



# 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

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

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<br><input type="checkbox"/> Expand or Alter Existing Septic System<br><input type="checkbox"/> Repair to Existing Septic System<br>OP Revision _____ | Number of Bedrooms _____ Number Of Occupants _____<br>Will house have a Basement? Yes <input type="checkbox"/> No <input type="checkbox"/><br>Other structures with plumbing fixtures? Yes <input type="checkbox"/> No <input type="checkbox"/><br><input type="checkbox"/> Garage <input type="checkbox"/> Shop <input type="checkbox"/> Barn <input type="checkbox"/> Other _____<br>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