

Application Date: _____
Application Type Code: EH4

Application #: _____
Fees Paid? __yes __no Amount: _____
Appointment requested? __ yes __no

Craven County

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

Type of Map Submitted
____ Survey Plat to Scale 1" = no more than 60'
____ Scaled Site Plan 1" = no more than 60'
____ Unscaled site plan

SEPTIC TANK SYSTEM: NEW CONSTRUCTION/FLOW INCREASE or CHANGE IN USE/FOUNDATION INCREASE AFFECTING SYSTEM

____ Improvement Permit

____ Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED , CHANGED OR THE SITE IS ALTERED, THEN THE IMPROVEMENTS PERMIT AND/OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid either for 60 months or without expiration depending upon documentation submitted.

Applicant: _____ **Owner:** _____

Water Supply:

____ new well ____ existing well ____ public ____ community well ____ public, but well on site

____ New Construction

- ____ House
- ____ Modular home
- ____ Manufactured home SW DW TW
- ____ Business that generates only sewage
- ____ Business that generates effluent other than sewage (e.g. Industrial Process Wastewater)
- ____ Place of Public Assembly (describe) _____

* Residence will have ____ bedrooms and ____ persons. The "footprint" of the building will be ____ ft. x ____ ft.
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If business or place of public assembly, please list the factors (e.g. number of seats, number of employees, etc.) required to determine wastewater system design flow and effluent type by attaching the completed "Business & Place of Assembly Questionnaire."

____ Flow Increase

____ Change in Use of System (existing)

____ Foundation Increase Affecting System

- ____ House*
- ____ Manufactured home ____ SW ____ DW ____ TW
- ____ Changes to Business or Place of Public Assembly that generate only sewage (describe)

* I will add ____ bedrooms for a total of ____ bedrooms and ____ persons. The "footprint" of the home <input type="checkbox"/> will (or) <input type="checkbox"/> will not increase by ____ ft. x ____ ft.
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____Changes to Businesses that may generate effluent other than sewage (e.g. Industrial Process Wastewater) (describe)_____

If business or place of public assembly, please list the factors (e.g. Number of seats, number of employees, etc.) required to determine wastewater system design flow by attaching the completed "Business & Place of Assembly Questionnaire." Please include information on the original business/system and your proposed changes.

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

____ Alternative ____Conventional ____Innovative ____Modified Conventional ____ Other (specify)_____

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.

Is there wastewater going to be generated on the site other than domestic sewage? ____yes ____ no

Are there any easements or rights-of-way on this property? ____ yes ____ no

Are there any designated wetlands on this property? ____yes ____ no

Are there any wells, springs, or existing water lines on this property? ____yes ____ no

Is this facility subject to approval by another public agency? ____yes ____ no

NOTE: You are advised to contact the appropriate building inspections department to obtain a zoning permit before applying for an Improvement Permit.

I CERTIFY THAT THERE ARE NO PROPOSED CHANGES IN THE PLAT OR SITE PLAN THAT WILL AFFECT THE PLACEMENT OF THE PROPOSED WASTEWATER SYSTEM.

IMPROVEMENT PERMIT #: _____

Comments: _____

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

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

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_____ **Date**_____

(*) _____ Owner (or) _____Owner's Legal Representative

(**) **Signature of CP Employee Witness or Notary Public Signature** _____

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

** The signature of the owner or owner's legal representative must be witnessed by a Central Permitting employee or a Notary Public.