

Date: _____

Tax Map/Parcel #: _____

Permit #: _____

Building Modifications and Additions

(Required for facilities served by either a well or septic system)

IF THE ADDITION OF A BEDROOM IS DESIRED, PLEASE FILL OUT AN *APPLICATION FOR SITE/SOIL EVALUATION*

1. **Applicant Information:**

Applicant Name: _____

Phone: _____

Address: _____

Email: _____

Owner Name: _____

Phone: _____

Address: _____

Email: _____

2. **Property Information:**

a) Address or directions to property: _____

b) Subdivision & Lot Number (if applicable): _____

c) Lot size/acreage: _____

d) Original Owner's Name: _____

e) Year Septic System was installed (house built): _____

Note: Answers to questions (c) and (d) may be found at the Register of Deeds office.

f) Septic System Location (front yard, back yard, etc.): _____

g) Type of Septic System (if known):

☐ Conventional ☐ Pumped Conventional ☐ Engineered System

Other: _____

h) Water Supply (choose one):

☐ New Well ☐ Existing Well ☐ Shared Well ☐ Public Water ☐ Spring

3. **Proposed Property Improvement(s):**

ADDITION OF A BEDROOM REQUIRES AN *APPLICATION FOR SITE/SOIL EVALUATION*

☐ Expansion of existing footprint of facility. Please describe proposed work: _____

☐ An additional building on the lot (detached garage, accessory building, etc.)

If accessory building, will it be movable (on blocks)? ☐ Yes ☐ No

☐ Deck or patio

☐ Above ground pool

☐ Below ground pool

☐ Other: _____

4. Dimensions(ft.) of proposed improvement: Length _____ X Width _____

5. Will there be any plumbing in the proposed structure? ☐ Yes ☐ No

*If yes, please provide details: _____

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Application and Site Preparation Instructions: *The applicant is responsible for preparing property for a site visit by an Environmental Health Specialist prior to their arrival. Please address each of the items listed below.*

Site plans are **required** to be submitted. Site plans should be completed on a copy of the GIS aerial map or survey plat of the property.

****GIS aerial maps can be found at the county GIS office or website.**

****Survey plats can be found at the county Register of Deeds office or website.**

1. Submit a site plan of the property noting the location of the **existing** dwelling, easements, right of ways, septic system and repair areas, well(s), driveway, accessory buildings, etc.
Then note the desired location of the **new** proposed building modification or addition to property.
2. All property lines and corners must be properly marked and easily visible in the field. The area to be evaluated must be clear of thick vegetation, debris, etc. and is accessible.
3. Stake or flag the new proposed building modification or addition on the property.

Important:

- If an Environmental Health Specialist arrives at the property and a site evaluation cannot be conducted because the site has not been prepared as required, the applicant will be notified and the application placed in 'Inactive' status.
- When an 'Inactive' application is reactivated, the application will be processed based on the re-activation date.
- A revisit fee (\$50.00) may be assessed prior to scheduling another visit to the property.
- Applications which are in 'Inactive' status for more than 90 days are considered void and all fees paid by the applicant are forfeited.
- If you have any questions regarding the information listed above, please feel free to contact our office at (336) 597-1790. Our office hours are Monday through Friday, from 8:30 to 5:00.
- ***Please notify our staff if dogs will be encountered during the site visit. Dogs will need to be kept under control if there is a possibility that they may harm our staff.***

I certify that the information provided in this application is complete and correct to the best of my knowledge. I also understand that if the information provided is inaccurate, the site is subsequently altered, or the intended use changes, all permits and approvals shall be subject to revocation. Submittal of this application grants right of entry to the Person County Environmental Health Department staff.

(X) Owner or Legal Representative Signature

Date

****Applications can be submitted by email to: envhealth@personcountync.gov**