

Permit Application Form



CHATHAM COUNTY PUBLIC HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
 80 EAST ST, P.O. BOX 130 • PITTSBORO, NC 27312-0130
PHONE 919-542-8208 • FAX 919-542-8288
www.chathamnc.org/environmentalhealth

OFFICE USE ONLY	
Receipt # _____	
Initials _____ / _____	
Date Rec'd: _____	
Ck# _____ Cash _____ CC _____	
Amt. Rec'd _____	
R.E.H.S. _____	
Cityview _____	

Note: Do not fill in amounts, just check type of permit.

- | | |
|---|---|
| <input type="checkbox"/> Improvement Permit.....\$ _____
Valid for 60 months from date of issue
<input type="checkbox"/> Improvement Permit...\$ _____
(Perpetual plat 1"=60' required within 30days of site approval)
<input type="checkbox"/> OP Revision.....\$ _____
<input type="checkbox"/> Construction Authorization....\$ _____ | <input type="checkbox"/> Well Permit.....\$ _____
(Valid for 60 months from date issued)
<input type="checkbox"/> Well Re-Site.....\$ _____
<input type="checkbox"/> Well Repair/Abandonment.....\$ _____
<input type="checkbox"/> Septic Repair/Abandonment.....\$ _____ |
|---|---|

Applicant: _____	Current Landowner: _____
Mailing Address: _____	Mailing Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Cell Phone: _____ Home Phone: _____	Cell Phone: _____ Home Phone: _____
E-Mail Address: _____	E-Mail Address: _____
Property Address: _____ City: _____ State: NC Zip: _____	
Tax Parcel#: _____ Acres(Existing): _____ Acres(Proposed): _____ Subdivision: _____ Lot#: _____	
Directions to Property: _____	

Residential

- | | |
|---|---|
| <input type="checkbox"/> New Single Family Residence
<input type="checkbox"/> Expand or Alter Existing Septic System
<input type="checkbox"/> Repair to Existing Septic System
OP Revision _____ | Number of Bedrooms _____ Number Of Occupants _____
Will house have a Basement? Yes <input type="checkbox"/> No <input type="checkbox"/>
Other structures with plumbing fixtures? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Garage <input type="checkbox"/> Shop <input type="checkbox"/> Barn <input type="checkbox"/> Other _____
List fixtures in basement/other structures : _____ |
|---|---|

Non-Residential

Please describe the business, plumbing fixtures, number of employees, square footage, number of seats etc. Use attachment if necessary.

Water Supply: New Well Existing Well Community Well Public Water
For New Construction: Chatham County Water Department requires connection to county water if it is available to the property.

Construction Authorization

Type of septic system requested: Type listed on IP Other _____

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.

- Are there any easements or right of ways on this property? Yes No
 Is the site located in any designated wetlands? 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

I have read the application and certify that the information provided therein is true, complete and correct. I authorize county and state officials right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. If the information in the application is falsified, changed or the site is altered then the Permit shall be invalid. I understand that I am solely responsible for the proper identification and labeling of all property lines, corners, and underground utilities/pipelines and making the site accessible so that a complete site evaluation can be performed. The issuance of a permit in no way guarantees the approval of other permits (I.E. Building Permits, etc.)

SIGNATURE _____ DATE: _____

Property owner's or owner's legal representative** signature (Required)

** Must provide documentation to support claim as owner's legal representative

Revised 1-17-17/bhk