

APPLICATION FOR SITE EVALUATION/IMPROVEMENT PERMIT & ATC

Davie County Environmental Health

P.O. Box 848/210 Hospital Street

Mocksville, NC 27028

(336)753-6780/ Fax (336)753-1680

Application For: Site Evaluation/Improvement Permit Authorization To Construct (ATC) Both
Type of Application: New System Repair to Existing System Expansion/Modification of Existing System or Facility

IMPORTANT THIS APPLICATION CANNOT BE PROCESSED UNLESS ALL OF THE REQUIRED INFORMATION IS PROVIDED. Refer to the INFORMATION BULLETIN for instructions.

APPLICANT INFORMATION

Name Contact Person
Address Home Phone
City/State/ZIP Business Phone
Email Email:
Name on Permit/ATC if Different than Above
Mailing Address City/State/Zip

PROPERTY INFORMATION

*Date House/Facility Corners Flagged

NOTE: A survey plat or site plan must accompany this application. Included: Site Plan Plat(to scale)
(Permit is valid for 60 months with site plan, no expiration with complete plat.)
Owner's Name Phone Number
Owner's Address City/State/Zip
Property Address City
Lot Size Tax PIN#
Subdivision Name(if applicable) Section/Lot#
Directions To Site:

If the answer to any of the following questions is "Yes", supporting documentation must be attached:

- Will this property be used for "Bona fide" farm activities?
Will this site be used for Celebratory Barn or Special Events?
Has the Zoning Department approved the Farm Use Affidavit?
Are there any existing wastewater systems on the site?
Does the site contain jurisdictional wetlands?
Are there any easements or right-of-ways on the site?
Is the site subject to approval by another public agency?
Will wastewater other than domestic sewage be generated?

IF RESIDENCE FILL OUT THE BOX BELOW

People # Bedrooms # Bathrooms Garden Tub/Whirlpool Yes No
Basement: Yes No Basement Plumbing: Yes No

IF NON-RESIDENCE FILL OUT THE BOX BELOW

Type of Facility/Business Total Square Footage of Building # People
Sinks # Commodes # Showers # Urinals
Estimated Water Usage (gallons per day) (Attach documentation of similar facility water consumption)
FOODSERVICE ONLY: # Seats

Type system requested: Accepted Innovative Alternative Other

Water Supply Type: County/City Water New Well Existing Well Community Well

Do you anticipate additions or expansions of the facility this system is intended to serve? Yes No
If yes, what type?

This is to certify that the information provided on this application is true and correct to the best of my knowledge. I understand that permit(s) IP(s) or CA(s) issued hereafter are subject to suspension or revocation if the site is altered, the intended use changes, or if the information submitted in this application is falsified or changed. Permits issued will expire 5 years from the date of issuance. I hereby grant right of entry to the Authorized Representative of the Davie County Health Department to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am responsible for the proper identification and labeling of property lines and corners and locating and flagging or staking the house/facility location, proposed well location and the location of any other amenities.

Applicant Signature: Date: Property Owner Signature: Date: