

5 YR Permit (SITE) _____
Indefinite Expiration _____

CARTERET COUNTY HEALTH DEPARTMENT
3820 BRIDGES STREET
MOREHEAD CITY, NC 28557
(252) 728-8499

AREA _____
PRIORITY _____

ON HOLD _____

STAKED/ACCESSIBLE _____

DATE _____ Improvement Permit _____ Authorization to Construct _____

_____ New Construction _____ Existing _____ Repair _____ Non-Residential Type Structure

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.

OWNER _____ PHONE _____

ADDRESS _____

APPLICANT / AGENT _____ PHONE _____

ADDRESS _____

SUBDIVISION _____ LOT _____ BLOCK _____ SECTION _____

PROPERTY LOCATION _____

TYPE STRUCTURE _____ NO. BEDROOMS _____ BATHS _____

WATER SOURCE: _____ PRIVATE WELL _____ COMMUNITY/CITY _____

PIDN _____ GARBAGE GRINDER: _____ YES _____ NO

NON-RESIDENTIAL SPECIFICATION: TYPE BUSINESS _____

MAX NUMBER EMPLOYEES _____ MAXIMUM NUMBER SEATS _____

IF APPLYING FOR AUTHORIZATION TO CONSTRUCT: PLEASE INDICATE DESIRED SYSTEM TYPE(S)

_____ CONVENTIONAL _____ ALTERNATIVE _____ INNOVATIVE _____ OTHER

APPLICANT MUST NOTIFY LOCAL HEALTH DEPARTMENT IF ANY OF THE FOLLOWING APPLY AND ATTACH SUPPORTING DOCUMENTATION.

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | DOES THE SITE CONTAIN ANY JURISDICTIONAL WETLANDS? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | IS ANY WASTEWATER GOING TO BE GENERATED OTHER THAN DOMESTIC? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | IS SITE SUBJECT TO APPROVAL BY ANY OTHER PUBLIC AGENCY? |

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 kept on hold for sixty (60) days until staked/accessible