

Assigned To: _____

IP Number: _____

COUNTY OF CALDWELL

APPLICATION FOR IMPROVEMENT PERMIT, CONSTRUCTION AUTHORIZATION

Date: _____ NC PIN # _____ Original Permit # _____

New System Repair Addition Reconnect

Recorded Property Owner: _____

Address: _____

Phone #: _____

Permit Requested By: _____

Address: _____

Phone #: _____

Directions to Property: _____

Subdivision: _____ Lot # _____ Phase _____

Physical Address of Property: _____

Lot Size: _____

Dwelling or Structures already on this property: _____

Has any grading, removal or addition of soil been done on this property? Yes No

If yes, specify: _____

Will new dwelling have a basement? Yes No Plumbing in basement? Yes No

Garbage disposal in Kitchen? Yes No Type of Water Supply: Well Public

Will wastewater other than sewage be generated? Yes No

Is this site subject to approval by other public agencies? Yes No

Residential: House Mobile Home Modular Multi-family – No. of Units _____

No. of Bedrooms _____ No. of Baths _____

Business: Restaurant/ Assembly – No. of seats _____ Sq. Feet of Dining Area _____

Day Care Children/Adult _____ No. of Children/Adults _____

Institution Storage Industry Educational Hazardous

Pool Total number of employees: _____

I understand that this is a formal application for a soil evaluation for a ground absorption sewage disposal system to serve the above described facility on this property and authorize Caldwell County Health Department employees to go on this property for evaluation purposes. I certify the above information to be correct and understand that any permit or report issued as a result of this information will be invalid if it is found to be incorrect. The application is transferable and remains valid for 2 years.. The improvement permit is transferable and remains valid for 5 years from the date of issue so long as the conditions, structures, location and wastewater conditions remain unchanged.

Date: _____ Owner/Authorized Agent _____