

Initial Application Date: _____

Application #: _____

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 to Repair a Septic Tank System

Improvement Permit/Authorization to Construct

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

Type of Map Submitted:

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

Water Supply: Public Existing Well Public, but there is also a well on site

Structure Type: Please check one:

- _____ Single-Family home with _____ bedrooms and _____ people living in the home
- _____ Mobile Home with _____ bedrooms and _____ people living in the home
- _____ Business (describe) _____
- _____ Other (describe) _____

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

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

(See Back)

Revised 3/2010

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 on this property? yes no

Applications will be returned to the applicant if found to be incomplete, if sites are not accessible for evaluation and/or the 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 site 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