

**HOKE COUNTY HEALTH CENTER**  
**Raeford, North Carolina**

Paid by \_\_\_\_\_  
Date \_\_\_\_\_ Rec'd by \_\_\_\_\_  
\$ \_\_\_\_\_

**APPLICATION FOR IMPROVEMENT PERMIT AND/OR AUTHORIZATION TO CONSTRUCT**

\_\_\_\_\_ **Improvement Permit** \_\_\_\_\_ **Authorization to Construct**

If the information in the application for an improvement permit is found to be incorrect, falsified or changed, or the site is altered, then the improvement permit and authorization to construct permit shall become invalid.

**APPLICANT INFORMATION**

Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home and Work Phone: \_\_\_\_\_

Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home and Work Phone: \_\_\_\_\_

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**PROPERTY INFORMATION**

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

**DIRECTIONS TO SITE:**  
\_\_\_\_\_  
\_\_\_\_\_

**DEVELOPMENT INFORMATION**

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

Residential Specifications: # of Bedrooms \_\_\_\_\_ Basement \_\_\_\_\_ Basement Fixtures \_\_\_\_\_ # of Occupants \_\_\_\_\_  
Non-Residential Specifications: # of Employees \_\_\_\_\_ Total of square footage of Building \_\_\_\_\_  
Type of Business: \_\_\_\_\_ # of Seats: \_\_\_\_\_ Other: \_\_\_\_\_

Water Supply: New Well \_\_\_\_\_ Existing Well \_\_\_\_\_ Public \_\_\_\_\_ Community Well \_\_\_\_\_

**Please indicate desired system type: (Systems can be ranked in order of your reference)**

\_\_\_\_\_ **Conventional** \_\_\_\_\_ **Modified Conventional** \_\_\_\_\_ **Alternative** \_\_\_\_\_ **Innovative** \_\_\_\_\_ **Other (Specify)**

Are there any existing or proposed easements on the property? Yes \_\_\_\_\_ No \_\_\_\_\_

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question: (1) If the site is located in any designated wetlands. (2) If any wastewater is going to be generated on the site other than domestic sewage. (3) If the site is 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 to the best of my knowledge 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 rules. I understand that I am solely responsible for the proper identification and labeling of all property lines/corners and all corners of the proposed structure and making the site accessible so that a soil site evaluation can be performed. **I certify that I have checked with the Zoning Department.**

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

**THIS APPLICATION WILL EXPIRE AFTER 12 MONTHS. NO REFUNDS.**