

**CARTERET COUNTY HEALTH DEPARTMENT**

3820 Bridges St. Morehead City, NC 28557

Phone: 252-728-8499 Fax: 252-222-7753

Area \_\_\_\_\_

Priority \_\_\_\_\_

Staked On-Hold \_\_\_\_\_

**APPLICATION**

**Improvement Permit, Construction Authorization,  
Existing System, or Private Drinking Water Well**

IF INFORMATION IS FALSIFIED, CHANGED OR SITE IS ALTERED, THE IMPROVEMENT PERMIT AND/OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. PERMIT IS VALID FOR 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED.

**Type of Application(s):** \_\_\_\_\_ Residential ( \_\_\_\_\_ House \_\_\_\_\_ MH) \_\_\_\_\_ Multifamily  
\_\_\_\_\_ Non-Residential (Type \_\_\_\_\_)  
\_\_\_\_\_ New Construction \_\_\_\_\_ Repair \_\_\_\_\_ Existing \_\_\_\_\_ Expansion \_\_\_\_\_ Change of Use  
\_\_\_\_\_ Private Drinking Water Well (required prior to C.A. when community water not available)

**Owner Information**

Name: First \_\_\_\_\_ Last \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_  
Contact By: \_\_\_\_\_ Home Ph \_\_\_\_\_ Work Ph \_\_\_\_\_ Mobile Ph  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Organization: \_\_\_\_\_

**Applicant Information** If same as owner: \_\_\_\_\_ Yes

If no, complete this section and provide owners statement.

Name: First \_\_\_\_\_ Last \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_  
Contact By: \_\_\_\_\_ Home Ph \_\_\_\_\_ Work Ph \_\_\_\_\_ Mobile Ph  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Organization: \_\_\_\_\_

**Parcel Location**

Parcel ID: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Subdivision: \_\_\_\_\_  
Lot \_\_\_\_\_ Block \_\_\_\_\_ Section \_\_\_\_\_ Phase \_\_\_\_\_ # of Acres \_\_\_\_\_

**Improvement Permit Requested: (only for New Construction, Expansion, Change of Use)**

\_\_\_\_\_ 5 years: Site plan only  
\_\_\_\_\_ Indefinite: Plat required showing proposed structures and appurtenances, and proposed system and repair.

**If applying for Authorization to Construct: Indicate order of desired system types**

\_\_\_\_\_ Conventional (Includes Accepted Systems) \_\_\_\_\_ Alternative \_\_\_\_\_ Innovative \_\_\_\_\_ Other

CARTERET COUNTY HEALTH DEPARTMENT

3820 Bridges St. Morehead City, NC 28557

Phone: 252-728-8499 Fax: 252-222-7753

APPLICATION

Area \_\_\_\_\_

Priority \_\_\_\_\_

Staked On-Hold

Complete only for type that applies to request:

Single Family: \_\_\_\_\_ #Bedrooms \_\_\_\_\_ #Occupants \_\_\_\_\_ Square Footage

Multi-Family: \_\_\_\_\_ # Buildings \_\_\_\_\_ Units/Building \_\_\_\_\_ #Bedrooms/Unit \_\_\_\_\_ #Occupants/Bdrm.

Non-Residential: Type Facility \_\_\_\_\_ (see supplement to application)

Information required: \_\_\_\_\_

Proposed Water: \_\_\_\_\_ Private Well (permit required after July 1) \_\_\_\_\_ Shared Well
\_\_\_\_\_ Municipal \_\_\_\_\_ Community

Applicant must inform Local Health Department if any of the following apply and attach supporting documentation.

Check all that apply:

- Previous permit evaluation or denial
Wastewater, other than domestic
Site subject to approval by other public agency
Designated wetlands
Zoning approval
Existing well on property
Existing septic tank system
Stump holes/buried debris

Table with 3 columns: Proposed, Existing, Comments. Rows include: Additional structures on property, Buried Utility Lines, Underground Fuel Tanks, Slab foundation, Crawlspace foundation, Garbage grinder, Swimming pool, Water lines, Right of ways, Easements, Grading or soil removal, Basement with plumbing, Basement without plumbing.

Additional Information: \_\_\_\_\_

I have read this application and certify the information provided herein is true, complete and correct. Authorized county and state officials are granted 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 staking of all property lines and corners and making the site accessible so a complete site evaluation can be performed.

