

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK BENTON • Deputy Secretary for Health

SUSAN KANSAGRA • Assistant Secretary for Public Health

Division of Public Health

Application for Services

This application, in conjunction with the common form established in G.S. 130A-335(a3) and (a5), is optional for local health departments to be used for applications submitted in accordance with G.S. 130A-335(a2), (a3), and (a5). [hereinafter, G.S. 130A-335(a3) and (a5) permits referred to as (a2) Improvement Permit and (a2) Construction Authorization]

Applying for: ☐ (a2) Repair/Construction Authorization ☐ (a2) Improvement Permit ☐ (a2) Construction Authorization Please check one of the following: ☐ New Construction ☐ Expansion ☐ Change of Use ☐ System Relocation ☐ Repair ☐ 5 Year Expiration Requested (site plan provided) ☐ Non-Expiring Permit Requested (plat provided, as defined in G.S. 130A-334(7a) Property Owner Name: Property Owner Mailing Address: ______ Property Owner Phone Number: Property Owner Email Address: _____ Applicant Name: Applicant Mailing Address: Applicant Phone Number: Applicant Email Address: Does the property include, or is subject to, any of the following: ☐ Yes ☐ No Previously identified jurisdictional wetlands ☐ Yes ☐ No Existing or proposed easements, rights-of-way, encroachments, or other areas subject to legal restrictions ☐ Yes ☐ No Approval by other public agencies A site plan or plat is required, **OR** the site sketch submitted from the LSS/AOWE, must include the following: (A) existing and proposed facilities, structures, appurtenances, and wastewater systems (B) proposed wastewater system showing setbacks to property line(s) or other fixed reference point(s) (C) existing and proposed vehicular traffic areas (D) existing and proposed water supplies, wells, springs, and water lines; and (E) surface water, drainage features, and all existing and proposed artificial drainage, as applicable. Requesting DHHS review: \square Yes \square No I understand that the documentation and fees, as required in G.S. 130A-335(a2), (a3), (a5), and (a6), attached to this application are to be used to issue an Improvement Permit and/or Construction Authorization pursuant to G.S. 130A-335(a2),(a3), and (a5). I understand that authorized county and state officials are granted right of entry to the property indicated on this application to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that if the information in the application for an Improvements Permit and/or Construction Authorization is falsified, changed, or the site is altered, then the Improvement Permit and Construction Authorization shall become invalid. Applicant Signature: ____ Owner's Signature:

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH