**Granville County**
1032 College Street
Oxford, NC 27565
919-693-2688

Granville Vance Public Health
PO Box 367
Oxford, NC 27565
www.gvph.org

**Vance County**
125 Charles Rollins Road
Henderson, NC 27536
252-492-5263

☐ Survey plat to scale* submitted
☐ Scaled* site plan submitted
☐ Unscaled site plan submitted
* scale of 1" = no more than 60'

# Vance County Health Department
# Application for
# Improvement Permit and/or Authorization to Construct and/or Well

_____ **Improvement Permit** _____ **Authorization to Construct** ____ **Well** _____ **Receipt #** _____ **CDP #**

**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 MAY 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)**

## APPLICANT INFORMATION

| Applicant | Address | Home & Work Phone |
|---|---|---|
| Owner | Address | Home & Work Phone |

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**PROPERTY INFORMATION** date originally deeded & recorded _____

| Street Address | Subdivision Name | Section/Phase/Lot# |
|---|---|---|

Directions to Site _____

Lot Size _____

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**DEVELOPMENT INFORMATION**

☐ New Single-Family Residence
☐ Expansion of Existing System
☐ Repair to Malfunctioning Sewage Disposal System
☐ Non-Residential Type of Structure
☐ Recertification
☐ Home ☐ Mobile Home

**Residential Specifications**

Maximum number of occupants/bedrooms: ___/ ___
If expansion: Current number of bedrooms: _____
Will there be a basement? ☐ yes ☐ no
Plumbing fixtures in Basement ☐ yes ☐ no
☐ Single Family ☐ Multi Family

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**Non-Residential Specifications**:

Type of business: _____ Total Square footage of Building: _____

Maximum number of employees: _____ Maximum number of seats: _____

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**Water Supply**: Are there any existing wells, springs, or existing waterlines on this property? ☐ yes ☐ no

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

**If applying for Authorization to Construct: Please Indicate Desired System Type(s):**

☐ Accepted ☐ Alternative ☐ Conventional ☐ Innovative ☐ Other_____ ☐ Any

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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.

| | | | | |
|---|---|---|---|---|
| ☐ Existing | ☐ No | ☐ Unknown | ☐ Yes | Does the site contain any jurisdictional wetlands? |
| ☐ Existing | ☐ No | ☐ Unknown | ☐ Yes | Does the site contain any existing wastewater systems? |
| ☐ Existing | ☐ No | ☐ Unknown | ☐ Yes | Is any wastewater going to be generated on the site other than domestic sewage? |
| ☐ Existing | ☐ No | ☐ Unknown | ☐ Yes | Is the site subject to approval by any other public agency? |
| ☐ Existing | ☐ No | ☐ Unknown | ☐ Yes | Are there any easements or right of ways on this property? |
| ☐ Existing | ☐ No | ☐ Unknown | ☐ Yes | Has any grading, removal or addition of soil been done to 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.

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Sign the items below that have been completed.

Has the site been marked every 30 Ft? _____
Date Completed

Has the home been staked off? _____
Date Completed

Have the holes for the septic field been dug? _____
Date Completed