Property owner's (or authorized agent) signature (REQUIRED) \_\_\_\_\_ Date \_\_\_\_\_

Brochure received \_\_\_\_\_

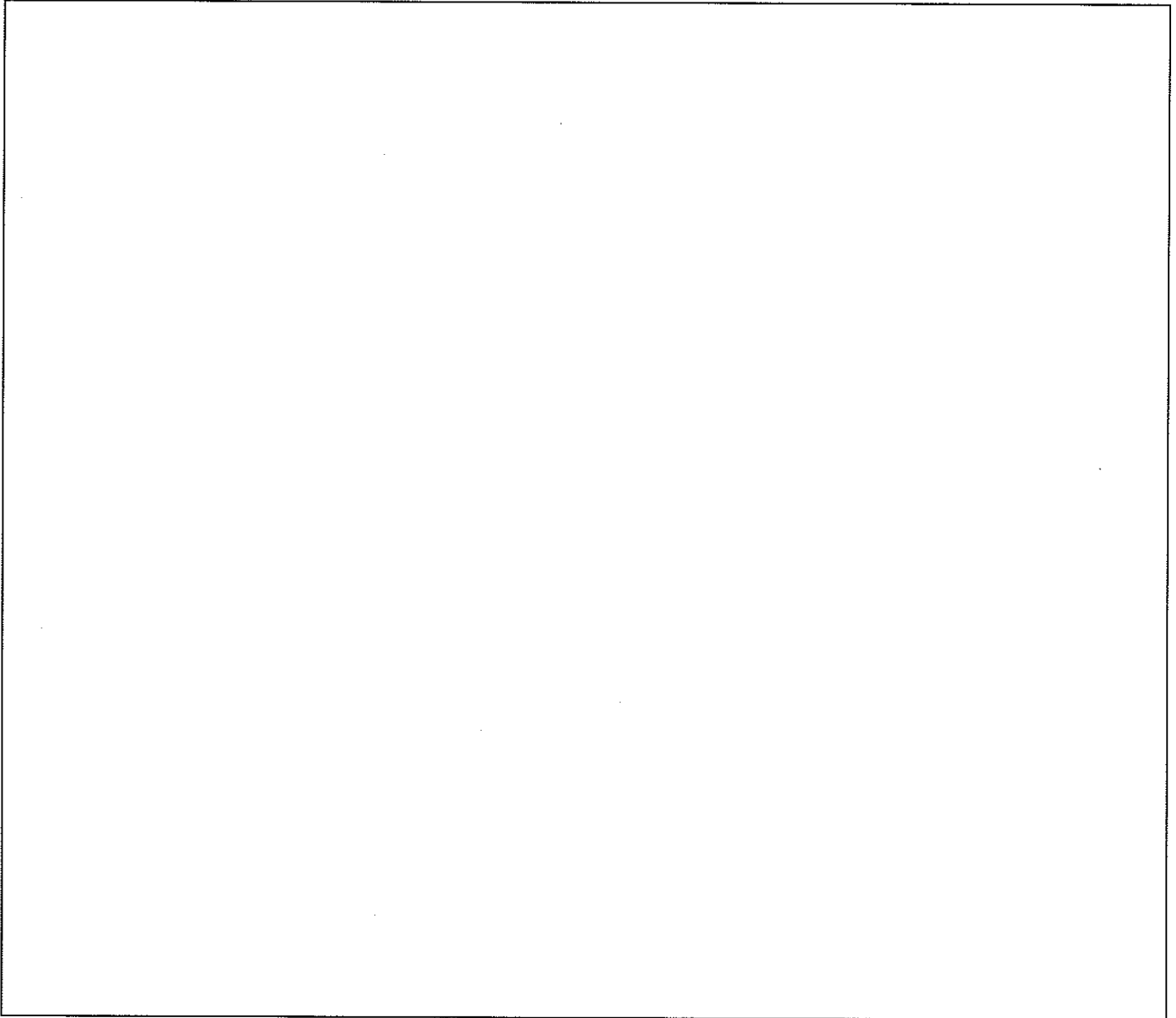
\*\*Application will be returned after sixty (60) days if site has not been made accessible and staked within that period.

**Carteret County Health Department**  
**SITE SKETCH**

\_\_\_\_\_  
Current Land Owner's Name

\_\_\_\_\_  
Property Location

\_\_\_\_\_  
Pin# (Parcel Identification Number-15 digits)



**A survey or other plot plan in *ink* (not pencil)  
may be used as an attachment to the application.**

**It would need to show shape of lot, lot dimensions, structure location with dimensions and setbacks, driveway, and proposed or existing septic system and water source location.**

\_\_\_\_\_  
Owner/Applicant Signature

\_\_\_\_\_  
Date

# CARTERET COUNTY ADVISORY FORM

Owner: \_\_\_\_\_

Owner's Phone: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

-----  
Agent: \_\_\_\_\_

Agent's Phone: \_\_\_\_\_

Site Address: \_\_\_\_\_

Parcel Identification Number (PIN): \_\_\_\_\_

Local Government Jurisdiction: \_\_\_\_\_

Proposed Development: \_\_\_\_\_

---

I understand that application for septic evaluation does NOT grant approval for development. I understand that it is my responsibility to contact the local jurisdiction to determine if the proposed development is allowed.

I have received the contact numbers and addresses for governmental agencies of the local jurisdictions and other government agencies that I may need to contact prior to any land disturbance.

I understand as agent it is my responsibility to provide a copy of this information to the owner/prospective buyer.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date

**\*\*\* Contact information for governmental agencies on back \*\*\***



**CARTERET COUNTY HEALTH DEPARTMENT**

3820 Bridges Street, Suite A, Morehead City NC 28557

J.T. Garrett, Ed. D., M.P.H.

