Please indicate preferred payment method
By Mail ☐
In Office ☐
Online ☐
(No surcharge for online payments)

Public Health

Office use only
West *East*
*Paid*_____/_____/_____
Cash Check CC OCC
*#*_____

IMPROVEMENT PERMIT AND/OR CONSTRUCTION AUTHORIZATION APPLICATION

☐ Improvement Permit (FEE REQUIRED) ☐ Construction Authorization (FEE REQUIRED) ☐ Construction Authorization (REPAIR) (NO FEE)

Applicant: _____
Mailing Address: _____
_____
City: _____
State: _____ Zip: _____
Phone #: _____
Email: _____

Owner: _____
Mailing Address: _____
_____
City: _____
State: _____ Zip: _____
Phone #: _____
Email: _____

Parcel ID:_____ Property Acreage: _____
Date Parcel Originally Deeded and Recorded: _____
Site Address: _____
Subdivision (if applicable)_____ Lot #: _____ Block: _____ Section: _____

Directions to property: _____
_____
_____

Wastewater System Request: ☐ New ☐ Expansion ☐ System Relocation ☐ Change of Use ☐ Repair
Facility Type (House, Restaurant, Office, etc.):_____
Number of bedrooms: _____ Number of Occupants: _____ Other: _____
If Commercial Facility: 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
Are there any existing wells, springs, or waterlines on this property? ☐ Yes ☐ No
Desired system type(s):
☐ Any ☐ Accepted ☐ Conventional ☐ Innovative ☐ Other_____

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?
☐ Yes	☐ No	Are there any existing wastewater systems 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. ***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)***

_____ _____ _____ _____
Property owner's signature (required) Date Applicant's signature Date
Must provide documentation to support claim as owner's legal representative.

Environmental Health Division
Human Services Building | 414 East Main Street, Durham, North Carolina 27701
(919)560-7800 | Fax (919) 560-7830 | healthinspector@dconc.gov
Equal Employment/Affirmative Action Employer