

 DUPLIN COUNTY HEALTH ENVIRONMENTAL HEALTH

 P.O. BOX 948 KENANSVILLE, NC 28349

PERMIT #\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION FOR REPAIR PERMIT**

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LAND OWNER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUBDIVISION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LOT#\_\_\_\_\_\_\_ LOT SIZE \_\_\_\_\_\_\_

ADDRESS OF PROPERTY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DIRECTIONS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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RESIDENTAL: NUMBER OF BEDROOMS 2 □ 3 □ 4 □ 5 □ ADDING BEDROOM □

NON-RESDENTIAL: SQ FT \_\_\_\_\_\_\_ NO. OF EMPLOYEES \_\_\_\_\_ BUILDING USE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WATER SUPPLY: PUBLIC □ PRIVATE □

***How old is the septic tank? \_\_\_\_\_ yrs Does sewage back up in house? yes □ no □***

***Who is the first owner ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Does sewage puddle at tank or yard ? yes □ no □***

***When was tank pumped last \_\_\_\_\_\_\_***

***Wash clothes more than once daily? yes □ no□***

***Does tank fail all the time? yes □ no □***

***\*\*MUST MARK TANK LOCATION***

\*Indicate driveway, carports, existing wells, set back. I am the owner or authorized agent for the above-listed address. I have fully read this application and it is true and accurate. I hereby authorize Duplin County and State employees/officials the right to enter the address above written in order to conduct the inspections or that I have now or may in the future have as it relates to the inspection/investigation authorized herein. I also acknowledge that I am solely responsible for ensuring that all property lines have been properly located and marked. If the information in the application for an improvements permit is falsified, changed, or the site is altered then the improvements permit & authorization to construct shall become invalid.

OWNER/AGENT SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL AMOUNT PAID $50.00 CASH □ CHECK □ CREDIT CARD □ OTHER □

 RECEIVED BY \_\_\_\_\_\_\_\_\_\_\_