

**APPLICATION FOR IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION  
& WELL CONSTRUCTION  
BUNCOMBE COUNTY ENVIRONMENTAL HEALTH SERVICES  
30 Valley Street, Asheville, NC 28801  
Phone: 250-5016 Fax: 250-6161**

Applicant Name: \_\_\_\_\_ Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Owner: \_\_\_\_\_

**PROPERTY INFORMATION:**

**\*\*\*PARCEL ID NUMBER (PIN):** \_\_\_\_\_ **(MUST BE SUBMITTED)**

Lot Size: \_\_\_\_\_ Property Location (road name): \_\_\_\_\_

Subdivision Name (if applicable): \_\_\_\_\_ Lot #(s): \_\_\_\_\_

Has property previously been evaluated for a septic system? \_\_\_\_ yes \_\_\_\_ no

Property has restrictions/zoning/right of ways etc. that will impact property development or installation of septic system? \_\_\_\_ yes \_\_\_\_ no

If yes please explain:

Water Supply: \_\_\_\_ Municipal \_\_\_\_ Individual Well \_\_\_\_ Shared Well \_\_\_\_ Spring \_\_\_\_ Existing Well

Is property located in water supply shed? \_\_\_\_ yes \_\_\_\_ no If yes name: \_\_\_\_\_

Are there any existing above or underground storage tanks? \_\_\_\_ yes \_\_\_\_ no

**DIRECTIONS TO PROPERTY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WELL CONSTRUCTION:**

\_\_\_\_\_ New \_\_\_\_\_ Repair \_\_\_\_\_ Abandonment

**DESIGN INFORMATION:**

**Residential:** \_\_\_\_ House \_\_\_\_ Modular \_\_\_\_ Singlewide \_\_\_\_ Doublewide \_\_\_\_ Other

\_\_\_\_\_ No. Bedrooms \_\_\_\_ Basement \_\_\_\_ Basement Plumbing

**Commercial:** Operation (Describe): \_\_\_\_\_

\_\_\_\_\_ No. of Employees/Members \_\_\_\_ No. of Shifts Process Wastewater Generated \_\_\_\_ yes \_\_\_\_ no

**Owner/Applicant Statement**

I certify the above information to be correct and accurate. I am the owner or authorized legal representative for the property described above And hereby grant permission for Buncombe County Environmental Services to enter the property to perform a site/soil evaluation. I understand that if any information provided in this application is changed or found to be false may result in suspension or revocation of any permits issued. I understand that it is my responsibility as the owner/applicant to identify and comply with all applicable ordinances, laws, and rules that may affect development of this property.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE: If the information in the application for an improvement 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)**

**Service Requested:**

|  |                |
|--|----------------|
| Improvement Permit, Authorization to Construct, Operation Permit (up to 4-bdr) | \$380.00 _____ |
| Commercial systems 0-500 gallons per day                                       | \$380.00 _____ |
| For each additional 500 gpd (to nearest 500) includes 5-bdr - add \$225.00     | _____          |
| Improvement Permit (Site Evaluation Only)                                      | \$190.00 _____ |
| Construction Authorization Revision (change to an existing system permit)      | \$190.00 _____ |
| Permit for new well construction   | \$300.00 _____ |