

Craven County Environmental Health

Application Date: _____
Operation Permit #/CDP File #: _____

Application #: _____
Appointment Requested ___yes ___no

Planning and Inspections Department
2828 Neuse Boulevard
New Bern, NC 28562
Inspections (252) 636-4987, Fax (252) 636-4984
www.cravencountync.gov

Office Use Only
LU Fees Paid? Yes___ No___ Amount Paid \$_____
LU SD Fees Paid? Yes___No___ Amount Paid \$_____
EH Fees Paid? Yes___ No___ Amount Paid \$___ Method of payment: Cash___ Check
Other: _____
Disaster related? _____ Fees waived? _____
Comments: _____

EXISTING SYSTEM APPROVAL APPLICATION

Applicant: _____
Mailing Address: _____

City: _____
State: _____ Zip: _____
Phone #: _____
Email: _____

Owner: _____
Mailing Address: _____

City: _____
State: _____ Zip: _____
Phone #: _____
Email: _____

Year wastewater system was installed, if known: _____
Name(s) that original permit could have been issued to, if known: _____
Parcel Identifier (PID): _____ Property Acreage: _____
Property Address: _____
Directions to Site: _____

Is the property located within an approved Subdivision? Yes _____ No _____ Mobile Home Park? Yes _____ No _____

If Yes, Name of Subdivision or MHP: _____

Lot #: _____ Section/Phase: _____ Year Recorded: _____

Did you (or the listed property owner) own this property on Jan. 1 of the previous year? Yes _____ No _____

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

Requesting:

Reconnection to existing septic system when the proposed facility is in same footprint as existing/previous facility

Reconnection when the proposed facility is not in same footprint as existing/previous facility

Proposed # of Bedrooms: _____ Proposed # of Occupants: _____

Previous residence # of Bedrooms: _____ Previous # of Occupants: _____

Describe dimensions: _____ x _____

Detached Structure (e.g., storage building)

Describe dimensions: _____ x _____

Swimming Pool Above Ground In-ground

Size of the swimming pool will be _____ft long by _____ft wide

Size of the deck for pool will be _____ft long by _____ft wide (If deck is attached to the pool, provide drawing to show pool and deck size.)

Expansion to footprint of existing facility (e.g., deck, family room, etc.) **Must fill out IP application if adding bedroom**

Other Describe: _____

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Existing Facility Type: House/Modular Mobile/Manufactured Home Business Other: _____

Proposed Facility Type: House/Modular Mobile/Manufactured Home Business Other: _____

Are you requesting any changes to wastewater design flow or wastewater strength? Yes No

Site plan or plat showing the locations of the existing and proposed facilities, existing wastewater systems and repair areas, existing and proposed water supplies, easements, rights-of-way, encroachments, artificial drainage, and all appurtenances must be provided.

IF THE INFORMATION IN THE APPLICATION FOR AN EXISTING SYSTEM AUTHORIZATION (ESA) IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE ESA SHALL BECOME INVALID.

*I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted the 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. **I understand that if the information in the application is falsified, changed, or the site is altered, then the Existing System Approval shall be invalid.***

Property owner's signature (required)

Date

Applicant's signature (required)

Date

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

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SITE PLAN

Please include on this site plan:

- locations of the existing and proposed facilities;
- existing wastewater systems and repair areas;
- existing and proposed water supplies; wells, springs, and water lines; and
- easements, rights-of-way, encroachments, artificial drainage, and all appurtenances.