

**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 #: _____

Direction to Property: _____

Subdivision: _____ Lot # _____ Phase _____

Physical Address Property: _____

Lot Size _____ Dwelling or Structures Already on this Property _____

Has any grading, removal or addition of soil been done on this property? _____

If yes, specify _____

Will new dwelling have a ___ basement ___ Plumbing in basement ___ Garbage disposal in Kitchen

Type of water supply: ___ Well ___ Public or community water supply

Will wastewater other than sewage be generated ___ Is this site subject to approval by other public agencies _____

Residential

___ House ___ Mobile Home ___ Modular ___ Multi-family No. of Units _____

No. of bedrooms _____ No. of bathrooms _____

Business

Restaurant No. of Seats: _____ Sq. Ft. Dining Area _____

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

Institution _____ Storage _____ Industry _____ Educational _____ Hazardous _____

Pool _____ Total No. 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 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 _____