

**Surry County Health Department  
Application for  
Improvement Permit and/or Authorization to Construct**

- |   |
|---|
| <input type="checkbox"/> Survey plat to scale* submitted<br><input type="checkbox"/> Scaled* site plan submitted<br><input type="checkbox"/> Unscaled site plan submitted<br><br>* scale of 1" = no more than 60' |
|---|

Improvement Permit       Authorization to Construct  
**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 SHALL 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

**PROPERTY INFORMATION**

_____	_____	_____
Street Address	Subdivision Name	Section/Phase/Lot#

Directions to Site: \_\_\_\_\_

**DEVELOPMENT INFORMATION**

- New Single Family Residence
  - Environmental Health Approval
  - Expansion of Existing System
  - Repair to Existing Subsurface Sewage Disposal System
  - Non-Residential Type of Structure
- Must fill out Non-Residential Application
- Number of Dwellings existing on property \_\_\_\_\_

**Residential Specifications**

- Max number of bedrooms: \_\_\_\_\_
- Max number of occupants: \_\_\_\_\_
- If expansion: Current number of bedrooms: \_\_\_\_\_
- Will there be a basement?      yes    no
- Will there be basement plumbing?    yes    no
- Will there be a garbage disposal?    yes    no

**THE FOLLOWING INFORMATION CAN BE OBTAINED FROM THE SURRY COUNTY TAX OFFICE. A COPY OF THE TAX MAP OR A SURVEY MUST BE ATTACHED. (336) 401-8103 (336) 366-8103**

TAX P.I.N. NUMBER \_\_\_\_\_ Date Lot Created/Deeded \_\_\_\_\_

LOT SIZE \_\_\_\_\_

**Water Supply:**

- New well       Existing Well       Community Well       Public Water

**Please Indicate Desired System Type(s): (systems can be ranked in order of your preference)**

\_\_\_\_\_ Alternative    \_\_\_\_\_ Conventional    \_\_\_\_\_ Innovative    \_\_\_\_\_ Modified Conventional    \_\_\_\_\_ Other (specify)

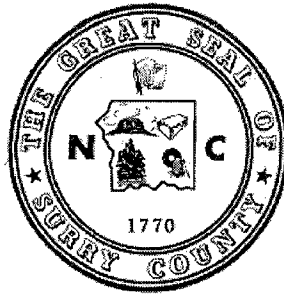
The Applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation.

- yes     no      Does the site contain any jurisdictional wetlands?
- yes     no      Is any wastewater going to be generated on the site other than domestic sewage?
- yes     no      Is the site 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. 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.



**COUNTY OF SURRY, NORTH CAROLINA**  
**Application Instructions for Improvement Permit/Construction Authorization**

The Items below **must be** initialed in the space provided and signed at the bottom when complete. If any section does not apply to the application submitted, place "N/A" in the space provided.

\_\_\_\_\_ I have included a plat or site plan with the completed application.

\_\_\_\_\_ I have shown the location, dimensions and setback of the following:

- \_\_\_\_\_ Property lines
- \_\_\_\_\_ Areas to be graded
- \_\_\_\_\_ Proposed and/or existing well(s) on or within 100' of the property
- \_\_\_\_\_ Driveway(s) and/or parking area(s)
- \_\_\_\_\_ Garage, patio, deck, outbuilding, swimming pool, etc.
- \_\_\_\_\_ Proposed and/or existing septic tank system(s)
- \_\_\_\_\_ Addition(s) to existing structure(s)
- \_\_\_\_\_ Proposed structure (i.e. single family dwelling, church, business, mobile home, etc.)

\_\_\_\_\_ I have staked all improvements (i.e. proposed house, decks, swimming pools, etc.) on the site to exact dimensions and locations as indicated on the site plan or plat. 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.**

\_\_\_\_\_ I have flagged all property corners at the iron, or the proposed location of the iron, with clearly visible markers on the lot or site. The property lines have been marked every 50 feet and are clearly visible on the lot or site. The dimensions of the proposed site are identical to the dimensions represented on the site or plat.

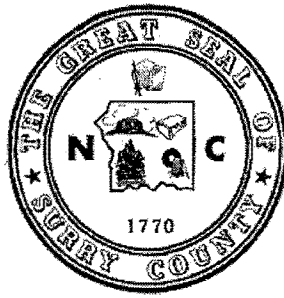
**Note: If the lot dimensions are NOT clearly and correctly marked on the lot or site, a survey of the lot may be required before any further evaluation of the site can be completed. THERE WILL ALSO BE A REVISIT FEE (\$65.00) CHARGED. This fee must be paid prior to any further work being done on the site.**

**I have read, initialed and understand the instructions above and certify that the information provided herein is true and complete. I certify that all of the above requirements that apply to this specific site application have been completed. I am willing to abide by the conditions set forth by the Surry County Health & Nutrition Center that are outlined above.**

