



## 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 an Improvement Permit

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, or occupants)

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) \_\_\_\_\_

Please note a staff member may contact you requesting additional information based on your submitted description of the proposed project or facility.

**Water Supply:**

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

Does the existing water supply well provide water to more than one dwelling/residence?  yes  no

**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 \_\_\_\_\_

**IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENT PERMIT (“IP”) IS FALSIFIED, CHANGED OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT AND/OR THE AUTHORIZATION TO CONSTRUCT (“CA”) SHALL BECOME INVALID. The permit is valid either for 60 months or without expiration depending upon documentation submitted.**

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. I UNDERSTAND THAT IT IS NOT THE RESPONSIBILITY OF PAMLICO COUNTY TO ENSURE THAT MY PROPERTY IS OUTSIDE OF BAY RIVER METROPOLITAN SEWER DISTRICT (BAY RIVER). I UNDERSTAND THAT BAY RIVER MAY REQUIRE ME TO TAP ON TO BAY RIVER’S SEWER SYSTEM IF MY PROPERTY IS IN THE SEWER DISTRICT, AND I RELEASE AND HOLD PAMLICO COUNTY AND ITS EMPLOYEES, AGENTS, AND OFFICERS HARMLESS FROM ANY LIABILITY IF THAT IS THE CASE.

**If not the property owner submitting the application, this IP 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)