



GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

991 West Hudson Boulevard • Gastonia, North Carolina 28052
704-853-5200 • www.gastonhhs.org

CHECKLIST FOR APPLYING FOR IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION

The item below must be initialed in the space provided and signed at the bottom when complete. If any section does not apply to the application submitted place "N/A" in the space provided.

- I have included a plat or site plan with the completed application.
- I have shown the location, dimensions, and setbacks of the following:
 - Property lines
 - Areas to be graded
 - Proposed and/ or existing well(s) on or within 100' of the property
 - Driveway(s) and/ or parking area(s)
 - Garage, patio, dock, outbuildings, swimming pools, etc.
 - Proposed and/ or existing septic tank system(s)
 - Proposed structure (i.e. single family dwelling, church, business, mobile home, etc.)
 - Addition(s) to existing structure(s)
- I have staked all improvements (i.e. proposed house, decks, swimming pools, outbuildings, etc.) on the site to exact dimensions and locations as indicated on the site plan or plat. The applicant shall identify property lines and fixed reference points in the field.
- I have submitted documentation that any applicant other than the current property owner must provide documentation to act as legal representative for the owner. The Authorization Form is included in the packet.

Underground Utilities Location

If property is located in an existing subdivision, you must call the NC One Call Center, dial 811 or 1-800-632-4949, to locate underground utilities prior to our on-site evaluation. There is no charge for this service. The NC One Call Center will issue you a ticket number and a date that they will visit to mark the underground lines.

Ticket/ Reference Number: _____ Visit Date: _____

I have read, initialed and understand the instructions above and certify that the information provided herein is true and complete. I certify that all the above requirements that apply to this specific site application have been completed. I am willing to abide by the conditions set forth by the Gaston County Environmental Health Division that is outlined above.

Applicant or Legal Representative _____
Date

Paperwork can be returned via email to Carla.Hansil@gastongov.com or Melissa.Barnes@gastongov.com

When paperwork is emailed back, someone will call to collect payment over the phone. If you need to reach someone with questions, please call 704-853-5200. We are located at 991 W. Hudson Blvd. Gastonia, NC 28052 (our entrance is located off Henderson Street).

If you want to be present the day your property is evaluated, we will attempt to contact you prior to the evaluation. Make sure to list on the application a telephone number where you can be contacted during business hours, Monday - Friday.

Note: When an Improvement Permit is issued, any modifications (grading, etc.) to the septic system area may void the Permit. Changing the location of the proposed structure may also void the Permit. If the Authorization for Construction is not issued at the time the Improvement Permit is issued, then a Building Permit cannot be obtained.

___ Improvement Permit
___ Construction Authorization

Gaston County Environmental Health
Application for
Improvement Permit and/or Construction Authorization

Survey plat to scale* submitted.
 Scaled* site plan submitted.
 Not to scale site plan submitted.
*Scale of 1" = no more than 60'

IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENTS PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENTS PERMIT AND CONSTRUCTION AUTHORIZATION SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)

APPLICANT INFORMATION

Applicant's Name _____ Mailing Address _____

Cell Phone # _____ Home/Work Phone # _____ Email Address _____

Owner's Name _____ Mailing Address _____

Cell Phone # _____ Home/Work Phone # _____ Email Address _____

PROPERTY INFORMATION

Street Address _____ City _____ Zip _____

Tax ID # (PID/PIN) _____ Lot Size _____ Subdivision Name _____ Section/Phase/Lot # _____

DEVELOPMENT INFORMATION

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

Residential Specifications

Maximum number of bedrooms/occupants: ___ / ___
If expansion: Current number of bedrooms: _____
Will there be a basement? yes no
Plumbing fixtures in Basement yes no

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):

Accepted Alternative Conventional Innovative Any Other _____

Do you want to be present the day of the evaluation is performed? yes no You will be contacted the day of the evaluation.

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?
yes no Does this site contain any existing wastewater systems?
yes no Are there any easements or right of ways on the property?

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. I agree not to hold Gaston County, nor any employee liable for damages incurred to the property as a result of conducting this evaluation/inspection.

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

Date

SITE PLAN WORKSHEET

Place an X beside each item that has been indicated on your site plan.

A site plan must show the following items:

Draw:

Proposed lot showing lot dimensions and orientation to streets and roads.

Proposed structure (house, mobile home, building include decks, patios, walkways etc) showing all dimensions and distances from property lines.

Proposed driveway location and dimensions.

All wells, both proposed and existing, including those on adjacent property.

Any underground storage tanks such as gasoline tanks, heating oil tanks, or septic tanks.

Any other proposed structure garage, shed, outbuilding, pool, etc. which will occupy space on the proposed lot.

Any streams, ponds, or springs on the property or within 100 feet of your property.

Any right of ways or easements located on the property.

If you wish you may use a surveyor's plat drawn to a scale of one inch equals no more than sixty feet for the site plan. If you do use the plat it must include all the items listed above.

USE THIS SPACE TO DRAW YOUR SITE PLAN (If additional space is needed attach necessary sheets.) See attached examples.

Signature

Date

**GASTON COUNTY ENVIRONMENTAL HEALTH
DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE**

Applications or permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application or permit himself/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/her legal representative, or
2. Provide his/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.

I, _____, am the legal owner(s) of the property located
(Print Name)

at _____, identified as
PIN (Parcel Identification Number) _____, located in Gaston 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.

- Improvement Permit (IP) / Construction Authorization (CA).
- Application for soil-site evaluation (new/repair/expansion).
- Application for Improvement Permit (IP) / Construction Authorization (CA).
- Application/permit for private drinking water well, community (public) well, well abandonment, or irrigation well.
- Application for Verification.
- Application for water sample(s).
- Use a borehole well camera. A certified well driller must be on-site while the camera is being used.

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Gaston County Department of Health & Human Services - Environmental Health Division.

Signature of Owner(s) Phone # Date

Signature of Witness Date