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Improvement Permit and/or Authorization to Construct Application

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	t Permit (new constructi equired, see page 2)		to Construct (new) uired, see page 2)	Authorization to (No Fee)	
IF THE INFORMATION IN THE ALTERED, THEN THE IMPROTOR The permit is valid for either (Complete site plan = 60mon	OVEMENTS PERMIT A 60 months or without ths; complete plat = w	AND AUTHORIZATION expiration depending	ON TO CONSTRUCT	SHALL BECOME	
APPLICANT INFORMATION					
Applicant Name	Addres	S			
City	State	Zip			
Applicant Email		Phone (H)	(C)		_
Owner Name	Addre	ss			_
City	State2	Zip			
Owner Email		Phone (H)	(C)		_
Street Address Parcel ID#		division Name	Section/F Parcel Size (acr	Phase/Lot#	
DEVELOPMENT INFORM	ATION	RESIDENT	TAL SPECIFICATI	<u>IONS</u>	-
☐ New Single-Family Residence		Max number of	of bedrooms:		
$\hfill\Box$ Expansion of Existing System		Max number of	of occupants:		
☐ Repair to Existing Subsurface S	Sewage Disposal System	If expansion:	Current number of bed	rooms:	
• Is a garbage disposal planned	? □ yes □ no				
Will there be any plumbing str If yes, describe location				□ yes □ no	
WATER SUPPLY					-
□ New well □ 1	Existing Well	unity Well	☐ Public Water		
Please Indicate Desired System Type	e(s): (systems can be ranked	l in order of your prefere	nce)		
Any TypeAcce	ptedAlternati	iveConventio	nalInnovati	ive (type)
7/31/2019				Page 1 of 2	

The Applicant shall notify the local health dena	rtment upon submittal of this application if any of the following apply to the			
	tion is "yes", applicant must attach supporting documentation.			
\square yes \square no Does the site contain any existing				
\square yes \square no Does the site contain any jurisdi				
	enerated on the site other than domestic sewage?			
\square yes \square no Is the site subject to approval by				
\square yes \square no Are there any easements or right				
	OR APPLICATION FOR IMPROVEMENT PERMIT			
<u> </u>				
1) Duamouts lines and comparing a shall be montred on the	For New Construction			
 Property lines and corner irons shall be marked on the lot <u>prior</u> to the evaluation. Stake the proposed house site on the lot <u>prior</u> to the site evaluation. 				
3) Stake the proposed rouse site on the lot <u>prior</u> to the site evaluation (maximum of 2.0 Acres)				
4) Submit a copy of the surveyed and/or recorded plat s				
	rch or deck if any; dimensions and distance from front property and nearest sideline.			
b) Proposed septic area.				
c) Location and dimensions of any other building or				
d) Any local watershed buffer setback requirements				
e) Any below and /or above ground wells and under				
f) Proposed location of driveway and parking areas	(including dimensions).			
	For Repair Permits			
1) Specific property lines and corner irons may be requi	red to be located and marked.			
2) Field location may be required for:				
a) Any local watershed buffer setback requirement th				
b) Any below and/or above ground wells and underg				
c) Submit a scaled copy of the plat, if available to ass	onstruction or replacement of a septic system occurs when the Health Department issues an			
.1900). Soil structure, texture, clay mineralogy, topogra among the criteria considered in this evaluation. The resof bedroom a house can have, and the location of the house the Improvements Permit is issued, the owner septic tank systems unless alterations are made to the printended use changes. If the septic system is not installe subject to any new regulatory changes that may have trained an Improvement Permit for which a site plan is profit. 130A-336(a).	s protected for the duration of the permit from subsequent changes in the rules governing operty which damages the area reserved for the septic tank system installation and /or the d before permit expiration, the owner must re-apply for an Improvement Permit and will be anspired. An Improvement Permit for which a plat is provided shall be valid without expiration yided shall be valid for 60 months from the date of issue as provided in G.S. [130A-335(f) and			
	APPLICATION FOR IMPROVEMENTS PERMIT SUBMISSION: NO FEES FOR A REPAIR PERMIT APPLICATION			
Application for Improvement Permit 2.0 acre limit*	\$250.00			
Appeal Charge	\$200.00			
Application for Authorization to Construct (new const				
Type I & II Systems:	\$200.00			
Type III Systems:	\$350.00			
Type IV, V, & VI Systems:	\$525.00			
* Tracts of land of any size that have been previously	evaluated by a licensed soil scientist with a sealed report submitted will be charged \$200.00. Only			
the area specified by the consultant will be evaluated.				
**Please make checks payable to DCo Public Health,	VISA/MasterCard/Discover accepted in office or Online by request			
**Our address is: DCo Environmental Health 414 Eas	t Main Street, Durham, NC 27701			
Phone: 919-560-7800 Fax: 919-560-7830	E-mail: healthinspector@dconc.gov			
are granted right of entry to conduct necessary insp	ormation provided herein is true, complete and correct. Authorized county and state officials bections to determine compliance and applicable laws and rules. I understand that I am solely ag of all property lines and corners and making the site accessible so that a complete site			
Property owner's or owner's legal representative signat	ure (required) Date			