

Buncombe County Environmental Health

30 Valley St, Asheville, NC 28801

Phone: (828)250-5016 Fax: (828)250-6161

OSWWrequest@buncombecounty.org

Instructions for Applicant

To make the best use of your time and to assist the staff in completing applications quickly we ask that the items provided below be completed prior to visit. By completing these items it reduces the time on site and the need for return visits. We appreciate your cooperation. ****Please be advised that a revisit fee of \$50.00 may be assessed if site visit is made and items are not completed.**

1. ____ I have completed the "Application for Improvement Permit/Authorization to Construct".
2. ____ I have provided a scaled map of the property (other than a tax map) with dimensions or a survey plat.
3. ____ I have marked all property corners and boundaries.
*****Note: All property corners, lines, and boundaries must be clearly marked. It is recommended that visible flagging be used every 50 feet***
4. ____ I have located all wells, springs, and surface waters on the property or within 50' of the property.
5. ____ I have completed the Site Plan Worksheet, showing all property lines, proposed structures, wells and springs, including neighboring septic systems and water supplies, drawn as closely to scale as possible.
6. ____ I have staked all proposed structures in their exact location on the site, including driveway.
*****Note: All proposed structures, including decks, porches, garages, driveway etc. must be staked out on the site with stakes or flags. The specialist must be able to identify these proposed structures before the site evaluation can be performed.***
7. ____ I have cleared undergrowth on the property to the point that there is visibility for at least 50 feet from any one location.
8. ____ I understand that no grading shall be performed before issuance of permit.
9. ____ I understand that if above items are not completed, and a site visit is made, **I may be assessed a revisit fee.**

Please complete the above items before calling to schedule a meeting on the site with your assigned Environmental Health Specialist. Office hours: 8:00 a.m. - 9:30 a.m.

I agree to complete the requirements listed above and have the property prepared for a soil/site evaluation, prior to scheduling an appointment. An appointment will not be scheduled until the specialist is contacted by the applicant.

Signature

Date

Your Environmental Health Specialist Will Be: _____

EH Specialist

Phone