

Application for Property Improvement
DURHAM COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

414 E. MAIN STREET DURHAM, NC 27701

Telephone Number 919-560-7800 Fax 919-560-7830

(Where the facility is served by either a well or septic system.)

**IF THE ADDITION OF A BEDROOM IS DESIRED, PLEASE FILL OUT AN
APPLICATION FOR IMPROVEMENT PERMIT.**

Name _____ Phone Number _____

Mailing Address _____ Zip Code _____

Property Location _____

Tax Map# _____ - _____ - _____ Parcel ID# _____ PIN# _____ - _____ - _____ - _____

Lot Dimensions/Acreage _____

Proposed property improvement(s) _____ Expansion of the existing footprint of the facility.

_____ An additional building on the lot (detached garage, outbuilding, etc.).

Will there be any plumbing in this structure? YES ___ NO ___

This includes stubbed out plumbing for future use.

_____ Swimming Pool _____ Underground Utilities

_____ Other _____

Existing facility information: Year Built _____ Original Owner _____

Type of Septic System _____ Well Location _____

**1) SUBMIT A PLAT OF THE PROPERTY SHOWING WHERE PROPOSED
ADDITION IS DESIRED. ALSO SHOW EXISTING BUILDINGS,
DRIVEWAY, OUT BUILDINGS, WELL, ETC.**

2) STAKE OUT THE PROPOSED ADDITION

**3) ALL PROPERTY LINES AND CORNERS MUST BE PROPERLY MARKED
IN THE FIELD PRIOR TO THE ENV. HEALTH SPECIALIST'S ARRIVAL.**

* The Owner/Authorized Agent signature indicates this material has been read, the information supplied is truthful, and authorizes the DCHD to enter the property to investigate this proposal.

Signature _____ Date _____

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FOR OFFICE USE ONLY

SITE PLAN APPROVED _____ DISAPPROVED _____

By _____ Date _____

H.D. SIGN OFF REQUIRED PRIOR TO C. O. BY INSP. DEPT. YES ___ NO ___

SEE ATTACHED SITE PLAN

APPROVED BY: _____ DATE: _____

Comments: _____

* Authorization is subject to revocation if the site plan, plat or intended use changes. Any authorization is based on available records, site observations and information supplied by the applicant.

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