

Jackson County Department of Public Health

Application for Environmental Health Services

538 Scotts Creek Road, Suite 100

Sylva, NC 28779

Phone~(828)587-8250 Fax~(828)586-1207

IF THE INFORMATION ON THIS APPLICATION IS FALSIFIED, CHANGED OR THE SITE IS ALTERED, THEN A PERMIT SHALL BECOME INVALID. APPLICATIONS ARE VALID FOR ONE YEAR

Sewage permits are valid for five (5) years from the date the Improvement Permit is issued; Well permits are valid for five (5) years from the date issued Applicant must notify Environmental Health of any identified wetlands, of any wastewater generated other than domestic sewage, or whether site is subject to approval by any other public agency.

CURRENT PROPERTY OWNER

Address

Home/Work Phone

AGENT

Address

Home/Work Phone

PROPERTY INFORMATION

PIN #: _____ **9-1-1 Address of Property:** _____

Development Name: _____ **Section Phase:** _____ **Lot #:** _____

DEVELOPMENT INFORMATION

Please complete all information below:

Residential Specifications: (Check/complete all that apply):
 _____ New Single Family Residence _____ Max # of bedrooms
 _____ Expansion of Existing System _____ Max # of occupants
 _____ Repair to Existing System _____ If expansion,
 current # of bedrooms
 Will residence be a **MOBILE HOME**? Yes _____ No _____
 If **no**, please complete the following:
 Will there be a basement? Yes _____ No _____
 Basement with plumbing? Yes _____ No _____
Complete WATER SUPPLY section.

Commercial/Business/Family Dwelling Units—Fees are based on sewage flow: 360 gallons or less..... \$210.00
 Each additional 10 gallons of sewage flow.....\$20.00
 Construction Authorization/Operations Permit.....\$80.00
 This area to be calculated by REHS only
 Total Fee _____

TYPE SERVICE REQUESTED/FEES:

ON-SITE SEWAGE: Single Family Dwelling Unit IMPROVEMENT PERMIT ONLY

_____ 2 Bedrooms (\$160) _____ 5 Bedrooms (\$400)
 _____ 3 Bedrooms (\$240) _____ 6 Bedrooms (\$480)
 _____ 4 Bedrooms (\$320) _____ 7 Bedrooms (\$560)
More than 7 bedrooms \$80 per bedroom

CONSTRUCTION AUTHORIZATION/ OPERATIONS PERMIT (\$80)

You must have a Construction Authorization issued before you can obtain a Building Permit

IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION/OPERATIONS PERMIT

_____ 2 Bedrooms (\$240) _____ 5 Bedrooms (\$480)
 _____ 3 Bedrooms (\$320) _____ 6 Bedrooms (\$560)
 _____ 4 Bedrooms (\$400) _____ 7 Bedrooms (\$640)
>7 Bedrooms add \$80 to Improvement Permit Fee

AUTHORIZATION TO RECONNECT (\$60)

You must uncover tank and locate the drainlines

REPAIR TO EXISTING SYSTEM (No Fee)

NEW TANK OR TANK RELOCATION ONLY (\$80)

***Mark any restrictions for ALL services, i.e.:**

- Existing sewage disposal systems _____yes _____no
- Easements or ROW _____yes _____no
- Existing Wells or Springs _____yes _____no
- Surface water or designated wetlands _____yes _____no
- Chemical or petroleum storage tanks _____yes _____no
- Landfills or waste storage _____yes _____no

Water Supply

Check one that applies:

Proposed (New):	Existing:
_____ Well	_____ Well
_____ Shared well	_____ Shared Well
_____ Community Well	_____ Community Well
_____ Well	_____ Public Supply
_____ Spring	_____ Spring
_____ Shared Spring	_____ Shared Spring

WELLS:

_____ **WELL PERMIT (New Well) \$300**
 _____ **DOWN HOLE CAMERA \$100**
 _____ **WELL REPAIR PERMIT (No fee)**
 _____ **WELL ABANDONMENT PERMIT \$100**
 _____ **HYDROFRACTURE \$100**

My signature below indicates that I have read and understand the conditions/terms as outlined on the **INFORMATION SHEET** and that the information I have provided on this form is true and correct to the best of my knowledge.

Owner/Agent: _____ **Date:** _____

System Type(s)

Indicate the desired system type: (rank the system in order of preference or just choose ANY)

ANY__ Gravel__25% reduction__ LDP __50% reduction__ Alternative__
Keep in mind that any of the above systems may require a pump.

Authorization To Act As Agent

I, _____, am the legal owner of the property, PIN number
_____ in Jackson County, North Carolina. I do hereby authorize
_____ (Authorized Agent Name) to act on my behalf in applying for
and obtaining, from Jackson County Environmental Health, an Improvement Permit and/or Authorization to
Construct and/or Operations Permit and/or Well Permit on my property.

(Owner's Signature)

(Date)

(Telephone)

(Authorized Agent Signature)

(Date)

(Telephone)

DIRECTIONS
