

**SWAIN COUNTY HEALTH DEPARTMENT
APPLICATION FOR
IMPROVEMENT PERMIT AND AUTHORIZATION TO CONSTRUCT**

YOU MUST SUBMIT A PLAT OF YOUR PROPERTY WITH THIS APPLICATION. PLEASE SHOW THE LOCATION OF THE RESIDENCE OR THE BUILDING INCLUDING DECKS, PORCHES, AND ANY OTHER IMPROVEMENTS SUCH AS POOLS, DRIVEWAYS, AND OTHER STRUCTURES ON THE PLAT.

PIN # _____

APPLICANT INFORMATION

_____ APPLICANT	_____ ADDRESS	_____ HOME & WORK PHONE
_____ OWNER	_____ ADDRESS	_____ HOME & WORK PHONE

PROPERTY INFORMATION _____ DATE ORIGINALLY DEEDED & RECORDED _____

STREETS ADDRESS _____ SUBDIVISION NAME _____ SECTION/PHASE/LOT # _____

DIRECTIONS TO SITE: _____

DEVELOPMENT INFORMATION

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

RESIDENTIAL SPECIFICATIONS

- Max Number of Bedrooms: _____
- If Expansion: Current Number of Bedrooms: _____
- Will there be a basement? Yes No
- Plumbing Fixtures in Basement Yes No

NON-RESIDENTIAL SPECIFICATIONS:

Type of Business: _____ Total Square Footage of Building: _____

Maximum Number of Employees: _____ Maximum Number of Seats: _____

WATER SUPPLY: _____ Are there any existing wells, springs, or waterlines on this property? Yes No

New Well Existing Well Community Well Public Water Spring

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

_____ Alternative _____ Conventional _____ Innovative _____ Modified Conventional _____ Other(specify)

IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENT PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT AND AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID.

THE IMPROVEMENT PERMIT ISSUED PURSUANT TO THIS APPLICATION SHALL BE VALID FOR 60 (SIXTY) MONTHS FROM THE DATE OF ISSUANCE WHEN ACCOMPANIED WITH A SITE PLAN. THE IMPROVEMENT PERMIT SHALL BE VALID WITHOUT EXPIRATION WHEN A PLAT IS PROVIDED.

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 Does the site contain any existing wastewater systems?
- 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 Are there any easements or right of ways on this property?

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.



Building Inspections/Erosion Control
PO BOX 2321
1422 HWY 19S
BRYSON CITY, NC 28713

TEL: (828) 488-9134
FAX: (828) 488-9601

ATTENTION:

The Swain County Erosion Control Ordinance requires that:

- 1. You have an approved erosion control plan in place before you have grading done if you are disturbing one (1) acre or more of ground.**
- 2. If you are disturbing less than an acre, you follow approved guidelines to control erosion and retain sediment on the site, out of streams, and off the property of others.**

Failure to adhere to the ordinance may result in fines, the refusal of a building permit, revocation of a building permit, refusal or revocation of a septic permit.

I have read the above and understand what is required.

Signed: _____

Building Permit # _____

Date _____

Witness _____

**SWAIN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION**

LOT EVALUATION INFORMATION

- The Application for Lot Evaluation is valid for **one year** from the date the application is **received in the office**.
- A plat/survey of the property must be submitted at the time the application is submitted.
- Refunds must be requested **within 90 days** after the date of the Application for Lot Evaluation is **received in office**. If no action occurred other than processing the application, all but \$20.00 will be refunded.
- If the lot evaluation determines the lot “unsuitable”, the fee for the completion portion of the inspection will be refunded.
- If additional visits to the lot are required a \$50.00 consultative visit charge will be assessed.

**REQUIREMENTS FOR PROPERTY OWNER/AGENT PRIOR TO
INITIAL SITE VISIT:**

- Property lines and corners shall be clearly marked.
- Area to be evaluated shall be cleared enough to allow Environmental Health Specialist to perform the procedures of the evaluation.
- The locations of the residence/business, the driveway, water supply, and other proposed structures shall be clearly identified on the property.
- **NO GRADING OR OTHER SOIL DISTURBANCE SHALL BE PERFORMED PRIOR TO THE INITIAL SITE VISIT BY THE ENVIRONMENTAL HEALTH SPECIALIST.**

INFORMATION FOR PERSONS OWNING OR CONTROLLING PROPERTY WITH SUBSURFACE SEWAGE DISPOSAL SYSTEMS

From the North Carolina General Statutes – Article 11, Chapter 130A-335

- (a) A person owning or controlling a residence, place of business or a place of public assembly shall provide an approved wastewater system.

