Improvement Permit and Authorization to Construct Application

You must submit a plat of your property with this application. Please show the location of the residence or building including decks, porches, and any other improvements such as pools, driveway, and other structures on the plat.

Pin #_____

Applicant Information

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

Property Information Date Originally Deeded and Recorded_____

_____	_____	_____
Street Address	Subdivision Name	Section/Phase/Lot #

Directions to Site:_____

_____

_____

Development Information

- ☐ New Single Residence
- ☐ Expansion of Existing System
- ☐ Repair to Existing System
- ☐ Non-Resident 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-Residnetial Specifications:

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

Minimum Number of Employees_____ Maximum Number of Seats:_____

Water Supply

☐ New Well ☐ Existing Well ☐ Community Well ☐ Public Water ☐ Spring

If the information in the application for 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 herin 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**

Swain County Health Department **Linda White, R.S., MPH** **(828) 488-3198**

545 Center Street, Bryson City, NC 28713 **Health Director** **Fax: (828) 488-8672**

Property Owner_____ **PIN#**_____

Swain County Health Department – Environmental Health
545 Center Street
Bryson City, NC 28713
(828) 488-1207
Fax: (828) 488-8672

Environmental Health Section

Instructions for Applicant

In order to make the best use of your time and to assist the staff in completing applications quickly, we ask that the items below be completed prior to the scheduled visit. By completing these items, it reduces the time on the lot and the need for return visits. We appreciate your assistance and cooperation.

If you are applying for an Improvement Permit, you will only need to complete items **1-6**. For an Authorization to Construct, please complete items **1-8**.

1. _____ Application for Improvement Permit/Authorization to Construct has been completed.

2. _____ A scaled map of the property (other than tax map) with dimensions or a survey plat has been provided. If you are unable to provide an accurate plat or map, please discuss options and alternatives with the Environmental Health Staff prior to the scheduled visit.

3. _____ All property corners and boundaries have been marked on site.

4. _____ All wells, springs, or surface waters within 100 feet of the property boundaries have been located.

5. _____ The approximate location and size of the proposed building have been indicated on site. **(APPLIES TO IP'S)**

Note: All property corners, lines/boundaries must be clearly marked or otherwise identified. It is recommended that visible flagging be used every 25 feet where property lines are within 100 feet of the proposed building site.

6._____ Undergrowth needs to be cleared to the point that the property is accessible. The Environmental Health Specialist must have clear visibility for at least 50 feet from any one location in order to take accurate measurements and design the system along contours.

Note: All proposed structures, including decks, porches, garages etc, must be staked out on the site with stakes or flags. The Environmental Health Specialist must be able to identify these proposed structures before site evaluation can be performed.

7. _____ The location of the driveway has been staked.

8. _____ All proposed structures in their exact locations on the site have been staked.

Note: Under certain circumstances the owner or applicant may be required to have test pits (backhoe pits or hand dug pits) dug before the evaluation can be completed.

- **Above items must be completed or the evaluation cannot be conducted.**
  Please be advised that a revisit fee ($50.00 per site) will be assessed if the site visit is made and above items are not completed.
  Please note that permits will be held until payment is received in full if a charge is required for additional permits.

Please fax or mail this form to the Environmental Health Section at the Swain County Health Department at (828) 488-8672 (FAX)

An appointment will not be scheduled until we receive this form signed and dated.

I have completed the requirements listed above and have the property prepared for a soil/site evaluation.

_____ _____
Signature of Applicant Date

_____ _____
Signature of EH Staff Date

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

545 Center Street
Bryson City, NC 28713

Linda White, R.S. MPH
Health Director

(828)-488-3198
Fax: (828) 488-8672

AUTHORIZATION TO ACT AS AGENT

I, _____, am the legal owner of the property, PIN#_____, in Swain County, North Carolina. I do hereby authorize _____ (Authorized Agent's Name) to act on my behalf in applying for and obtaining from Swain County Environmental Health, an Improvement Permit and/or Authorization to Construct and/or Operations Permit and/or Well Permit on my property.

_____/_____/_____
(Owner's Signature) (Date) (Telephone)

_____/_____/_____
(Authorized Agent Signature) (Date) (Telephone)