By Mail

In Office

Online

Structural Alterations and Additions

(For the facilities served by either a well or septic system)

IF THE ADDITION OF A BEDROOM IS DESIRED, PLEASE FILL OUT AN APPLICATION FOR IMPROVEMENT PERMIT

Owner Name	Pnone
Mailing Address	Zip Code
Email	
Applicant Name	Phone
Mailing Address	Zip Code
Email	
A. Property Location	Dimensions/Acreage
Parcel Id	
B. Proposed property improvement(s). Please provide br	, , ,
Expansion of the existing footprint of the f An additional building on the lot (detached Swimming Pool Underground Utilities Other	d garage, outbuilding, etc.)
C. Will there be any plumbing in this structure? This inclu	udes stubbed out plumbing for future use.
D. Existing facility information: Year Built Original	Owner
Type of Septic System Well Loc	cation
E. SUBMIT A PLAT OF THE PROPERTY SHOWING WHERE I EXISTING BUILDINGS, DRIVEWAY, WELL, ETC. F. STAKE OUT THE PROPOSED ADDITION	PROPOSED ADDITION IS DESIRED. ALSO SHOW
G. ALL PROPERTY LINES AND CORNERS MUST BE PROPER OF THE ENVIRONMENTAL HEALTH SPECIALIST	RLY MARKED IN THE FIELD PRIOR TOTHE ARRIVAL
The Owner signature indicates this material has been rea	ad, the information supplied is truthful, and
authorizes the Durham County Department of Public Hea	alth to enter the property to investigate this
proposal.	

FOR OFFICE USE ONLY SITE PLAN APPROVED DISAPPROVED By Date H.D. SIGN OFF REQUIRED PRIOR TO C. O. BY INSP. DEPT. YESNO SEE ATTACHED SITE PLAN APPROVED BY: DATE: Comments:	Description of Proposed Structural Alteration/Addition
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SEE ATTACHED SITE PLAN APPROVED BY:DATE:	By Date
APPROVED BY:DATE:	
	APPROVED BY:DATE:

Authorization is subject to revocation if the site plan, plat, or intended use changes. Any authorization is based on available records, site observations, and information supplied by the applicant.

rev 03/2017