



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

**APPLICATION FOR SUBSURFACE WASTEWATER EXPANSION PERMIT**

*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 the documentation submitted. (Complete site plan=60 months; Complete plat=without expiration.)*

Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, St Zip: \_\_\_\_\_

Date: \_\_\_\_\_  
 Application #: \_\_\_\_\_  
 Parcel number: \_\_\_\_\_

Owner: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, St Zip: \_\_\_\_\_

Contact: \_\_\_\_\_  
 Contact phone: \_\_\_\_\_

**LOCATION INFORMATION:**

Address: \_\_\_\_\_  
 Subdivision name: \_\_\_\_\_

Lot number: \_\_\_\_\_

**FACILITY INFORMATION:**

Reason for expansion: _____	
Proposed use: _____	
If other, specify: _____	Basement: _____
Basement fixtures: _____	Number of shifts: _____
Number of seats: _____	Water supply: _____
Existing wells present: _____	Existing easements present: _____
Domestic wastewater only: _____	Existing septic type: _____
Location of septic system: _____	Existing # of bedrooms: _____
Future # of bedrooms: _____	Existing # of people: _____
Future # of people: _____	

Comments: \_\_\_\_\_

**Total application fee:** \_\_\_\_\_

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

\_\_\_\_\_  
 Signature of property owner/legal representative\*

\_\_\_\_\_  
 Date

- LOCAL TELEPHONE NUMBER -  
 Asheboro: (336) 318-6262 - Greensboro/Liberty: (336) 218-4262 - Archdale/Trinity: (336) 819-3262  
<http://www.co.randolph.nc.us>