## ON-SITE WASTEWATER SYSTEM APPLICATION

Addition/Change of Use

**Repair of Existing System** 

**New System** 

FEES: (Residential \$125.00 - Commercial \$400.00) (Residential \$75.00 - Commercial \$125)

(\$25 ) e-date 7/1/10

PLEASE ALLOW SEVEN WORKING DAYS TO PROCESS THIS APPLICATION

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	Dare County Health Department PO Box 1000 Manteo, NC 27954						
	PIN NUMBER:	Residence:		Business:			
	PARCEL NUMBER:	No. of Occupa	No. of Occupants:		No. of Employees:		
APPLICANT NAME AND ADDRESS:	TYPE OF BUSINESS:						
	IF RESTAURANT, NUMBER OF SEATS:						
		_					
APPLICANT PHONE:	NUMBER OF BEDROOF	MS: SLEEPING CAPACITY:					
OWNER NAME AND ADDRESS:	WATER SUPPLY: Public	Private		Well			
OWNER PHONE:							
LOCATION OF PROPERTY:	Easements of rights-of-wa	ny					
SUBDIVISION:	Designated wetlands						
LOT DLOCK GECT LINLAGE	If a REPAIR, please state	nature of proble	em:				
LOT, BLOCK, SECT, and PHASE:							
DEED DATE: DEED BK/PG:	If a CHANGE OF USE or ADDITION, please state change:						
*YOU MUST SUBMIT A PLAT OF YOU residence or building, water supply, inclustructures on the plat.	UR PROPERTY WITH TH ding decks, porches, an any	IS APPLICATI other improver	ON. Please nents such as	show the locations pools, driveway	on of the ys, and other		
*The undersigned person hereby agrees the are subject to suspension or revocation if is falsified or changed. The owner's agent	the site plans or the intende	ed use change or	r if informati	on submitted in	ed hereafter this application		
LOT MUST BE CLEARLY MARKED WITH LOT # and OWNER'S NAME	No. of Attachments:	OWNE	ER OR OWN	IER'S AGENT			
		DATE:	//_				

## DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

- 1. Power of Attorney
- 2. Real Estate Contract
- 3. Estate executor
- 4. Bankruptcy trustee
- 5. Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

- 1. Complete this form to document his or her legal representative, or
- 2. Provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

l,	, am the legal owner(s) of the property located					
at	, identified as					
Parcel Number	, located in Dare County, North Carolina.					
I do hereby authorize (print legal representative/company name)						
	, to act as an agent on my behalf in applying					
for/signing/obtaining any of the	documents described below.					

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Dare County Public Health Division, Environmental Health Unit.

Signature of Owner(s)	Date	Signature of Witness	Date	