

Survey plat to scale\* submitted  
 Scaled\* site plan submitted  
 Unscaled site plan submitted

\* scale of 1" = no more than 60'

**Application for  
 Improvement Permit an/or Authorization to Construct**

- Gravity Pump**
- Improvement Permit \$200.00 \$250.00
  - Certificate of Compliance \$75.00
  - Upgrade Permit \$200.00
  - Revision \$50.00
  - Repair No Charge

Tax Parcel ID # \_\_\_\_\_  
 Paid \_\_\_\_\_ Date: \_\_\_\_\_

**IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENTS PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENTS PERMIT AND AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)**

I understand that it is my responsibility to contact Warren County Planning/Zoning office (252)257-7027 for any possible approval necessary and Warren County Code Enforcement office (252)257-1305 for a building permit.

**APPLICANT INFORMATION**

Applicant	Address	Home & Work Phone
Owner	Address	Home & Work Phone

**PROPERTY INFORMATION**

Street Address	Subdivision Name	Section/Phase/Lot#
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Directions to Site: \_\_\_\_\_

**DEVELOPMENT INFORMATION**

- New Single Family Residence
- Expansion of Existing System
- Repair to Existing Subsurface Sewage Disposal System
- Non-Residential Type of Structure

**Residential Specifications**

Max number of bedrooms: \_\_\_\_\_  
 Max number of occupants: \_\_\_\_\_  
 If expansion: Current number of bedrooms: \_\_\_\_\_  
 Will there be a basement?  yes  no

**Non-Residential Specifications:**

Type of business: \_\_\_\_\_ Total Square footage of Building: \_\_\_\_\_  
 Maximum number of employees: \_\_\_\_\_ Maximum number of seats: \_\_\_\_\_

**Water Supply:**

- New well       Existing Well       Community Well       Public Water

**Please Indicate Desired System Type(s): (systems can be ranked in order of your preference)**

\_\_\_\_\_ Alternative \_\_\_\_\_ Conventional \_\_\_\_\_ Innovative \_\_\_\_\_ Modified Conventional \_\_\_\_\_ Other (specify)

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.

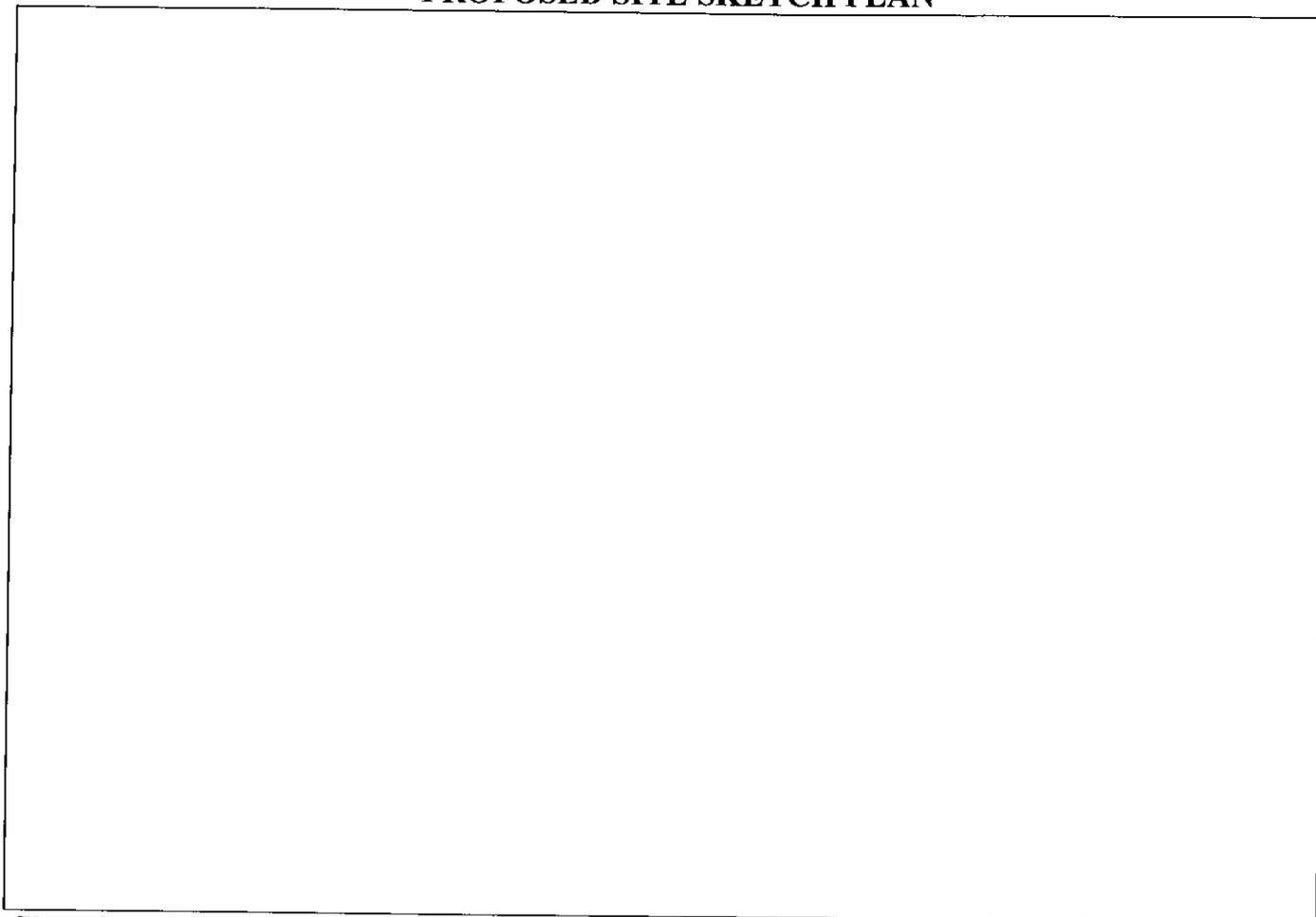
- yes  no      Does the site contain any jurisdictional wetlands?
- yes  no      Is any wastewater going to be generated on the site other than domestic sewage?
- yes  no      Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted 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.

