

Environmental Health Approval Application

IF THE INFORMATION IN THE APPLICATION FOR A HEALTH DEPARTMENT APPROVAL IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE HEALTH DEPARTMENT APPROVAL SHALL BECOME INVALID.

APPLICANT INFORMATION

Applicant/Owner _____

Street Address, City, State, Zip _____

Home/Work Phone _____

PROPERTY INFORMATION

Type of Structure (single family, multi-family, mobile home, church, business) _____

Year Built _____

Street Address _____

Subdivision Name _____

Tax Lot # _____

PIN# _____

Direction to the Site

HEALTH DEPARTMENT APPROVAL INFORMATION

- Existing Residential Specifications: # of Bedrooms _____ Basement _____ Basement Fixtures _____ # of Occupants _____
- Proposed Improvement: (ex. Room, outbuilding, swimming pool, carport, deck, porch etc.) _____
- Dimensions of Proposed Improvement _____
- NON-RESIDENTIAL SPECIFICATIONS**
- Type of Business _____ # of Employees _____ Total Square Footage of Building _____
- # of Seats _____ Other _____
- Water Supply: Well _____ Public _____ Community Well _____

It is necessary that you complete the following items prior to our inspection. Please initial each item as you complete it to assure that it will be ready for our inspection when we arrive. **YOU MUST FLAG YOUR PROPOSED IMPROVEMENT.** . If these are **NOT** marked on the site, **THERE WILL BE A REVISIT FEE (\$65.00) CHARGED.** This fee **must** be paid prior to any further work being done on the site. ****You may be required to flag your property corners and property lines at the discretion of the Environmental Health Offices.**

_____ I have attached a plat/site plan of the property showing the location of the proposed improvement(s), driveways, Property lines and corners, general location of septic tank system, well location, and any well within 50 ft. of the proposed Improvement...

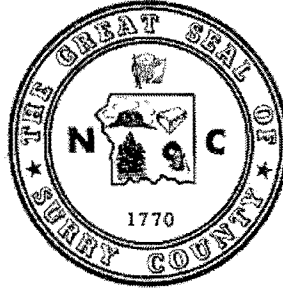
_____ I have marked the corners of the proposed improvement in the field.

I have thoroughly read and completed 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. Representatives of the Surry County Health and Nutrition Center 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 and making the site accessible so that an approval investigation can be performed.

Property Owner's or Owner's Legal Representative Signature Required

Date

Environmental
Health
Department



SURRY COUNTY GOVERNMENT
CENTER
118 HAMBY RD.
DOBSON, NC 27017

COUNTY OF SURRY, NORTH CAROLINA

Authorization for Signing and Obtaining Permits

I, _____, do hereby authorize the following person(s)
(print your full name)

to sign, pick-up, and obtain my Environmental Health permits on my behalf.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

I ask Environmental Health to allow the aforementioned person(s) to act in my
stead in signing and obtaining my Environmental Health permits.

Applicant or Legal Representative

Date

Surry County Health & Nutrition Center
Division of Environmental Health
SERVICE INVOICE

DATE OF APPLICATION _____

APPLICANT NAME _____

TELEPHONE NUMBER _____

OWNER NAME _____

SITE ADDRESS _____

TAX LOT _____ PIN NUMBER _____

APPLICATION FOR:

SOIL SITE EVALUATION (RESIDENTIAL & NONRESIDENTIAL)

	<u>FEE</u>	<u>COST</u>
100-240 GPD (2 Bedroom)	\$ 160	_____
241-360 GPD (3 Bedroom)	\$ 225	_____
361-480 GPD (4 Bedroom)	\$ 280	_____
481-720 GPD (5,6 Bedroom)	\$ 325	_____
721-1500 GPD	\$ 625	_____
1501-2999 GPD	\$ 925	_____
3000 GPD and up	\$ 1250	_____

ENVIRONMENTAL HEALTH APPROVAL \$ 65 _____

REDRAW OF IP/CA \$ 35 _____

SITE REVISIT \$ 65 _____

ANY PUMP INSTALLATION \$ 65 _____

WELLS

Well Construction Permit	\$ 260	_____
Well Abandonment	\$ 250	_____
Water Sample, Bacteria	\$ 35	_____
Water Sample, Chemical	\$ 35	_____
Water Sample, Petroleum	\$ 100	_____
Water Sample, Pesticide	\$ 100	_____

PUBLIC SWIMMING POOLS

Annual Permit Fee for Swimming Pool, Spa, Wading Pool	\$ 100	_____
Any additional Pool, Spa, Wading Pool at same site	\$ 50	_____
Plan Review for Swimming Pool, Spa, Wading Pool	\$ 190	_____
Additional Plan Review at Same Site	\$ 50	_____

TATTOO'S

Tattoo Artist/Establishment Annual Fee \$ 125 _____

FOOD & LODGING

Plan Review	\$ 200	_____
TFE Permit	\$ 75	_____

TOTAL AMOUNT \$ _____