

# Stokes County Health Department



PO Box 187  
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## IMPROVEMENT PERMIT AND/OR CONSTRUCTION AUTHORIZATION APPLICATION

Improvement Permit     Construction Authorization    ||     Hand Auger     Backhoe Pits

Applicant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

Owner: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

PIN/Lot Identifier: \_\_\_\_\_ Tax Map #: \_\_\_\_\_ Property Acreage: \_\_\_\_\_  
Date Parcel Originally Deeded and Recorded: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Subdivision (if applicable) \_\_\_\_\_ Lot #: \_\_\_\_\_ Block: \_\_\_\_\_ Section: \_\_\_\_\_

Directions to property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wastewater System Request:  New     Expansion     System Relocation     Change of Use  
Facility Type (House, Mobile Home, Restaurant, Office, etc.): \_\_\_\_\_  
Number of bedrooms: \_\_\_\_\_ Number of Occupants: \_\_\_\_\_ Other: \_\_\_\_\_ Proposed # of Bedrooms (EXPANSION): \_\_\_\_\_  
Number of seats: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Other: \_\_\_\_\_  
Basement?     Yes     No    Basement Fixtures?     Yes     No  
Crawl Space?     Yes     No    Slab Foundation?     Yes     No  
Is a grinder pump proposed before the septic tank?     Yes     No  
Type of Water Supply:  Private well     Public well     Shared well     Municipal Supply     Spring     Other: \_\_\_\_\_  
Are there any existing wells, springs, or existing waterlines on this property?     Yes     No  
If applying for a Construction Authorization, please indicate desired system type(s):  
 Accepted     Conventional     Innovative     Other \_\_\_\_\_     Any

If the answer to any of the following questions is "yes", applicant must attach supporting documentation.

Yes     No    Does the site contain any jurisdictional wetlands?  
 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?

### \*\*Office Use Only Below\*\*

Improvement Permit	Construction Authorization
<input type="checkbox"/> Cash	<input type="checkbox"/> Cash
<input type="checkbox"/> Debit/Credit	<input type="checkbox"/> Debit/Credit
<input type="checkbox"/> Check: # _____	<input type="checkbox"/> Check: # _____
Receipt #: _____	Receipt #: _____

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. **I understand that if the information in the application is falsified, changed, or the site is altered, then the Improvement Permit and/or Construction Authorization shall be invalid. I understand that the permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)** \*Must provide documentation to support claim as owner's legal representative.

\_\_\_\_\_  
Property owner's signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature (required)

\_\_\_\_\_  
Date

## SITE PLAN

Please include on this site plan:

- dimensions of the property;
- existing and proposed facilities, structures, appurtenances, and wastewater systems;
- proposed wastewater system showing setbacks to property line(s) or other fixed reference point(s);
- existing and proposed vehicular traffic areas;
- existing and proposed water supplies, wells, springs, and water lines; and
- surface water, drainage features, and all existing and proposed artificial drainage, as applicable;