Property owner's or owner's legal representative\*\* signature (required) \_\_\_\_\_ Date \_\_\_\_\_

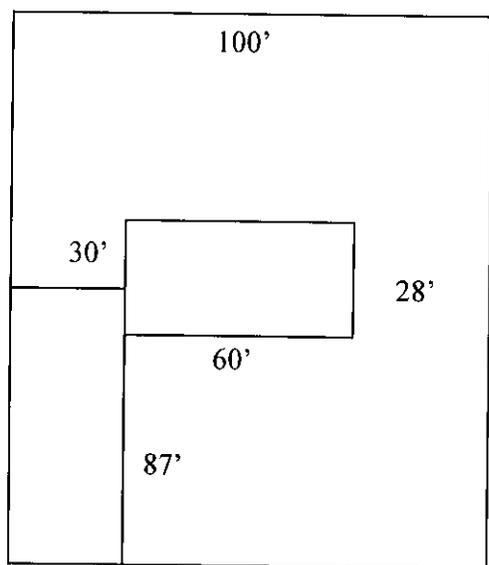
\*\*Must provide documentation to support claim as owner's legal representative.

# PROPOSED SITE SKETCH PLAN



Please draw "Proposed Site Sketch Plan" above to show location of house, mobile home, office, and include driveway, garage, decks, workshops, swimming pools, and future projects etc. Please show any existing wells on site or within 50 feet of property lines.

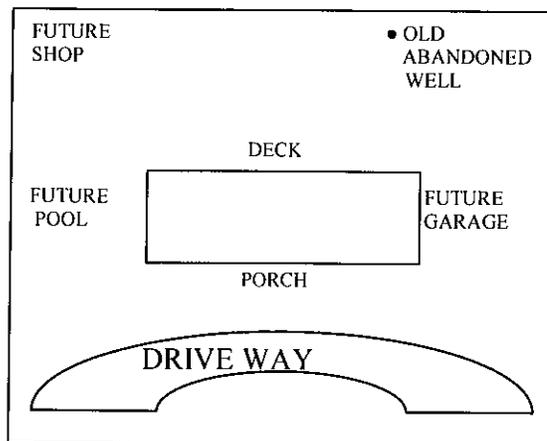
EXAMPLE #1 PLAT DRAWING



SCALE  
1"= 50

STATE ROAD # 1125

EXAMPLE #2 PROPOSED SITE SKETCH PLAN



STATE ROAD NUMBER