



Madison County Health Department

◇ 5707 US HWY 25/70, Suite 26 ◇ Marshall, NC 28753

◇ Tel: 828-649-9598 ◇ Fax: 828-649-9370 ◇ Envhealth@madisoncountync.gov

Permit # _____ Fee _____ Invoice # _____

Application for Improvement Permit and/or Construction Authorization

Improvement Permit Construction Authorization

APPLICANT INFORMATION

Applicant	Address (street, city, state, zip)	Phone
Owner	Address (street, city, state, zip)	Phone
Email Address: _____		

PROPERTY INFORMATION PIN# _____ Acreage/Lot Size: _____
 Date *current* parcel was originally deeded & recorded (date since last property line change – not change in ownership): _____
 Street Name/City/Zip _____ Subdivision Name/Lot #/Phase _____ Gate Code _____

DEVELOPMENT INFORMATION

- New Septic for Single Family Residence
- Expansion of Existing System
- Non-Residential Type of Structure
- Re-Evaluation/Move Septic or Well

Residential Specifications

- Number of bedrooms: _____ Number of Occupants _____
- If expansion: Current number of bedrooms: _____ Desired # _____
- Will there be a basement? Yes No
- Plumbing fixtures in Basement? Yes No

Type of Facility: ___ House ___ SW Mobile Home ___ DW Mobile Home ___ Modular ___ Other _____

Non-Residential Specifications:

Type of business: _____ Total Square footage of Building: _____
 Maximum number of employees: _____ Maximum number of seats: _____

Water Supply: Are there any existing wells, springs, or existing waterlines on this property? Yes No
 New Well Existing Well Shared Well Public Well Municipal Spring

If applying for Construction Authorization, please indicate desired system type (systems can be ranked in order of your preference)
 Accepted Alternative Conventional Innovative Other: _____ Any

The Applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", the application must attach supporting documentation.

- Yes No 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 the site subject to approval by any other public agency?
- Yes No Are there any easements or rights of way on this property?
- Yes No Are there any current or pending restrictions regarding groundwater use?
- Yes No Are there any variances regarding well construction or location?

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 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 and corners and making the site accessible so that a complete site evaluation can be performed. I understand that it is my responsibility as the applicant to prove the location and size of an existing septic system. I further understand that destruction of the system by me or my designees is in no way the fault of the Environmental Health Department of the Madison County Health Department.

Application and the application fees paid will be valid for a period of (12) twelve months from the date of receipt. After (12) months, the application is void and the fee is non-refundable.


Property owner's or Owner's Legal Representative * Signature (required) * Must provide documentation to support claim as owners legal representative. _____ Date: _____

Survey plat to scale* submitted Scaled* site plan submitted Unscaled site plan submitted *scale of 1"= no more than 60'

Site Plan Form

Instructions To Applicant: The Environmental Health Specialist cannot begin the evaluation process until all property lines and the proposed home or building are staked and flagged with dimensions.

