

Initial Application Date: _____

Application #: _____

Fees Paid? yes no Amount: _____

Appointment requested? yes no

Craven County

Centralized Permitting
2828 Neuse Blvd.
New Bern, NC 28562
(252) 636-4987
fax (252) 636-4984

Other Federal, State, and/or local agencies may have laws, rules and /or ordinances that affect the use of your property. You must comply with those laws, rules, ordinances and/or restrictive covenants before building, locating or relocating a structure onto your property.

Application for an Authorization to Construct Permit

IF THE INFORMATION IN THE APPLICATION FOR AN AUTHORIZATION TO CONSTRUCT PERMIT ("CA") IS FALSIFIED, CHANGED OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT ("IP") AND/OR THE CA SHALL BECOME INVALID. The permit is valid either for 60 months or without expiration depending upon documentation submitted (complete site plan = 60 months; complete survey plat = without expiration).

Type of Map Submitted: (check one)

- Survey Plat to Scale (1" = no more than 60')
- Scaled Site Plan (1"= no more than 60')
- Un-scaled Site Plan

Water Supply: (check one)

- Public
- New (Proposed) Well
- Public, but there is a well on site
- Existing Well

Residential: (check one)

- **New Construction**
New Single-Family Residence with _____ bedrooms and _____ people living in the home
- **Expand a Residence served by an Existing Septic Tank System:** (Increasing the number of bedrooms)
Currently, the home has _____ bedrooms. When completed, the home will have _____ bedrooms.

Business or other Non-Residential Use: (check one)

- **New Construction**
Type of Business (describe) _____ Total Square Footage of Building _____
Multiple Work Shifts Per Day? yes no Total Number of Employees Per Day _____
Maximum Number of Seats _____
- **Expansion of a Business or Non-Residential Facility served by an Existing Septic tank System:**
Currently there is (describe) _____
When construction is complete, there will be (describe) _____

(See Back)

Revised 3/2010

Please Indicate Desired System Type(s):
(systems can be ranked in order of your preference)

___ Accepted ___ Alternative ___ Any Type ___ Conventional ___ Innovative
___ Other (describe) _____

The applicant shall notify the Craven County 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 and show location(s) on the submitted site plan/plat:

- 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 this facility subject to approval by another public agency? yes no
- Are there any easements or rights-of-way on this property? yes no
- Are there any wells, springs, or existing water lines/meters on this property? yes no

Applications will be returned to the applicant if found to be incomplete, sites are not accessible for evaluation and/or property lines are not properly identified.

It is advised that the applicant or his representative contact a Utility Locator Service prior to beginning excavation on any site.

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 evaluation can be performed.

Signature of property owner or owner's legal representative (required)
Applicant must provide documentation to support claim as owner's legal representative

Date

Signature of Central Permitting Employee (Witness) or Notary Public
The signature of the owner's legal representative must be witnessed by a Central Permitting