

ON-SITE WASTEWATER SYSTEM APPLICATION

Dare County Department of Health & Human Services
 PO Box 669 Manteo, NC 27954

Addition/Change of Use Repair of Existing System

New System

FEES: (Residential \$150.00 - Commercial \$400.00) (Residential \$125 - Commercial \$125) (\$25) e-date 7/1/10

PLEASE ALLOW SEVEN WORKING DAYS TO PROCESS THIS APPLICATION

	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">PIN NUMBER:</td> <td style="width:30%;">Residence: _____</td> <td style="width:40%;">Business: _____</td> </tr> <tr> <td>PARCEL NUMBER:</td> <td>No. of Occupants: ____</td> <td>No. of Employees: ____</td> </tr> <tr> <td></td> <td colspan="2">TYPE OF BUSINESS: _____</td> </tr> </table>	PIN NUMBER:	Residence: _____	Business: _____	PARCEL NUMBER:	No. of Occupants: ____	No. of Employees: ____		TYPE OF BUSINESS: _____	
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PARCEL NUMBER:	No. of Occupants: ____	No. of Employees: ____								
	TYPE OF BUSINESS: _____									
APPLICANT NAME AND ADDRESS: _____ _____ _____	IF RESTAURANT, NUMBER OF SEATS: _____									
APPLICANT PHONE: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">WATER SUPPLY:</td> <td style="width:30%;">Public</td> <td style="width:30%;">Private</td> <td style="width:10%;">Well</td> </tr> </table>	WATER SUPPLY:	Public	Private	Well					
WATER SUPPLY:	Public	Private	Well							
OWNER NAME AND ADDRESS: _____ _____ _____										
OWNER PHONE: _____										
LOCATION OF PROPERTY: _____ _____	Easements of rights-of-way									
SUBDIVISION: _____	Designated wetlands									
LOT, BLOCK, SECT, and PHASE: _____ _____	If a REPAIR, please state nature of problem:									
DEED DATE: _____ DEED BK/PG: _____	If a CHANGE OF USE or ADDITION, please state change:									
<p>*YOU MUST SUBMIT A PLAT OF YOUR PROPERTY WITH THIS APPLICATION. Please show the location of the residence or building, water supply, including decks, porches, an any other improvements such as pools, driveways, and other structures on the plat.</p>										
<p>*The undersigned person hereby agrees that he/she has read this application. It is understood that any permits issued hereafter are subject to suspension or revocation if the site plans or the intended use change or if information submitted in this application is falsified or changed. The owner's agent must provide written documentation of representation.</p>										
LOT MUST BE CLEARLY MARKED WITH LOT # and OWNER'S NAME	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">No. of Attachments:</td> <td style="width:70%; text-align: center;">_____ OWNER OR OWNER'S AGENT</td> </tr> <tr> <td></td> <td style="text-align: center;">DATE: ___/___/___</td> </tr> </table>	No. of Attachments:	_____ OWNER OR OWNER'S AGENT		DATE: ___/___/___					
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	DATE: ___/___/___									

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

- 1. Power of Attorney
- 2. Real Estate Contract
- 3. Estate executor
- 4. Bankruptcy trustee
- 5. Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

- 1. Complete this form to document his or her legal representative, or
- 2. Provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, _____, am the legal owner(s) of the property located at _____, identified as Parcel Number _____, located in Dare County, North Carolina.

I do hereby authorize (print legal representative/company name) _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Dare County Public Health Division, Environmental Health Unit.

Signature of Owner(s) Date

Signature of Witness Date



County of Dare

Department of Health & Human Services

P.O. Box 669 | Manteo, North Carolina 27954

Health 252.475.5003 | Social Services 252.475.5500

ACKNOWLEDGEMENT FORM

Be advised-once you sign and submit this application it cannot be changed to another type of project. All fees collected this far will not be refunded and the process will begin anew. Should the proposed project be abandoned or no longer pursued, any fees collected will not be refunded. Please ensure the application is complete and accurately reflects your desired construction project.

Applicant: _____

Date: _____