\_\_\_\_\_  
Applicant or Legal Representative

\_\_\_\_\_  
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) \_\_\_\_\_

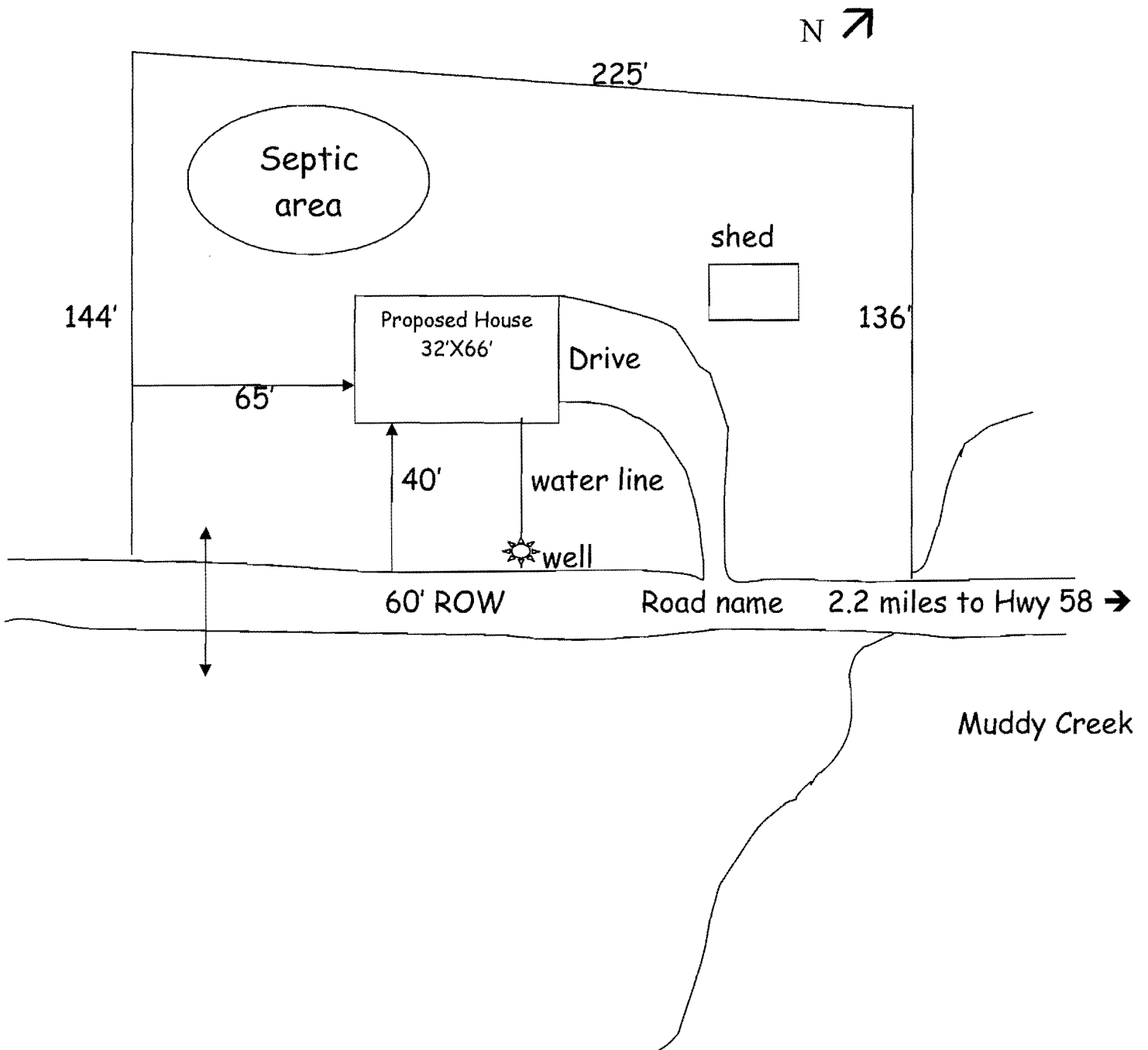
I ask Environmental Health to allow the aforementioned person(s) to act in my  
stead in signing and obtaining my Environmental Health permits.

\_\_\_\_\_  
**Applicant or Legal Representative**

\_\_\_\_\_  
**Date**

## Example Site Plan

This example was prepared to assist you in drawing your own site plan. Without your site plan we cannot perform the site evaluation. If you have any questions, please call us at (336) 401-8325



**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 \_\_\_\_\_

<u>APPLICATION FOR:</u>	<u>FEE</u>	<u>COST</u>
<b>SOIL SITE EVALUATION (RESIDENTIAL &amp; NONRESIDENTIAL)</b>		
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	_____
 <b>ENVIRONMENTAL HEALTH APPROVAL</b>	 \$ 65	 _____
 <b>REDRAW OF IP/CA</b>	 \$ 35	 _____
 <b>SITE REVISIT</b>	 \$ 65	 _____
 <b>ANY PUMP INSTALLATION</b>	 \$ 65	 _____
 <b>WELLS</b>		
Well Construction Permit	\$ 260	_____
Well Abandonment	\$ 250	_____
Water Sample, Bacteria	\$ 35	_____
Water Sample, Chemical	\$ 35	_____
Water Sample, Petroleum	\$ 100	_____
Water Sample, Pesticide	\$ 100	_____
 <b>PUBLIC SWIMMING POOLS</b>		
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	_____
 <b>TATTOO'S</b>		
Tattoo Artist/Establishment Annual Fee	\$ 125	_____
 <b>FOOD &amp; LODGING</b>		
Plan Review	\$ 200	_____
TFE Permit	\$ 75	_____

**TOTAL AMOUNT** \$ \_\_\_\_\_