From the North Carolina Administrative Code -

Title 15A, Subchapter 18A, Section .1961 (Maintenance of Sewage Systems)

- (a) Any person owning or controlling the property upon which a ground absorption sewage treatment and disposal system is installed shall be responsible for the following items regarding the maintenance of the system:

- (1) Ground absorption sewage treatment and disposal systems shall be operated and maintained to prevent the following conditions:
 - (A) a discharge of sewage or effluent to the surface of the ground, the surface waters, or directly into groundwater at any time; or
 - (B) a back-up of sewage or effluent into the facility, building drains, collection system, or freeboard volume of the tanks; or
 - (C) a free liquid surface within three inches of finished grade over the nitrification trench for two or more observations made not less than 24 hours apart. Observations shall be made greater than 24 hours after a rainfall event.

The system shall be considered to be malfunctioning when it fails to meet one or more of these requirements, either continuously or intermittently, or if it is necessary to remove the contents of the tank at a frequency greater than once per month in order to satisfy the conditions of Parts (A), (B), or (C) of this Paragraph. Legal remedies may be pursued after an authorized agent has observed and documented one or more of the malfunctioning conditions and has issued a notice of violation.

- (2) Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

**SWAIN COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER
EVALUATIONS AND INSPECTIONS
FEES**

RESIDENTIAL

2-3 BEDROOM	-----	\$400.00
4-5 BEDROOM	-----	\$560.00
6-7 BEDROOM	-----	\$680.00

COMMERCIAL

0-360 GALLONS	-----	\$550.00
361-1000 GALLONS	-----	\$900.00

EXISTING SYSTEM INSPECTION-----\$150.00

ADDITIONAL BEDROOM-----\$200.00

**OPERATION PERMIT – 5 YEAR INSPECTION FEE –
(TYPE 4 & ABOVE SYSTEMS)-----\$350.00**

Approved by Swain County Commissioners: 01/22/2008
Reviewed and Approved by BOH: 01/03/2008
Reviewed by BOH (No Revisions): 09/05/2006
Approved by BOH: 07/05/2005
Approved by Swain County Commissioners: 07/19/2005
Effective Date: 07/20/2005

**Swain County Health Department
Environmental Health Contractors List
Updated January 25, 2008**

Discount Portable Toilets
Kevin Anthony
828-736-1148
Level IV

B & B Builders
Thurman Breedlove
828-488-2078
Level II

Ken Brooks Construction
Kenneth Brooks
828-507-1850
Level II

EBCI
James Brown
Charles R Green
Jesse Toineeta
Brian Waldroup
828-497-1852
Level II

Cochran Excavation LLC
Tim Cochran
Gary Lequire
Lonnie W Woodard Jr
828-488-3927
Level IV

Harold Ray Collins Construction
Harol R Collins
Jimmy Ray Collins
Theresa Collins
828-488-6759
Level IV

Ross Collins Construction
Ross Collins
828-488-3711
Level II

Brush Creek Enterprises
Mitchell R Cooper
828-736-0469
Level IV

Mountain Excavating
Scott G DeHart
828-488-2352
Level II

Lee English Sewer & Drain Inc
Leroy W English Jr
828-488-9673
Level IV

Ensley Properties & Excavation
Chad Ensley
828-421-2025
Level II

Fuller Construction Co Inc
Gary M Fuller
828-736-0967
Level IV

Jenkins Construction
Frankie L Jenkins
828-488-0825
Level II

Richard Morgan
828-488-8631
Level II

Owens Excavating
James Owens
828-736-7918
Level II

Kenneth Parton
828-488-4513
Level II

Wayne Parton Construction
Landon J Parton
828-736-0983
Level II

Phillip Smith Construction Co
Phillip Smith Jr
828-488-2334
Level IV

Mike Shuler Excavating
Mike Shuler
828-488-9717
Level II

Sids Septic Service
Chris Deats
828-488-3255
Level IV

Stansberry Excavating
Brian Stansberry
828-488-2124
Level II

Tabor Backhoe Service
David Tabor
828-488-1416
Level II

Shannon Taylor Trucking
Shannon Taylor
828-341-5042
Level II

Watkins Services
Jeremy Watkins
828-736-1599
Level IV

David M Holder
828-735-1052
Level II

H & W Grading
Roger D Holder
828-479-8793
Level IV

Kerr Cable
828-479-3402
Level II

Woodards Excavation
Billy R Woodard Jr
828-342-1507
Level IV

**Swain County Health Department
Environmental Health Contractors List
Updated January 25, 2008**

**Orr's Excavating Inc
Matthew Orr
828-586-3665
Level IV**

**Gass Excavating
Andrew Gass
828-508-5169
Level II**

**Teague Contracting Inc
Timothy Teague
828-524-8562
Level II**

**Watson Grading
Kevin Watson
828-421-7423
Level II**

**John Miller Leatherwood
828-734-2506
Level II**