**** SEE REVERSE FOR EXAMPLE OF COMPLETED SITE PLAN FORM ****



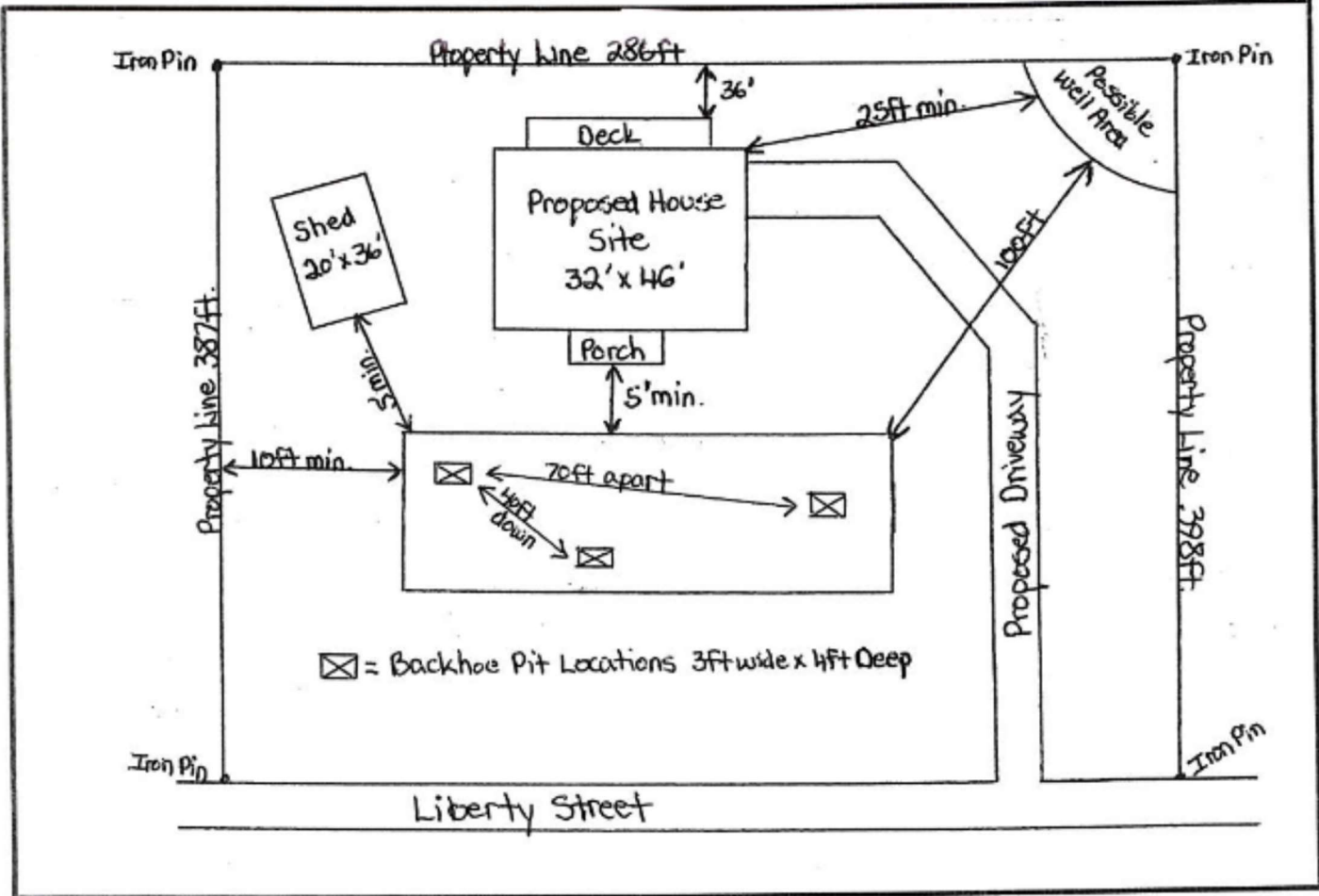
IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVMENT PERMIT IS FALSIFIED, CHANGED OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT AND AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID.

I hereby agree that the information shown is correct to the best of my knowledge.

_____ Date _____

Property owner's or Owner's Legal Agent Representative (Signature Required)

Must provide documentation to support claim as owners legal representative.



Instructions for Applicant

In order to make the best use of your time and assist the staff in completing applications quickly we ask that the items provided below be completed prior to the visit. By completing these items, it reduces the time on site and the need for return visits. We appreciate your cooperation. ****Please be advised that a revisit fee may be assessed if a site visit is made and items are not completed. The fee will be based on the current fee schedule.**

1. ____ I have completed the "Application for Improvement Permit/Construction Authorization".
***Note: Pick up a Development Review Team Checklist from the Building/Zoning Department down the hall in room #19 or call (828) 649-33766. This must be included with all applications.*
2. ____ I have provided a survey or plat of the property.
3. ____ I have marked all property corners and boundaries.
*** Note: All property corners, lines, and boundaries must be clearly marked. It is recommended that visible flagging be used every 50 feet.*
4. ____ I have located all wells, springs, and surface waters on the property or within 50' of the property.
5. ____ I have completed the Site Plan Form, showing all property lines, proposed structures, wells and springs, including neighboring septic systems and water supplies, drawn as closely to scale as possible.
6. ____ I have staked all proposed structures in their exact location on the site, including driveway.
*** Note All proposed structures including decks, porches, garages, driveway, etc. must be staked out on the site with stakes or flags. The specialist must be able to identify these proposed structures before the site evaluation can be performed.*
7. ____ I have cleared undergrowth on the property to the point that there is visibility for at least 50 feet from any one location.
8. ____ I understand that **no** grading shall be performed before issuance of permit.
9. ____ I have dug backhoe pits as described on the site plan example, or will schedule to meet an inspector onsite.
10. ____ I understand that if the above items are **not completed**, and a site visit is made, **I may be assessed a revisit fee.**

Septic Contractor Contact Information: _____

I agree to complete the requirements listed above in preparation for a soil/site evaluation prior to the site visit conducted by Environmental Health. An IP/CA for which a plat is provided with certain site-specific features shall be valid without expiration and an IP/CA for which a site plan is provided shall be valid for 60 months from the date of issuance.

Your application and the application fees paid will be valid for a period of (12) twelve months from the date of receipt. After (12) twelve months, the application is void and the fee is non-refundable. Within the twelve months, you may request a refund for the application fee, via a written request or email. If the fee payment cannot be verified by our records, you must provide an original receipt.

Applications and application fee payments may not be transferred, sold, or assigned.

Signature

Date

Detailed directions to property from the Health Department:

