



COUNTY OF RANDOLPH
 Health Department
 204 E Academy St - Asheboro NC 27203

APPLICATION FOR AUTHORIZATION TO CONNECT PERMIT

If the information in the application for an Authorization to Connect Permit is falsified, changed or the site is altered, then the Authorization to Connect shall become INVALID. The permit is valid for 12 months from date of issuance.

Applicant: _____
 Address: _____
 City, ST ZIP _____

Date: _____
 Application #: _____
 Parcel number: _____

Owner: _____
 Address: _____
 City, ST ZIP _____

Contact name: _____
 Contact phone: _____
 Contact e-mail: _____

LOCATION INFORMATION:

Location: _____
 Subdivision: _____ Lot number: _____

FACILITY INFORMATION:

Is Property Vacant: _____
 Existing Structures: _____
 Proposed Use: _____
 If Other, Specify: _____
 Structure Dimensions: _____
 Existing Number of Bedrooms: _____
 Proposed Number of Bedrooms: _____
 Existing Number of People: _____
 Proposed Number of People: _____

Basement: _____
 Basement Fixtures: _____
 Proposed Future Structures: _____
 Future Structure Type: _____
 Existing System Type: _____
 If Other, Specify: _____
 Existing System Location: _____
 Existing System Age (Years): _____

TOTAL APPLICATION FEE: _____

COMMENTS: _____

AUTHORIZATION TO PROCEED:

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.

 Signature of property owner/legal representative*

 Date

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

LOCAL TELEPHONE NUMBERS
 Asheboro: (336) 318-6262 • Archdale/Trinity: (336) 819-3262
<http://www.randolphcountync.gov>