



Permit Application Form

CHATHAM COUNTY PUBLIC HEALTH DEPARTMENT
 DIVISION OF ENVIRONMENTAL HEALTH
 80 EAST ST, P.O. BOX 130 • PITTSBORO, NC 27312-0130
 PHONE 919-542-8208 • FAX 919-542-8288

Note: Do not fill in amounts, just check type of permit.

OFFICE USE ONLY	
Receipt #	_____
Initials	_____/____
Date Rec'd:	_____
Ck#	Cash ___ CC ___
Amt. Rec'd	_____
R.E.H.S.	_____
Cityview	_____

- | | |
|---|---|
| <input type="checkbox"/> Improvement Permit.....\$ _____
Valid for 60 months from date of issue
<input type="checkbox"/> Improvement Permit....\$ _____
(Perpetual plat 1"=60' required within 30days of site approval)
<input checked="" type="checkbox"/> OP Revision.....\$ _____
<input type="checkbox"/> Construction Authorization....\$ _____ | <input type="checkbox"/> Well Permit.....\$ _____
(Valid for 60 months from date issued)
<input type="checkbox"/> Well Re-Site.....\$ _____
<input type="checkbox"/> Well Repair/Abandonment.....\$ _____
<input type="checkbox"/> Septic Repair/Abandonment.....\$ _____ |
|---|---|

Applicant: <u>Lori Lav and Travis Thurber</u>	Current Landowner: <u>Same as applicant</u>
Mailing Address: <u>3721 Old Graham Road</u>	Mailing Address: _____
City: <u>Pittsboro</u> State: <u>NC</u> Zip: <u>27312</u>	City: _____ State: _____ Zip: _____
Cell Phone: <u>919-815-5083</u> Home Phone: <u>919-545-9079</u>	Cell Phone: _____ Home Phone: _____
E-Mail Address: <u>preschoolcountrydav@gmail.com</u>	E-Mail Address: _____
Property Address: <u>3721 Old Graham Road</u> City: <u>Pittsboro</u> State: <u>NC</u> Zip: <u>27312</u>	
Tax Parcel#: <u>68864</u> Acres(Existing): <u>1.22</u> Acres(Proposed): _____ Subdivision: _____ Lot#: _____	
Directions to Property: <u>3 miles north of Librarv 2nd house on left past Olde Farm Road</u>	

Residential

- | | |
|---|--|
| <input type="checkbox"/> New Single Family Residence
<input type="checkbox"/> Expand or Alter Existing Septic System
<input type="checkbox"/> Repair to Existing Septic System
<input checked="" type="checkbox"/> OP Revision _____ | Number of Bedrooms <u>2</u> Number Of Occupants _____
Will house have a Basement? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other structures with plumbing fixtures? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<input type="checkbox"/> Garage <input type="checkbox"/> Shop <input type="checkbox"/> Barn <input type="checkbox"/> Other _____
List fixtures in basement/other structures : _____ |
|---|--|

Non-Residential

Please describe the business, plumbing fixtures, number of employees, square footage, number of seats etc. Use attachment if necessary.

Water Supply: New Well Existing Well Community Well Public Water

For New Construction: Chatham County Water Department requires connection to county water if it is available to the property.

Construction Authorization

Type of septic system requested: Type listed on IP Other _____

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" applicant must attach supporting documentation.

- Are there any easements or right of ways on this property? Yes No
- Is the site located in any designated wetlands? 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

I have read the application and certify that the information provided therein is true, complete and correct. I authorize county and state officials right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. If the information in the application is falsified, changed or the site is altered then the Permit shall be invalid. I understand that I am solely responsible for the proper identification and labeling of all property lines, corners, and underground utilities/pipelines and making the site accessible so that a complete site evaluation can be performed. The issuance of a permit in no way guarantees the approval of other permits (I.E. Building Permits, etc.)

SIGNATURE _____

Lori Lav Thurber

Property owner's or owner's legal representative** signature (Required)

DATE: Aug 30, 2022

** Must provide documentation to support claim as owner's legal representative