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

Buncombe County Department of Health
30 Valley St, Asheville, NC 28801
Phone: (828)250-5016 Fax: (828)250-6161
Application for Improvement Permit and/or Authorization to Construct

____ Improvement Permit **____ Authorization to Construct**

IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENT PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT 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 Phone

_____ _____ _____
Owner Address Phone

Email Address: _____

PROPERTY INFORMATION **PIN _____** **Lot Size _____**

Date *current* parcel was originally deeded & recorded (date since last property line change – *not a change in ownership*) _____

_____ _____ _____
Street Address Subdivision Name Section/Phase/Lot#

Directions to Site: _____

_____

DEVELOPMENT INFORMATION

☐ New Single Family Residence
☐ Expansion of Existing System
☐ Repair to Malfunctioning Sewage Disposal System
☐ Non-Residential Type of Structure

Residential Specifications

Maximum number of bedrooms: _____
Maximum number of occupants: _____
If expansion: Current number of bedrooms: _____
Will there be a basement? ☐ yes ☐ no
Plumbing fixtures in Basement ☐ yes ☐ no

Non-Residential Specifications:

Type of business: _____ Total Square footage of Building: _____

Maximum number of employees: _____ Maximum number of seats: _____

Water Supply: Are there any existing wells, springs, or existing waterlines on this property? ☐ yes ☐ no

☐ New well ☐ Existing Well ☐ Shared Well ☐ Public Well ☐ Municipal ☐ 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 ☐ Other _____ ☐ Any

_____

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 rights of way 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.

The Buncombe County Department of Health does not discriminate on the basis of race, color, national origin, sex, religion, or disability in employment or the provision of services