

- Survey plat to scale\* submitted
- Scaled\* site plan submitted
- Unscaled site plan submitted
- \* scale of 1" = no more than 60'

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

\_\_\_ **Improvement Permit**                      \_\_\_ **Authorization to Construct**

**IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENTS PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENTS 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**

date originally deeded & recorded \_\_\_\_\_

Street Address	Subdivision Name	Section/Phase/Lot#
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Directions to Site: \_\_\_\_\_ Lot Size \_\_\_\_\_

**DEVELOPMENT INFORMATION**

- New System (Improvement Permit) - \$150.00
- Expansion of Existing System (IP/CA) - \$75.00
- Repair of Existing System (IP/CA) - \$50.00
- New System (Construction Authorization) N/C
- Existing System Renewal - \$75.00
- Re-Evaluation of Existing System (layout) \$75.00

**Residential Specifications**

Maximum number of bedrooms/occupants: \_\_\_\_\_ / \_\_\_\_\_

If expansion: Current number of bedrooms: \_\_\_\_\_

Will there be a basement?             yes             no

Plumbing fixtures in Basement         yes             no

**Non-Residential Specifications:**

Type of business: \_\_\_\_\_ Total Square footage of Building: \_\_\_\_\_

Maximum number of employees: \_\_\_\_\_ Maximum number of seats: \_\_\_\_\_

**Water Supply:** Are there any existing wells, springs, or existing waterlines on this property?  yes  no

- New well       Existing Well       Community Well       Public Water       Spring

**If applying for Authorization to Construct : Please Indicate Desired System Type(s):**

- Accepted     Alternative     Conventional     Innovative     Other \_\_\_\_\_     Any

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    Does the site contain any existing wastewater systems?
- 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?
- yes     no    Are there any easements or right of ways on this property?

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.