

PERMIT # _____



**Moore County Health Department
Environmental Health Section
Phone (910) 947-6283
Fax (910) 947-5127**

APPLICATION FOR AN IMPROVEMENT PERMIT

****Application will not be accepted without a site plan****

Receipt #: _____ Parcel ID/LRK #: _____

Owner: _____ Home Phone #: _____

Email: _____ Cell #: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Representative/Buyer: _____ Home Phone #: _____

Email: _____ Cell #: _____

Address: _____

City: _____ State: _____ ZIP: _____

Exact Directions to Property (911 address, if available): _____

City: _____ State: _____ ZIP: _____

New System: _____ Permit Valid for five (5) years (attach site plan): _____

Expansion of Existing System: _____

Permit valid without expiration (attach plat): _____

Construction Authorization (valid for five [5] years): _____

Barn/Stall

Number of stalls: _____

Washstall with floor drain: Yes _____ No _____

Washing machine for barn: Yes _____ No _____

Restroom for barn: Yes _____ No _____

Handsink: Yes _____ No _____

Barn/Apartment

Number of bedrooms: _____

Indicate type of water supply: Public _____ Private _____ Type _____

Are there any water supplies on adjoining property? Yes _____ No _____

Are there designated wetlands on the property? Yes _____ No _____

(If yes, please indicate their location on the plat or site plan.)

Required zoning or other public agency approval obtained? Yes _____ No _____

Date property was originally deeded or platted and recorded: _____

Is this property, and proposed or existing structures, under common or joint control (i.e., a condominium or other multiple ownership development)? Yes _____ No _____

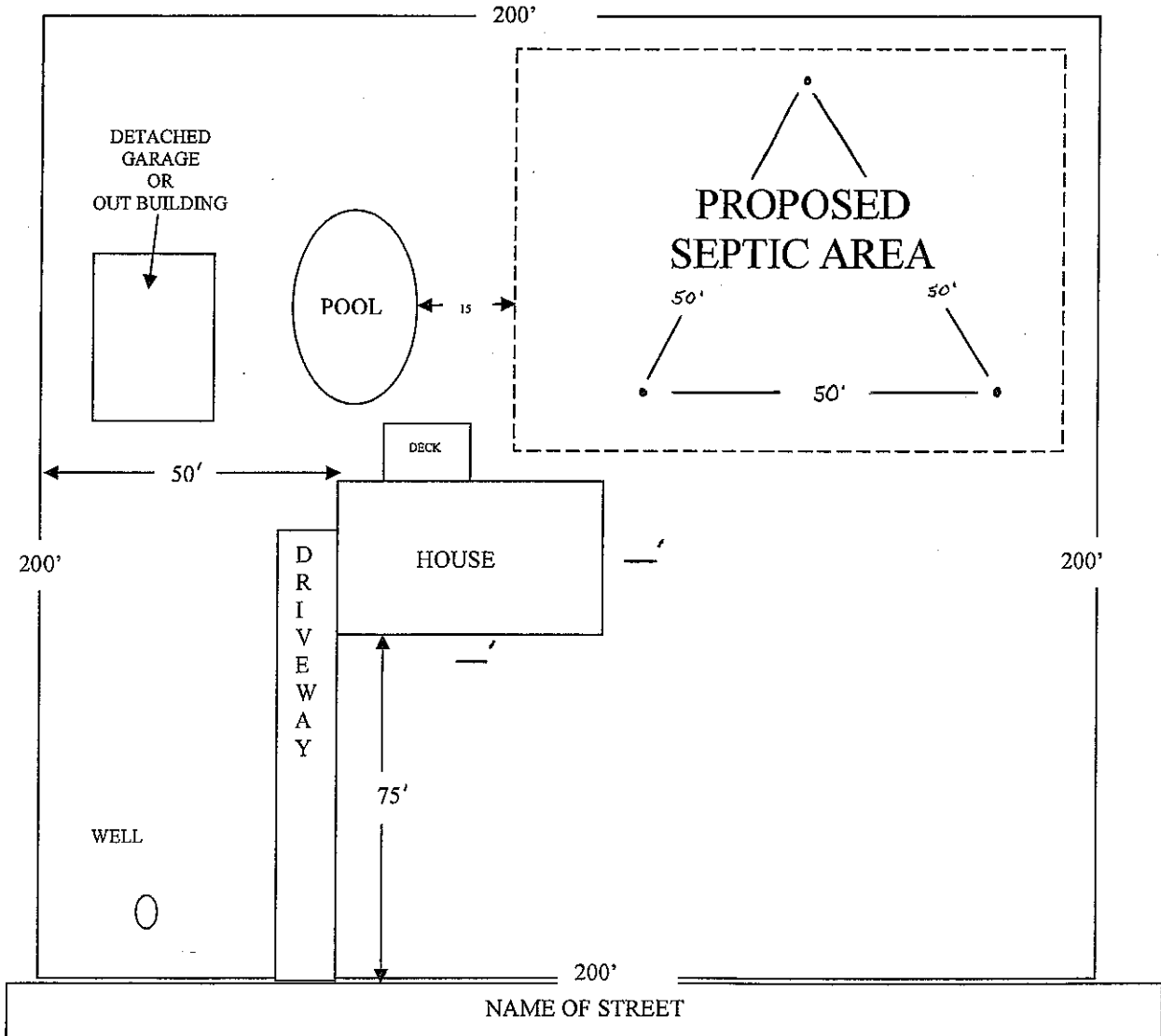
Date: _____ Signature: _____

SITE PLAN WORKSHEET

Place a mark (X) beside each item that has been indicated on your site plan, incomplete site plans will be returned to you for completion. Remember: **Your property will not be scheduled for an evaluation until we have received a completed application, site plan, and all proposed items are marked on the property.**

- _____ - The dimensions of the property.
- _____ - The proposed location of all structures (e.g.: facility, wells, water lines, outbuildings, pools). Show the distances from the road and the side property line to all structures. Be sure and give the dimensions for all the structures. If you are unsure as to the structure size, please show the dimensions of the MAXIMUM area of the lot that you anticipate the structure will cover.
- _____ - The site you would prefer your septic system to go in.
- _____ - The preferred driveway location.
- _____ - The proposed well location.
- _____ - A north arrow or other sufficient directional indicator.
- N/A _____ - Any proposed structures or improvements to the property such as garages, workshops, pools, etc. **If there are none, circle "N/A"**
- N/A _____ - The location of any existing septic tank systems and wells on your property and on the adjoining property within 100' of your property line. **If there are none, circle "N/A"**.
- N/A _____ - The location of any easements or rights of way on the property. **If there are none, circle "N/A"**.
- N/A _____ - The location of any designated wetlands on the property. **If there are none, circle "N/A"**

USE THE BACK OR ANOTHER SHEET TO DRAW YOUR SITE PLAN:
SAMPLE BELOW:



County of Moore
Department of Health
705 Pinehurst Avenue • P.O. Box 279
Carthage, North Carolina 28327

Robert R. Wittmann, M.P.H.
Director

Telephone: 910-947-3300
Medical Records Fax: 910-947-1663
Administration Fax: 910-947-5837

Designation of Legal Representative

I, _____, hereby authorize
Property Owner (print)

_____ to serve as my legal
Legal Representative (print)

representative for the purpose of obtaining a permit to install, repair or expand an on-site wastewater system and/or well. I understand that submittal of the application for evaluation will authorize the Moore County Health Department to perform said evaluation on my property.

Address of Property: _____

Signature _____ Date _____
Property Owner

Signature _____ Date _____
Legal Representative

"To Protect and Promote Health through Prevention and Control of Disease and Injury."
<http://www.moorecountync.gov/health/>

Environmental Health
Telephone: 910-947-6283
Fax: 910-947-5127

WIC
Telephone: 910-947-2797
Appointments: 910-947-3271
Fax: 910-947-2460