



Application for Health Department Release

IF THE INFORMATION IN THIS APPLICATION FOR A HEALTH DEPARTMENT RELEASE IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE HEALTH DEPARTMENT RELEASE SHALL BECOME INVALID.

(For Release to be emailed when ready) Email Address: _____

Applicant or Owner _____ Address, City, State, Zip _____ Contact Phone _____

Property Owner _____ **SITE ADDRESS (address, city, zip)** _____ Owner Phone _____

PROPERTY INFORMATION

Type structure (single family, multi-family, mobile home, church, business) _____ Year Built _____

Subdivision Name _____ Tax Block Lot _____ Parcel Pin _____
-----**INFORMATION NECESSARY TO OBTAIN A HEALTH DEPARTMENT RELEASE**-----

A. Existing Residential Specifications: # of Bedrooms _____ Basement _____ Basement Fixtures _____ # of Occupants _____

B. Proposed improvement: (outbuilding, swimming pool, driveway, etc) _____

You must flag your proposed improvement

C. Minimum Setback Requirements. (Call City of WS) 336-727-2624 Front _____ Back _____ Left _____ Right _____

D. Water Supply: Well _____ Public Water _____ Community Well _____

E. Non- Residential Specifications: Type of Business _____ # of Employees _____

Total Square Footage of Building _____ # of Seats: _____ Operating Hours per Day _____

F. **1. Site Plan (see example) include your improvement, driveways, septic and well areas.**

2. Flag all corners of the improvement and the property corners with stakes. NOTE: a re-visit fee of \$64.00 if not marked.

3. TO THE BEST OF MY KNOWLEDGE THE ONSITE WASTEWATER SYSTEM IS SHOWING NO VISIBLE SIGNS OF MALFUNCTION.

UNDERGROUND UTILITIES LOCATION

You must call the NC One Call Center, dial 811 or 1-800-632-4949 or visit their website at www.nc811.org, to locate underground utilities prior to our on-site investigation. There is no charge for this service. The NC One Call Center will issue you a ticket number and a visit date to mark the utilities.

TICKET NUMBER: _____ **VISIT DATE:** _____

I have read this application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is giving in good faith. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules. **I understand that I am solely responsible for the proper identification and labeling of all property corners, underground utility lines, and making the site accessible so that a release investigation may be performed.**

Signature: _____ Date: _____

Example Site Plan

This example was prepared to assist you in drawing your own site plan. Without your site plan we cannot perform the site evaluation. If you have any questions, please call us at (336) 703-3225