**OWNER'S STATEMENT**

TO: The Environmental Health Division

SUBJECT: Authorization for Representation and Permission to Access Property

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to act as my representative in the process of application for an on-site wastewater system permit for the property listed below:

Location: \_\_\_\_\_ PIDN # \_\_\_\_\_

In addition to the above, the Environmental Health Division has my permission to access the above listed property.

Should you need additional information, please advise.

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPEALS AND OTHER ALTERNATIVES

If your property is found to be unsuitable for an Improvement Permit, you will receive a letter of denial.

You have the right for a review of your property by the Environmental Health Program Specialist. You also have the right for a review by the Regional Soil Scientist from the Department of Environment and Natural Resources.

Depending on the soil conditions, you may be offered the option of the test well monitoring program.

You may choose to utilize the services of a private consultant for studies to present documentation for further review by our office.

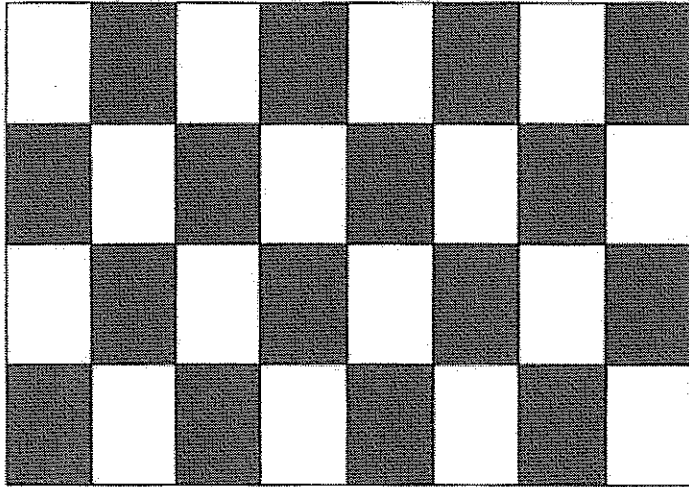
You also have the right of filing an administrative appeal with the N.C. Office of Administrative Hearings. Petition forms are available at the Environmental Health office upon request.

When all options have been exhausted, you may request a property tax reduction with the Carteret County Tax

Office.

Path Clearing Diagram for a Typical Lot

100' X 200'



Application and Permit Process for New Systems, Existing Systems and Repairs



Carteret County Health Department  
Environmental Health Division  
3820 Bridges Street, Suite A  
Morehead City NC 28557  
(252) 728-8499  
Fax (252) 222-7753

Clear paths approximately 3-4 feet wide every 25 feet throughout the entire property

## INTRODUCTION

Welcome to the Environmental Health Division of the Carteret County Health Department. The Environmental Health Division pledges to fully cooperate with the property owner in their efforts to obtain all required permits.

This brochure was developed to insure that each applicant receives consistent and accurate information regarding the permit process. Office hours are 8:00am to 5:00pm Monday through Friday. The office is located at 3820 Bridges Street, Suite A, Morehead City. The phone number is (252) 728-8499 and fax is (252) 222-7753

For your convenience, applications can be taken at the Western Carteret Office which is located at 701 Cedar Point Blvd., Cedar Point. Office hours are 1:00pm to 2:00pm, Monday and Wednesday. The phone number is (252) 393-1238 and fax is (252) 393-3205.

## FEES ARE NOT REFUNDABLE

## NEW SYSTEMS

First, you will need to complete an application for an Improvement Permit diagramming the property dimensions and the location of all structures and driveways. Owner's statement required allowing access to property.

Second, you will need to notify the Environmental Health Division when:

- property lines are marked and clearly visible;
- the house corners are staked;
- paths are cleared to allow complete access to the lot. Paths should be cleared at 25' intervals to allow complete access so that your property can be evaluated. See Diagram on Back of Brochure.



Your application will be kept on hold for sixty (60) days.

After a site evaluation has been completed your property will be classified:

- A. Suitable—Improvement Permit issued.
- B. Provisionally Suitable—an Improvement Permit will be issued with site modification requirements.
- C. Unsuitable—a letter of denial with all possible alternatives will be issued.

## EXISTING SYSTEMS & REPAIRS

First, complete application with property dimensions, location of all structures, drives, septic tanks, well, waterlines and drainlines. Owner's statement required allowing access to property.

Second, you will notify the Environmental Health Division when you have:

- clearly staked off property lines and location of new structure including decks & porches;
- stake well & waterline;
- Locate the septic tank, drainlines and grease trap. In some cases, you may need to remove the dirt off of the distribution box and/or septic tank (**DO NOT REMOVE LID**).

Your application will be kept on hold for sixty (60) days.

*NOTE: A re-inspection fee of \$30 is required if the lot is not properly cleared and/or staked.*

To insure that you are aware of other permitting requirements, we recommend that you contact the following agencies: Inspections & Planning, U.S. Army Corps of Engineers, CAMA, Benchmark, Division of Water Quality,