

| Date:               |  |
|---------------------|--|
| Tax Map/Parcel #: _ |  |

## **Application for Business Use of Home**

| 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.  | 1.       | <u>Ap</u> | plicant Information:                       |                                       |               |
|--|----------|-----------|--|---------------------------------------|---------------|
| Owner Name:  |          |           |  |                                       |               |
| Owner Name:  |          | Ad        |  |                                       |               |
| Address:   |          |           |  |                                       |               |
|  |          |           |  |                                       |               |
| 2. Property Information: a) Address or directions to property:   |          |           |  |                                       |               |
| a) Address or directions to property:  |          |           |  | Email:                                |               |
| b) Subdivision & Lot Number: c) Number of Bedrooms in Home:  | 2.       |           |  |                                       |               |
| b) Subdivision & Lot Number: c) Number of Bedrooms in Home: d) Lot size/acreage: e) Wastewater System Type: Public Sewer (or) Septic System f) Original Owner (when home was built): g) Year Septic System was installed: h) Septic System Location (front yard, back yard, etc.): i) Type of Septic System (if known): Conventional Pumped Conventional Engineered System Other: j) Water Supply (choose one): Private Well Shared Public Water Spring  3. Description of Proposed Business: Type of Business: Number of Employees: Number of Employees: Number of Days per week Operating: Additional Comments: I certify that the information provided above is complete and correct to the best of my knowledge. I also understand the 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.  Signature Date Office Use:  Date:  Date:  Date:  |          | a)        | Address or directions to property:         |                                       |               |
| c) Number of Bedrooms in Home: Number of People Living in the Home: d) Lot size/acreage: Public Sewer (or) Septic System   |          | b)        |  |                                       |               |
| d) Lot size/acreage: e) Wastewater System Type:  |          | ,         | Number of Bedrooms in Home:                | Number of People Living in the H      | ome:          |
| e) Wastewater System Type:   |          |           | Lot size/acreage:                          |                                       |               |
| g) Year Septic System Was installed: h) Septic System Location (front yard, back yard, etc.): i) Type of Septic System (if known):   |          |           | Wastewater System Type:  Public Sewer (or) |                                       |               |
| h) Septic System Location (front yard, back yard, etc.): i) Type of Septic System (if known):  |          | ,         |  |                                       |               |
| i) Type of Septic System (if known):  Conventional Pumped Conventional Engineered System Other:  j) Water Supply (choose one):  Private Well Shared Public Water Spring  3. Description of Proposed Business:  Type of Business:  Number of Employees:  Number of Days per week Operating:  Additional Comments:  I certify that the information provided above is complete and correct to the best of my knowledge. I also understand the 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.  Signature  Date  Office Use:  Approved:  Date:  |          | •         |  |                                       |               |
| Conventional   Pumped Conventional   Engineered System Other:     j) Water Supply (choose one):   Private Well   Shared   Public Water   Spring     3. Description of Proposed Business:   Type of Business:   Number of Employees:   Number of Individuals Served:   (ex. daycare kids Number of Days per week Operating:   Hours of Operation:   Additional Comments:   I certify that the information provided above is complete and correct to the best of my knowledge. I also understand the 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.    Signature   Date   Office Use:   Date   Dat   |          | '         |  | ):                                    |               |
| Other:  j) Water Supply (choose one):  Private Well Shared Public Water Spring  3. Description of Proposed Business:  Type of Business:  Number of Employees:  Number of Days per week Operating:  Additional Comments:  I certify that the information provided above is complete and correct to the best of my knowledge. I also understand the 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.  Signature Date  Office Use:  Approved:  Date:  Date: |          | 1)        |  | Tensingered System                    |               |
| j) Water Supply (choose one):  |          |           |  | _ ,                                   |               |
| Private Well Shared Public Water Spring  3. Description of Proposed Business:  Type of Business:   |          | i)        |  |                                       |               |
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| Number of Days per week Operating: Hours of Operation: Additional Comments: Hours of Operation: Hours of Operation: Additional Comments: Hours of Operation: Hours of Operation Hours Hou  |          |           |  | - C to distribute Composite           | /             |
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| Environmental Health Department staff.  Signature  Date  Office Use:  Approved:  Date:   | -        | -         | ·  |                                       |               |
| Date   Office Use:     Date:   |          |           |  | cation grants right of entry to the r | Person County |
| Office Use:           Approved:    Date:   | Eliviioi | llici     | пкаї пеакті Берактівтік экају.             |                                       |               |
| Office Use:           Approved:    Date:   | Signatı  | ıre       |  | Date                                  | _             |
|  |          |           | Office U                                   |                                       |               |
| Comments:  | Appr     | ove       | d:   | Date:                                 | _             |
|  | Com      | men       | nts:                                       |                                       |               |
|  |          |           |  |                                       |               |
|  |          |           |  |                                       |               |