



# Guilford County Application For Improvement Permit and/or Authorization to Construct

- Scaled site plan submitted – (Valid 60 Months)
- Unscaled site plan submitted – (Valid 60 months)
- Survey plat to scale\* submitted – (Valid without expiration)
- \* scale of 1" = no more than 60'

Building Permit # \_\_\_\_\_ Septic Permit # \_\_\_\_\_ Well Permit # \_\_\_\_\_

### PROPERTY INFORMATION

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Parcel REID # \_\_\_\_\_  
 Development Name \_\_\_\_\_ Section/Phase # \_\_\_\_\_ Lot # \_\_\_\_\_ Plat Book # \_\_\_\_\_ Page # \_\_\_\_\_  
 Lot of Record  First Lot Out  Plat Required  >5 acres (5-17-65 to 2-1-74)  >10 acres (2-1-74 to present)  
 Date Lot Originally Deeded & Recorded \_\_\_\_\_ Directions to property \_\_\_\_\_

### ZONING INFORMATION

Zoning: \_\_\_\_\_ Conditional Zoning (Describe): \_\_\_\_\_  
 Watershed: \_\_\_\_\_ Watershed Critical Area: \_\_\_\_\_  
 Building Setbacks (Zoning): Front Street: \_\_\_\_\_ Side Street: \_\_\_\_\_ Side Yard: \_\_\_\_\_ Rear: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 PLANNING DEPARTMENT OFFICIAL: \_\_\_\_\_

### APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Email: \_\_\_\_\_  
 Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Email: \_\_\_\_\_

### DEVELOPMENT INFORMATION

NEW (new septic for new home)  MODIFICATION (adding to existing home / septic)  REPAIR (repair of malfunctioning septic)  
 HOUSE  MODULAR  MH  MULTIFAMILY/DUPLEX  RENOVATION  OTHER \_\_\_\_\_  
**Residential Specifications:** Max # of Bedrooms: \_\_\_\_\_ MAX. # of Occupants: \_\_\_\_\_ Total # of Rooms: \_\_\_\_\_ Size of Structure (sq ft): \_\_\_\_\_  
 Basement:  Yes  No Basement Fixtures:  Yes  No  
**Non-Residential Type:**  Commercial  Industrial  Other \_\_\_\_\_  
**Wastewater Strength:**  Domestic  High Strength  Industrial Process  
 MAX. # of Employees: \_\_\_\_\_ # of Fixtures: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Size of Structure (sq ft): \_\_\_\_\_  
 Description of Facility: \_\_\_\_\_  
 Other Flow Related Info (# Seats (e.g. Restaurant), # Chairs (e.g. Beauty Shop), # Spaces, Etc.): \_\_\_\_\_

**Water Supply Proposed:**  New Well  Existing Well  Community Well  Public Water  Spring  
 Are there any existing wells, springs, or waterlines on this property?  Yes  No

**Sewage Disposal: Please Indicate Desired System Type**  
 Conventional  Accepted  Modified  Alternative  Other \_\_\_\_\_  Any/All

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.

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <b>Does the site contain any jurisdictional wetlands?</b>                              |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <b>Does the site contain any existing wastewater systems?</b>                          |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <b>Is any wastewater going to be generated on the site other than domestic sewage?</b> |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <b>Is the site subject to approval by any other public agency?</b>                     |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <b>Are there any easements or right of ways on this property?</b>                      |

I have read this application and certify that the information provided herein is true, complete and correct and is given in good faith. 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, making the site accessible so that a complete site evaluation can be performed, and compliance with applicable governing regulations.

**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 MAY BECOME INVALID.**

Property Owner's or Owner's Legal Representative\* Signature (Required)

Date

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