



106 E Morgan St. Ste. 105  
 Brevard, NC 28712  
 828-884-3139  
 Fax 828-884-3259  
 www.transylvaniahealth.org

**Application for Septic Improvement/Authorization to Construct Permit**  
**Incomplete Applications Will Not Be Accepted or Processed**

**IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENT PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT AND AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. THIS APPLICATION IS VALID FOR ONE YEAR.**

\_\_\_ Improvement Permit \_\_\_ Authorization to Construct \_\_\_ Repair \$ \_\_\_\_\_ Receipt No.: \_\_\_\_\_  
Office Use

**APPLICANT INFORMATION** e-mail address: \_\_\_\_\_

Applicant: Buyer, Contractor, Agent \_\_\_\_\_ Address (Buyer only) \_\_\_\_\_ Home, Work and/or Cell Phone \_\_\_\_\_

Property Owner Name \_\_\_\_\_ Address \_\_\_\_\_ Home, Work and/or Cell Phone \_\_\_\_\_

**PROPERTY INFORMATION** PIN: \_\_\_\_\_  
(Office Use: Date current parcel was originally deeded & recorded) \_\_\_\_\_

Street Address \_\_\_\_\_ Subdivision Name \_\_\_\_\_ Section/Phase/Lot# \_\_\_\_\_

Directions to Site: \_\_\_\_\_ Lot Size \_\_\_\_\_

Comments/Notes \_\_\_\_\_  
Office Use

**DEVELOPMENT INFORMATION**

- New Single Family Residence
- Expansion of Existing System:
- Repair of Malfunctioning Sewage Disposal System
- Non-Residential Type of Structure

**Residential Specifications**

- Maximum number of bedrooms & occupants \_\_\_\_\_
- If expansion: Current number of bedrooms: \_\_\_\_\_
- Will there be a basement?  Yes  No
- Plumbing fixtures in basement?  Yes  No

**Non-Residential Specifications:**

Type of business: \_\_\_\_\_ Total Square footage of Building: \_\_\_\_\_  
 Maximum number of employees: \_\_\_\_\_ Maximum number of seats: \_\_\_\_\_

**Water Supply:** Are there any existing wells, springs, or existing waterlines on this property?  Yes  No  
 If YES, these MUST be shown on the site plan or survey plat.

- New well  Existing Well  Community Well  Public Water  Spring

**If applying for Authorization to Construct: Please Indicate Desired System Type(s):**  
 (Systems can be ranked in order of your preference)

- Accepted  Alternative  Conventional  Innovative  Other \_\_\_\_\_  Any

The Applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation.

- Yes  No Does the site contain any jurisdictional wetlands?
- Yes  No Does the site contain any existing wastewater systems?
- Yes  No Is any wastewater going to be generated on the site other than domestic sewage?
- Yes  No Is the site subject to approval by any other public agency?
- Yes  No Are there any easements or right of ways on this property?

I have read this application and certify that 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 marking of all property lines and corners; field staking the house and all appurtenances in their exact locations on the site; and making the site accessible so that a complete site evaluation can be performed. Failure to do so may result in additional fees before proceeding with the permitting process.**

Property owner's or owner's legal representative signature \_\_\_\_\_ Date \_\_\_\_\_

TRANSYLVANIA PUBLIC HEALTH  
ENVIRONMENTAL HEALTH SECTION SITE PLAN



**Instructions to Applicant:** *Environmental Health personnel will not begin the evaluation process until all property lines are accurately marked and the house site and all appurtenances (outbuildings, detached garages, pools, drive, etc.) are staked and flagged in their exact locations matching this submitted Site Plan.* Property lines MUST match those shown on a survey or preliminary plat. A site evaluation will not be scheduled until this site plan is completed and signed unless a “to scale” survey plat (scale of 1” = no more than 60’) showing all components has been completed by a Registered Land Surveyor and submitted to the Environmental Health Section.

**As Close to Scale as Possible:** **1.** Draw the existing/proposed parcel showing all applicable property lines with dimensions and orientation to proposed or existing streets and roads. **2.** Indicate the location of the proposed home/building and all appurtenances, including decks, porches or any other structures, showing dimensions and distances to property lines. **3.** Locate all wells, both existing and proposed (including those on adjacent properties, if known) and indicate the preferred drain field location. **4.** All surface waters including springs, ponds, rivers, streams, etc. must be shown. **5.** Draw a North arrow as accurately as possible. **Transylvania County will attempt to locate the drain field and the well in the requested area(s); however, conditions may exist that prohibit those areas from being used as desired.**

A large, empty rectangular box with a thick black border, intended for the applicant to draw the site plan as described in the instructions above.

**I hereby agree that the information shown is correct to the best of my knowledge.**

\_\_\_\_\_  
Signature of owner/authorized agent

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

\_\_\_\_\_  
Date



## LOT PREPARATION CHECKLIST

1. ALL PERTINENT PROPERTY LINES  
CLEARLY AND ACCURATELY MARKED
  
2. PROPOSED HOUSE LOCATION  
FLAGGED ON SITE (outside corners marked)
  
3. LOT ACCESSIBLE  
(EXCESSIVE VEGETATION THAT PROHIBITS  
SIGHT AND MOBILITY SHALL BE REMOVED)
  
4. SITE PLAN COMPLETED AND SUBMITTED  
(SEE SAMPLES)

Your site will not be visited until these items are checked off as being completed. Items checked off as completed, which are found not to be complete, may result in a \$50.00 site revisit fee. The site-revisit fee would need to be paid and the out-of-compliance item(s) completed prior to any further septic evaluation work.

Signature \_\_\_\_\_ Date \_\_\_\_\_