

Jackson County Department of Public Health
538 Scotts Creek Rd. Suite 100 • Sylva, NC 28779
Tel: 828-587-8250 • FAX: 828-586-1207
Shelley Carraway
DIRECTOR

Application for Environmental Health Services

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/APPLICANT	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:

<p>Residential Specifications: (Check/complete all that apply):</p> <p>_____ New Single Family Residence _____ Max # of Bedrooms</p> <p>_____ Expansion of Existing System _____ Max # of occupants</p> <p>_____ Repair to Existing System _____ If expansion, current # of bedrooms</p> <p>Will residence be a MOBILE HOME? Yes _____ No _____</p> <p>If no, please complete the following:</p> <p> Will there be a basement? Yes _____ No _____</p> <p> Basement with plumbing? Yes _____ No _____</p> <p>Complete WATER SUPPLY section.</p>	<p>Commercial/Business/Family Dwelling Units-Fees are based on sewage flow:</p> <p>360 gallons or less.....\$210.00</p> <p>Each additional 10 gallons of sewage flow.....\$20.00</p> <p>Construction Authorization/Operations Permit.....\$80.00</p> <p>This area to be calculated by REHS only</p> <p style="text-align: right;">Total Fee _____</p>
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TYPE SERVICE REQUESTED/FEEES:

<p>ON-SITE SEWAGE: Single Family Dwelling Unit IMPROVEMENT PERMIT ONLY</p> <p>_____ 2 Bedrooms (\$160) _____ 5 Bedrooms (\$400)</p> <p>_____ 3 Bedrooms (\$240) _____ 6 Bedrooms (\$480)</p> <p>_____ 4 Bedrooms (\$320) _____ 7 Bedrooms (\$560)</p> <p>More than 7 bedrooms \$80 per bedroom</p> <p>_____ CONSTRUCTION AUTHORIZATION/ OPERATIONS PERMIT (\$80)</p> <p>You must have a Construction Authorization issued before you can obtain a Building Permit</p> <p>IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION/OPERATIONS PERMIT</p> <p>_____ 2 Bedrooms (\$240) _____ 5 Bedrooms (\$480)</p> <p>_____ 3 Bedrooms (\$320) _____ 6 Bedrooms (\$560)</p> <p>_____ 4 Bedrooms (\$400) _____ 7 Bedrooms (\$640)</p> <p>>7 Bedrooms add \$80 to Improvement Permit Fee</p> <p>_____ AUTHORIZATION TO RECONNECT (\$60)</p> <p>You must uncover tank and locate the drainlines</p> <p>_____ REPAIR TO EXISTING SYSTEM (No Fee)</p> <p>_____ NEW TANK OR TANK RELOCATION ONLY (\$80)</p> <p>_____ SYSTEM ABANDONMENT (No Fee)</p>	<p>*Mark any restrictions for ALL services, i.e.:</p> <ul style="list-style-type: none"> • 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 • Waterlines /underground utilities _____yes _____no <p style="text-align: center;">Water Supply</p> <p style="text-align: center;">Check one that applies:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Proposed (New):</td> <td style="width: 50%;">Existing:</td> </tr> <tr> <td>_____ Well</td> <td>_____ Well</td> </tr> <tr> <td>_____ Shared well</td> <td>_____ Shared Well</td> </tr> <tr> <td>_____ Community Well</td> <td>_____ Community Well</td> </tr> <tr> <td>_____ Spring</td> <td>_____ Spring</td> </tr> <tr> <td>_____ Shared Spring</td> <td>_____ Shared Spring</td> </tr> </table> <p>WELLS:</p> <p>_____ WELL PERMIT (New Well) \$300</p> <p>_____ DOWN HOLE CAMERA \$100</p> <p>_____ WELL REPAIR PERMIT (No fee)</p> <p>_____ WELL ABANDONMENT PERMIT \$100</p> <p>_____ HYDROFRACTURE \$100</p>	Proposed (New):	Existing:	_____ Well	_____ Well	_____ Shared well	_____ Shared Well	_____ Community Well	_____ Community Well	_____ Spring	_____ Spring	_____ Shared Spring	_____ Shared Spring
Proposed (New):	Existing:												
_____ Well	_____ Well												
_____ Shared well	_____ Shared Well												
_____ Community Well	_____ Community Well												
_____ Spring	_____ Spring												
_____ Shared Spring	_____ Shared Spring												

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.

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's Signature)

(Date)

(Telephone)

(Authorized Agent Signature)

(Date)

(Telephone)

DIRECTIONS _____

