CHATHAM COUNTY 80 EAST ST, P.O. BOX 13 PHONE 919-542-820 www.chathamcountync. IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZAT	ONMENTAL HEALTH Record#:EH 0 • PITTSBORO, NC 27312 Initials:/ 8 • FAX 919-542-2473 Date Rec'd: gov/environmentalhealth Amount Rec'd: TION/WELL PERMIT APPLICATION REHS: Permit Septic Repair/Abandonment
Owner: Mailing Address:	Applicant: Mailing Address:
City: Zip: State: Zip: Phone #: Email:	City: Zip: State: Zip: Phone #: Email:
Parcel Number:	
Directions to property:	
Facility Type (House, Restaurant, Office, etc.):	
If applying for a Construction Authorization, please indicate desired system type(s): Accepted Conventional Innovative Other	
If the answer to any of the following questions is "yes", applicant must attach supporting documentation. Yes No Yes No Does the site contain any jurisdictional 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 Are there any easements or right of ways on this property?	

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. <u>I understand that if the information in the application is falsified, changed, or the site is altered, then the Improvement Permit and/or Construction Authorization shall be invalid.</u> I understand that the permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)

Owner or *Legal Representative Signature

Date

Applicant Signature

Date

Print Owners Name or Legal Rep. Name

Print Applicant's Name

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

NCDHHS/DPH/EHS/OSWP