



Guilford County Application For Improvement Permit and/or Authorization to Construct

- Scaled site plan submitted – (Valid 60 Months)
- Unscaled site plan submitted – (Valid 60 months)
- Survey plat to scale* submitted – (Valid without expiration)
- * scale of 1" = no more than 60'

Building Permit # _____ Septic Permit # _____ Well Permit # _____

PROPERTY INFORMATION

Address _____ City _____ Parcel REID # _____
 Development Name _____ Section/Phase # _____ Lot # _____ Plat Book # _____ Page # _____
 Lot of Record First Lot Out Plat Required >5 acres (5-17-65 to 2-1-74) >10 acres (2-1-74 to present)
 Date Lot Originally Deeded & Recorded _____

ZONING INFORMATION

Zoning: _____ Conditional Zoning (Describe): _____
 Watershed: _____ Watershed Critical Area: _____
 Building Setbacks (Zoning): Front Street: _____ Side Street: _____ Side Yard: _____ Rear: _____
 Comments: _____

PLANNING DEPARTMENT OFFICIAL: _____

APPLICANT INFORMATION

Applicant Name: _____ Address: _____
 Phone 1: _____ Phone 2: _____ Email: _____
 Owner Name: _____ Address: _____
 Phone 1: _____ Phone 2: _____ Email: _____

DEVELOPMENT INFORMATION

NEW ACCESSORY SWMH MULTIFAMILY/DUPLEX ADDITION (TYPE) _____
 HOUSE MODULAR DWMH RENOVATION OTHER TYPE _____
Residential Specifications: Max # of Bedrooms: _____ MAX. # of Occupants: _____ Total # of Rooms: _____ Size of Structure (sq ft): _____
 Basement: Yes No Basement Fixtures: Yes No
Non-Residential Type: Commercial Industrial Other _____
Wastewater Strength: Domestic High Strength Industrial Process
 MAX. # of Employees: _____ # of Fixtures: _____ Plumbing: _____ Size of Structure (sq ft): _____
 Description of Facility: _____
 Other Flow Related Info (# Seats (e.g. Restaurant), # Chairs (e.g. Beauty Shop), # Spaces, Etc.): _____

Water Supply Proposed: New Well Existing Well Community Well Public Water Spring
 Are there any existing wells, springs, or waterlines on this property? Yes No

Sewage Disposal: Please Indicate Desired System Type (see back)
 Conventional Accepted Modified Alternative Other _____ Any/All

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.

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Does the site contain any jurisdictional wetlands? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Does the site contain any existing wastewater systems? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Is any wastewater going to be generated on the site other than domestic sewage? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Is the site subject to approval by any other public agency? |
| <input type="checkbox"/> YES | <input type="checkbox"/> 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 and is given in good faith. 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, making the site accessible so that a complete site evaluation can be performed, and compliance with applicable governing regulations.

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 MAY BECOME INVALID.

Property Owner's or Owner's Legal Representative* Signature (Required) _____ Date _____

* Must provide documentation to support claim as owner's legal representative.