



BRUNSWICK COUNTY PERMIT APPLICATION

PLEASE COMPLETE ALL APPLICABLE ITEMS BELOW

FOR CENTRAL PERMITTING STAFF ONLY

SEPTIC
WELL

ZONING
BUILDING

PERMIT TYPE

OWNER (OF STRUCTURE) AUTHORIZED AGENT _____ PHONE _____ TAX PARCEL NUMBER _____

OWNER/AUTHORIZED AGENT'S MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____

CURRENT PROPERTY OWNER _____ MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____

OWNER'S PHONE _____ PROPERTY ADDRESS _____ CITY/STATE/ZIP _____

SUBDIVISION _____ LOT _____ BLOCK _____ SECTION _____ TRACT _____ PHASE _____ OTHER _____

Directions to Property: _____

1. ZONING & BUILDING:

Property Dimensions (to the nearest foot): FRONT _____ REAR _____ L. SIDE _____ R. SIDE _____

PROPOSED PROJECT TYPE: _____

Residential: Site Built/Modular House Mobile Home No. Units _____ No. Bedrooms _____ No. Occupants _____

Commercial/Industrial: Describe the Type of Business: _____

Number of Employees: _____ Hours of Operation _____ Attachments:

2. ENVIRONMENTAL HEALTH: This application is for the following (Check those that apply)

Site evaluation for an Improvement Permit and/or Construction Authorization Permit valid for 5 years.

Site evaluation for an Improvement/Authorization to Construct for **REVISION** to existing permit.

Site evaluation for an Improvement Permit valid without expiration date (see attachment).

Recheck of Existing System: Number of Existing Bedrooms _____ Number of New Bedrooms _____

A. I am asking Environmental Health to perform a site evaluation for an Improvement Permit if the Existing System is found to be inadequate for the proposed use, I understand **ADDITIONAL FEES ARE REQUIRED.** YES **OR** NO
(please initial) (please initial)

B. I have been informed that my lot/site must be prepared properly within one week (**5 working days**) of application date.
(Acknowledgement of lot preparation requirements and notes attached) **PLEASE INITIAL BOX** → _____

C. Proposed **Garbage Disposal:** YES NO **Sprinkler:** YES NO **Spa:** YES NO

D. Is any part of the property located in a designated wetland? YES NO **D-2.** CAMA YES NO

E. Is any portion of the proposed structure **WITHIN 5 FEET** of the Septic System/Drain Lines? YES NO

F. Is any portion of the proposed structure **WITHIN 25 FEET** of the Well Head? YES NO

G. WELL APPLICATION EXISTING WELL WELL DRILLER (If known): _____

3. UTILITIES: FOR OFFICE USE ONLY WATER SOURCE: COUNTY WELL OTHER _____

FEE PAID: YES NO

APPROVED BY: _____ SEWER SOURCE: COUNTY SEPTIC OTHER _____

4. STORM WATER:

A. Is property located within the jurisdiction of: Unincorporated Brunswick County, Bolivia, Boiling Springs, Belville, Sunset Beach, or St. James? YES NO

IF **YES** CONTINUE TO QUESTION **B** BELOW

IF **NO**, SKIP TO QUESTION **#5** ON BACK OF THIS PAGE

B. Is development commercial/industrial? YES (If **YES**, a Storm Water Permit **IS REQUIRED**) NO

C. Is disturbed area greater than or equal to 1 acre? YES (If **YES**, a Storm Water Permit **IS REQUIRED**) NO

D. Will the site be graded, filled or excavated changing the elevation of any location by an amount exceeding four (4) inches? YES (If **YES**, a Storm Water Permit **IS REQUIRED**) NO

E. Is development or any related disturbance within the limits of a Riparian Buffer (within 30 ft. of a bank of a natural stream or water body)? YES (If **YES**, a Storm Water Permit **IS REQUIRED**) NO

PLEASE TURN THIS SHEET OVER AND COMPLETE INFORMATION ON THE BACK

9/15/11

OFFICE USE ONLY	
ZONING	ST. SIDE
<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="text"/>	

BRUNSWICK COUNTY PERMIT APPLICATION

OFFICE USE ONLY	
FLOOD ZONE	PANEL NUMBER
<input type="text"/>	<input type="text"/>
<input type="text"/>	

PLEASE COMPLETE ALL APPLICABLE ITEMS

- 5. Please draw below or attach a Site Plan Drawing displaying the following:** **1)** lot showing property dimensions; **2)** the proposed structure (include length and width); **3)** show all existing structures and the size of the structures; **4)** show distance from proposed structure to any existing or proposed septic system; **5)** draw location of the driveway; **6)** show distances from the property lines to the structure(s); **7)** show the location of the HVAC and how far it will sit from the property lines; **8)** show existing water and septic sources on lot and surrounding lots and/or location of proposed water source; **9)** show street name and any easements, right of ways, or drainage systems around lot; and **10)** show location of front door.

SITE PLAN DRAWING

IF APPLICABLE.....SPECIFY SCALE - 1 inch equals _____ feet (not to exceed 1 inch =60 feet).

STREET NAME: _____

- 6. AUTHORIZATION:** I hereby make application for a: **SEPTIC EVALUATION** **WELL** **BUILDING PERMIT** for the above mentioned property and authorize Brunswick County Personnel to go on said property to make the necessary inspection(s)/evaluation. As owner or his/her authorized agent, I covenant that the contents of this application are true and represent the maximum facilities to be placed on the properties. I understand that the permit may be revoked if site plan or the intended use is changed.

OWNER/AGENT/APPLICANT'S SIGNATURE

DATE

COUNTY OFFICIALS' SIGNATURE

DATE

Return **Application** and **Payment** to:
BRUNSWICK COUNTY, CENTRAL PERMITTING OFFICE, P.O. BOX 249, BOLIVIA, NC 28422-0249

ATTACHMENT SHEET FOR ADDITIONAL INFORMATION

TAX PARCEL NUMBER

PARCEL STREET ADDRESS

DATE

OWNER/AGENT/APPLICANT'S SIGNATURE

