

Cabarrus Health Alliance Secondary Application for Improvement Permit and/or Authorization to Construct

1307 S. Cannon Blvd., Kannapolis, NC 28083
Office: 704-920-1207 Fax: 704-933-3379

Application is only valid 12 months from the date it was filled out

FILE NUMBER _____

APPLICANT INFORMATION

Applicant	Address	City	Zip	Home & Work Phone
Owner	Address	City	Zip	Home & Work Phone

PROPERTY INFORMATION

Street Address	Subdivision Name	Section/Phase/Lot#
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Directions to Site: _____

DEVELOPMENT INFORMATION

- New Single Family Residence
- Expansion of Existing System
- Repair to Existing Subsurface Sewage Disposal System
- Non-Residential Type of Structure

Residential Specifications

Max number of bedrooms: _____

Max number of occupants: _____

If expansion: Current number of bedrooms: _____

Will there be a basement? yes no

(Additions to/or on Property)

Non-Residential Specifications:

Type of business: _____ Total Square footage of Building: _____

Maximum number of employees: _____ Maximum number of seats: _____

Water Supply:

- New well Existing Well Community Well Public Water

Please Indicate Desired System Type(s): (systems can be ranked in order of your preference)

___ Alternative ___ Conventional ___ Innovative ___ Modified Conventional ___ Existing System ___ Other (Specify)

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.

- yes no Does the site contain any jurisdictional wetlands?
- yes no Is any wastewater going to be generated on the site other than domestic sewage?
- yes no Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete and correct. 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 and making the site accessible so that a complete site evaluation can be performed.

Property owner's or owner's legal representative** signature (required) _____
Date

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