



# 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**

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**TAX PARCEL NUMBER**

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**PARCEL STREET ADDRESS**

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**DATE**

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**OWNER/AGENT/APPLICANT'S SIGNATURE**



# BRUNSWICK COUNTY CODE ADMINISTRATION

## RESIDENTIAL PERMIT SUB-CONTRACTOR - EMAIL/FAX

### **PARCEL NUMBER**

### **PARCEL ADDRESS**

#### **ELECTRICAL CONTRACTOR**

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
EMAL ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
LICENSE NUMBER

T-POLE

ROUGH-IN

FINAL

MOBILE HOME

#### **PLUMBING CONTRACTOR**

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
EMAL ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
LICENSE NUMBER

#### **MECHANICAL CONTRACTOR**

#### **(HVAC)**

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
EMAL ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
LICENSE NUMBER

\_\_\_\_\_  
TON  
SIZE

\_\_\_\_\_  
TON  
SIZE

\_\_\_\_\_  
MINI SPLIT

#### **MECHANICAL CONTRACTOR**

#### **(GAS PIPING)**

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
EMAL ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
LICENSE NUMBER

COOKTOP

GRILL

FIREPLACE

FURNACE

WATER HEATER

\_\_\_\_\_