construcción de sistema de alcantarillado (Tipos I, II, III)	\$	280.00
Autorización para construcción de sistema de alcantarillado (Tipos III(b), IV, V, VI)	\$	832.00 (* más \$100.00 p/cada 600 galones diarios adicionales) *mas \$100.00 x # de inspecciones / 20 años
Revisión del Permiso para sistema de alcantarillado	\$	140.00
Permiso de reparo para sistema de alcantarillado	\$	50.00
Inspección de sistema preexistente (adiciones a edificios existentes, piscina privada)	\$	140.00
Inspección de sistema preexistente (por motivo de re-uso)	\$	140.00
Monitorando la Humedad del Suelo del Pozo	\$	300.00 Por dirección por mes
Reedición o revisión de Autorización para construcción	\$	140.00
Revisión del Registro de Tierras	\$	100.00 (más \$50.00 por cada hora adicional)
Re-inspección después de no haber pasado en la visita inicial.	\$	70.00
Permiso para pozo (incluye evaluación de sitio y análisis bacteriológico)	\$	350.00
Muestra de agua (bacteriológico)	\$	140.00
Muestra de agua (bacteriológico) 2ª muestra	\$	70.00
Muestra de agua (químico)	\$	140.00
Re-inspección después de no haber pasado en la visita inicial.	\$	70.00
Revisión del Plan de Servicio de Comidas		
Restaurante prototipo y puesto de comida		NCDENR - Division Of EH approval letter
Incluye restaurantes independientes y puestos de comida - Incluye restaurantes-Independientes y puesto de comida	\$	250.00
Renovaciones/Cambios (dimensiones del area de preparacion de comida capacidad para sentarse o ampliacion	\$	250.00
Permiso Temporal p/ venta de, y/o local de comidas	\$	75.00
Permiso p/ operar mercado de pescados y mariscos	\$	100.00
Permiso p/ vender pescados y mariscos desde un vehículo	\$	50.00
Permiso p/ operar piscina	\$	200.00
Revisión de planes para piscina (construcción nueva y remodelación actual)	\$	250.00
Revisión de planes para piscina (construcción nueva y remodelación actual) secundaria y cada reenvío de planes rechazados.	\$	250.00
Re-inspección después de no haber pasado en la visita inicial.	\$	70.00
Permiso p/ local de Artistas del tatuaje y/o perforaciones del cuerpo.	\$	200.00
Artistas del tatuaje/o perforaciones del cuerpo. Por ubicacion pagado menos de 30 dias antes o despues del vencimiento del permiso.	\$	300.00
Permiso Temporal p/ Artistas del tatuaje y/o perforaciones del cuerpo.	\$	100.00 ** (podrá operar por 2 semanas, ó menos)

*Primeros 600 gal/día

** Permiso p/ operar por un máximo La devolución solicitada antes de los servicios rendidos será asumida con un cargo en base de \$10.00 por archivar el proceso.



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 REUSE OF EXISTING SEPTIC/WELL
 (INCLUDES BUILDING ADDITIONS/CONVERSIONS, MOBILE HOME
 REPLACEMENTS, SWIMMING POOLS)**

- _____ 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 any existing septic systems and wells. Include all plumbing connections to sewer.
- _____ 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.
- _____ Proposed addition to the property must be flagged or staked (*flags will be provided*).
- _____ Septic tank exposed to the invert of the inlet and outlet of the tank (*If not stamped, may require verification of liquid volume of tank*)
- _____ Well heads underground located and exposed
- _____ Provide documentation from nearest provider of public sewer and/or water that connection is not mandated. ***Without this, EHS cannot proceed with the processing of the application.***

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

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

DOCUMENTACION PARA AUTORIZAR A UN REPRESENTANTE LEGAL DEL PROPIETARIO

Las aplicaciones para los permisos requieren “firma del representante legal del propietario o propietarios” (15A NCAC 18A.1937). Si el propietario no firma la aplicación el mismo o ella misma, ellos pueden enviar cualquiera de los siguientes documentos para designar su representante legal.

1. Poder Legal
2. Contrato de Bienes y Raices
3. Albacea de Propiedad
4. Fideicomiso de Insolvencia
5. Orden de la Corte de la tutela

En ausencia de la documentación mencionada arriba, el propietario puede proporcionar al departamento de salud local con la documentación que designa a un representante legal. Un propietario puede

1. Completar esta forma para documentar a su representante legal, o
2. Proporcionar su propia forma que contiene la información en esta forma

Si hay múltiples propietarios, entonces todos los propietarios deben firmar la forma que designa a un representante legal.

6. Firmando la forma que designa a un representante legal para propósitos de 15A NCAC 18A. 1937, el propietario autoriza a ese representante a actuar sobre su beneficio en los asuntos que pertenecen a la aplicación y permitir el proceso, inclusive firmar o recibir cualquier aplicación, el documento o el permiso. El propietario retiene la responsabilidad completa para encontrar todas condiciones del permiso especificados por el departamento de salud local.

I _____, soy el propietario legal (propietarios) de la propiedad localizada en _____, identificado como NIP (el número de identificación del paquete) _____, localizado en el Condado de New Hanover _____, Carolina de Norte.

Yo por la presente autorizo (imprimir el nombre legal del representante/nombre de la compañía) _____, Para actuar como un representante en mi beneficio al solicitar/firmar/obteniendo cualquiera de la documentación descrita abajo.

- Aplicación de mejora (IP)/autorización para construir (C.A.)
- Permiso de mejora (IP)/autorización para construir(C.A.)
- Aplicación para la evaluación del terreno (nuevo/reparación)
- Aplicación/permiso para el poso de agua potable/abandono del pozo
- Aplicación para la inspección de cumplimiento

Estoy de acuerdo en acatar todas la decisiones y/o las condiciones entre el representate legal que está actuando sobre mi beneficio y el _____ El Departamento del condado de la salud pública del medio ambiente.

Firma del Propietario (Propietarios)

Fecha

Firma del Testigo

Fecha