

Randolph County Health Department
204 East Academy St. Asheboro NC 27203
 Asheboro 336 318-6262 / Archdale 336 819-3262 / Greensboro 336 218-4262

- Survey plat to scale* submitted
 - Scaled* site plan submitted
 - Unscaled site plan submitted
- * scale of 1" = no more than 60'

Improvement Permit Application Authorization to Construct Application

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 _____

Owner _____ Address _____ Home & Work Phone _____

PROPERTY INFORMATION

Date originally deeded & recorded: _____

Parcel Identification Number _____ Subdivision Name _____ Section _____ Phase _____ Lot# _____
 Lot Size: _____
 Direction to site: _____

DEVELOPMENT INFORMATION

Residential Specifications

- New Single Family Residence Maximum number of bedrooms: _____
- Church fellowship hall with kitchen If expansion: Current number of bedrooms: _____
- Expansion of Existing System Will there be a basement? yes no
- Repair to Malfunctioning Sewage Disposal System Plumbing fixtures in Basement yes no
- Non-Residential Type of Structure, Describe: _____

Non-Residential Specifications:

Type of business: _____ Total Square footage of Building: _____
 Maximum number of employees per day: _____ 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* Any Other _____

• *The applicant must specify which system type (Proprietary name) they are requesting.

* _____

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.