

APPROVED FOR WATERSHED: YES \_\_\_\_\_ NO \_\_\_\_\_ APPROVED FOR FLOODPLAIN: YES \_\_\_\_\_ NO \_\_\_\_\_

APPLICATION FOR IMPROVEMENT PERMIT OR AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION OR WELL PERMIT

Haywood County Health Department • 1233 N. Main Street • Annex II, Box 8 • Waynesville, NC 28786  
Environmental Health Section • Phone 828-452-6682 • Fax 828-452-6789

PN MAP # \_\_\_\_\_

- 1. Application For: Well Permit \_\_\_\_\_ Well Abandonment \_\_\_\_\_  
Authorization for Wastewater System Construction (Septic Permit) \_\_\_\_\_  
Improvement Permit (Soil/Site Evaluation) \_\_\_\_\_ Operation Permit (Record or Reconnect) \_\_\_\_\_
- 2. Property Owner \_\_\_\_\_ Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_
- 3. Permit Requested By \_\_\_\_\_ Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_
- 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 \_\_\_\_\_

BLOCK # \_\_\_\_\_

- 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 \_\_\_\_\_ Existing/Repair \_\_\_\_\_ Size/Dimensions \_\_\_\_\_ Sq. Footage \_\_\_\_\_  
Addition/Renovation \_\_\_\_\_ Basement: Yes \_\_\_\_\_ No \_\_\_\_\_  
Water Using Fixtures in Basement Yes \_\_\_\_\_ No \_\_\_\_\_
- 10. Restaurant \_\_\_\_\_ No. Seats \_\_\_\_\_ Business \_\_\_\_\_ Industry \_\_\_\_\_ Other \_\_\_\_\_  
2-Bedroom Units \_\_\_\_\_ 3-Bedroom Units \_\_\_\_\_ 4-Bedroom Units \_\_\_\_\_  
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. Are there any easements or rights-of-way recorded on this property? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe \_\_\_\_\_
- 14. Has this property been denied an improvement permit in the past? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_

LOT # \_\_\_\_\_

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 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.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Owner \_\_\_\_\_ Agent \_\_\_\_\_ Other \_\_\_\_\_

For Office Use Only: \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Initials \_\_\_\_\_  
Receipt # \_\_\_\_\_