



Pamlico County Health Department

203 North Street

PO Box 306

Bayboro, NC 28515

Tel: (252) 745-5111 Fax: (252) 745-7684

County Health Director: Scott D. Lenhart



Application for a Construction Authorization

Other Federal, State, and/or local agencies may have laws, rules and /or ordinances that affect the use of your property. You must comply with those laws, rules, and ordinances before building, locating or relocating a structure onto your property.

Map ID: _____

Application Date: _____

Fee: _____

Receipt #: _____

Applicant

Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

City/state/zip: _____

Email: _____

Owner

Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

City/state/zip: _____

Email: _____

Emergency 911 address of property to be evaluated: _____

Provide specific directions to the property to be evaluated:

Type of Map Submitted: (check one)

____ Survey Plat by a registered land surveyor

____ Site Plan-drawing prepared by owner

Residential: (check one)

New Construction

____ New Single-Family Residence with ____ bedrooms and ____ people living in the home

Expand a Residence served by an Existing Septic Tank System: (Increasing the number of bedrooms) Currently, the home has ____ bedrooms. When completed, the home will have ____ bedrooms.

Business or other Non-Residential Use: (check one)

New Construction

Type of Business (describe) _____ Total Square Footage of Building _____

Multiple Work Shifts Per Day? yes no Total Number of Employees Per Day _____

Maximum Number of Seats _____ Hours of Operation _____

Expand a Business or Non-Residential Facility served by an Existing Septic tank System:

Currently there is (describe) _____

When construction is complete, there will be (describe) _____

Water Supply:

___ Public ___ New (Proposed) Well ___ Public, but there is a well on site ___ Existing Well

Please check the following questions regarding the property to be evaluated:

Does the site contain any jurisdictional wetlands? yes no

Does the site contain any existing wastewater systems? yes no

Is any wastewater going to be generated on the site other than domestic sewage? yes no

Is this facility subject to approval by another public agency? yes no

Are there any easement(s), right-of-way(s), encroachment(s), and/or declaration(s) or restrictive covenant(s) on this property? yes no

Will your property have storm water control measure device(s)/management structure(s)? yes no

Are there any wells, springs, or existing water lines on this property? yes no

If you answered "yes" to any of the questions, please explain and provide additional information _____

Please Indicate Desired System Type(s):

(systems can be ranked in order of your preference)

___ Accepted ___ Alternative ___ Any Type ___ Conventional ___ Innovative

___ Other (describe) _____

IF THE INFORMATION IN THE APPLICATION FOR AN AUTHORIZATION TO CONSTRUCT PERMIT ("CA") IS FALSIFIED, CHANGED OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT ("IP") AND/OR THE CA SHALL BECOME INVALID. THE CA IS VALID FOR A PERIOD EQUAL TO THE PERIOD OR VALIDITY OF AN IP, BUT NOT TO EXCEED 60 MONTHS.

Applications will be returned to applicant if found to be incomplete, sites are not accessible for evaluation and/or property lines are not properly identified. It is advised that the applicant or his representative contact a Utility Locator Service prior to beginning excavation on any site.

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 evaluations and 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, corners, including applicable legal agreements (easements, right-of-ways, etc.), and the proposed facilities/structures in accordance with the submitted site plan or plat. I understand that I am responsible for making the site accessible so that a complete evaluation can be performed.

If not the property owner submitting the application, this CA application must be accompanied by an owner's legal representative letter.

Signature of property owner or owner's legal representative (required) _____ Date _____

Print name _____

Signature of Pamlico Co. Health Dept. Employee (Witness)