

APPLICATION FOR IMPROVEMENT PERMIT OR AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

Haywood County Health Department • 157 Paragon Parkway Suite 200 • Clyde, NC 28721
Environmental Health Section • Phone 828-452-6682 • Fax 828-452-6791

1. Application For: Authorization for Wastewater System Construction (Septic Permit) _____
Improvement Permit (Soil/Site Evaluation) _____ Operation Permit (Record or Re-vision) _____

A.F.W.S.C Permits are valid for a period of 60 Months(5 Years)

Improvement Permits are valid for a period of 60 Months(5 Years) or without expiration(with proper documentation)

2. Property Owner _____ Phone _____
Mailing Address _____

3. Permit Requested By _____ Phone _____
Mailing Address _____

4. If Subdivision, Indicate Name _____ Section _____ Lot # _____

5. Date Property Deeded and Recorded _____ *If the recording information is not completed, or if the recording date is after January 1, 1983, a septic repair area will be required. If you do not have this information on the property, please contact the Haywood County Register of Deeds Office, Mapping Office, and/or Tax Office for assistance before submitting the application.
IF THERE IS A LOCKED GATE PREVENTING ACCESS TO THIS PROPERTY, WHAT IS THE NUMBER/CODE _____

6. Directions to Property _____

7. Are there any existing structures and/or septic systems on this property? Yes _____ No _____

8. Type of Water Supply: Individual _____ Community _____ City _____

9. Single Family _____ Mobile Home _____ Multiple Family _____ MH Park _____ Other _____

New _____ Size/Dimensions _____ Sq. Footage _____

Existing/Repair _____ # Bedrooms _____

Addition/Renovation _____ Basement: Yes _____ No _____

Water Using Fixtures in Basement Yes _____ No _____

Number of Residential Units or Mobile Homes _____

2-Bedroom Units _____ 3-Bedroom Units _____ 4-Bedroom Units _____

10. Restaurant _____ No. Seats _____ Business _____ Industry _____ Other _____

Type of Facility _____ Size of Facility _____ # of people to be served _____

11. Do you anticipate any additions? Yes _____ No _____ If yes, please explain _____

12. Has any grading or removal of topsoil been done to this property? Yes _____ No _____

If yes, please describe _____

13. Do you anticipate any wastewater generation other than domestic sewage? Yes _____ No _____

If yes, please describe _____

14. Are there any easements or rights-of-way recorded on this property? Yes _____ No _____

If yes, please describe _____

15. Are there any designated wetlands present on this property? Yes _____ No _____ Don't Know _____

16. Has this property been denied an improvement permit in the past? Yes _____ No _____ Don't Know _____

17. Is this site subject to approval by any other public agency? Yes _____ No _____ Don't Know _____

18. Please check type of system preferred: Conventional _____ Approved _____ Innovative _____ Experimental _____ Any _____

Please provide all requested information. Incomplete applications cannot be processed.

*I hereby make application to the Haywood County Health Department for a site evaluation for a ground absorption sewage disposal system to serve the above described facility on this property and authorize Health Department Representatives to go on this property for evaluation purposes. I certify the above information to be correct and understand that any permit and report issued as a result of this information will become invalid if it is found to be incorrect or if any changes are made in the lot or the lot size and location of the proposed facilities. **IF YOUR APPLICATION IS INACTIVE/PENDING FOR MORE THAN 3 YEARS IT WILL BE CONSIDERED EXPIRED AND MAY BE DISCARDED. NO CREDITS OR REFUNDS WILL BE GIVEN FOR EXPIRED APPLICATIONS.***

PIN MAP#

BLOCK #

LOT #



**Haywood County Health Department
Main Office**

157 Paragon Parkway, Suite 800, Clyde, NC 28721
(828)-452-6675

Environmental Health

157 Paragon Parkway, Suite 200, Clyde, NC 28721
(828)-452-6682

Carmine F. Rocco, M.S., Health Director

- A survey plat (if available) and detailed site plan must accompany all applications or no work will begin.
- Property corners and lines between must be clearly marked.
- Applicant must stake proposed location of house, mobile home or other structure to include decks, pools, barns, garages, and etc.
- Area to be evaluated must be reasonably clear so that an Environmental Health Specialist can walk over the area easily and complete his/her evaluation. Do not grade the site, only remove underbrush such as briars and rhododendron.
- **\$50 return trip fee will be charged to the applicant** if any of the above items are not completed when the Environmental Health Specialist arrives at the lot.

Date _____ Signature _____ Owner _____ Agent _____ Other _____

For Official Use Only:

\$ _____ Date Paid _____ Initials _____

Receipt# _____