



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 _____ Phone _____

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 brief description on back of page.

- _____ Expansion of the existing footprint of the facility
- _____ An additional building on the lot (detached garage, outbuilding, etc.)
- _____ Swimming Pool
- _____ Underground Utilities
- _____ Other _____

C. Will there be any plumbing in this structure? This includes stubbed out plumbing for future use.
Yes No

D. Existing facility information: Year Built ____ Original Owner _____
Type of Septic System _____ Well Location _____

E. SUBMIT A PLAT OF THE PROPERTY SHOWING WHERE PROPOSED ADDITION IS DESIRED. ALSO SHOW EXISTING BUILDINGS, DRIVEWAY, WELL, ETC.

F. STAKE OUT THE PROPOSED ADDITION

G. ALL PROPERTY LINES AND CORNERS MUST BE PROPERLY MARKED IN THE FIELD PRIOR TO THE ARRIVAL OF THE ENVIRONMENTAL HEALTH SPECIALIST

The Owner signature indicates this material has been read, the information supplied is truthful, and authorizes the Durham County Department of Public Health to enter the property to investigate this proposal.

Signature _____ Date _____

