

Buncombe County Environmental Health

30 Valley St, Asheville, NC 28801

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

OSWWrequest@buncombecounty.org

IMPROVEMENT PERMIT AND/OR CONSTRUCTION AUTHORIZATION APPLICATION

Improvement Permit

Construction Authorization

Applicant: _____
Mailing Address: _____

City: _____
State: _____ Zip: _____
Phone #: _____
Email: _____

Owner: _____
Mailing Address: _____

City: _____
State: _____ Zip: _____
Phone #: _____
Email: _____

PIN #: _____ Property Acreage: _____ Date Parcel Originally Deeded and Recorded: _____

Property Address: _____

Subdivision (if applicable) _____ Lot #: _____ Block: _____ Section: _____

Directions to property: _____

Wastewater System Request: New Expansion System Relocation Change of Use Repair
Facility Type (House, Restaurant, Office, etc.): _____ Is this a licensed or regulated facility? Yes No
Number of bedrooms: _____ Number of Occupants: _____ If Expansion: Current number of bedrooms _____
Number of seats: _____ Number of Employees: _____ Other: _____
Basement? Yes No Basement Fixtures? Yes No
Crawl Space? Yes No Slab Foundation? Yes No
Is a grinder pump proposed before the septic tank? Yes No
Type of Water Supply: Private well Public well Shared well Municipal Supply Spring Other: _____
Are there any existing wells, springs, or existing waterlines on this property? Yes No
If applying for a Construction Authorization, please indicate desired system type(s):
 Accepted Conventional Innovative Other _____ Any

If the answer to any of the following questions is "yes", applicant must 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 on the site other than domestic sewage?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the site subject to approval by any other public agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any easements or right of ways on this property?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has 811 been contacted and identified any underground utilities on the property? If yes, please list Ticket reference number: _____ Visit by Date: _____

*I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted the 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 labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. **I understand that if the information in the application is falsified, changed, or the site is altered, then the Improvement Permit and/or Construction Authorization shall be invalid. I understand that the permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)***

Property owner's signature (required)

Date

Applicant's signature (required)

Date

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

The Buncombe County Public Health does not discriminate on the basis of race, color, national origin, sex, religion, or disability in employment or the provision of services.

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IP/CA SITE PLAN

Please include on this site plan:

- dimensions of the property.
- existing and proposed facilities, structures, appurtenances, and wastewater systems.
- proposed wastewater system showing setbacks to property line(s) or other fixed reference point(s);
- existing and proposed vehicular traffic areas.
- existing and proposed water supplies, wells, springs, and water lines; and
- surface water, drainage features, and all existing and proposed artificial drainage, as applicable.

