

**Forsyth County Department of Public Health**  
**Division of Environmental Health**  
**SERVICE INVOICE**  
**Onsite Water and Wastewater**  
Telephone: (336) 703-3225 Fax: (336) 727-2183

DATE \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_

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

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

SITE ADDRESS \_\_\_\_\_

TAX BLOCK \_\_\_\_\_ TAX LOT \_\_\_\_\_ PIN NUMBER \_\_\_\_\_

**FEE APPLICATIONS: Soil Site Evaluation • Revisit • Redraw • Improvement Permit** \_\_\_\_\_

- \$170 170.00 (SSA) Soil Site Application: Any 3,4,5, or 6 bedroom house (1105)
- \$360 360.00 (SSA) Soil Site Application: Greater than 6 bedroom house (1105)
- \$170 \_\_\_\_\_ (SSA) No of LOTS \_\_\_\_\_ @ \$170.00 per LOT (Subdivisions) (1105)
- \$360 360.00 (SSI) 100-1500 GPD (business or church) (1105)
- \$545 545.00 (SS2) 1500-3000 GPD (business or church) (1105)
- \$1922 1922.00 (SS3) >3000 GPD (business or church) (1105)
- \$47 \_\_\_\_\_ (REV) Revisit (1105)
- \$31 \_\_\_\_\_ (RED) Redraw (335)

**SEPTIC TANK SYSTEMS**

**Permits • Construction Authorization**

- \$267 \_\_\_\_\_ (LPP) LPP SYSTEM (310)
- \$257 \_\_\_\_\_ (TPN) T&J Panel New System (310)
- \$195 \_\_\_\_\_ (CGN) Conventional or Alternative, Gravity, **New System** (310)
- \$170 \_\_\_\_\_ (CGR) Conv. or Alternative, Gravity, T&J Panel **Repair System** (310)
- \$52 \_\_\_\_\_ (PMP) Any pump installation (new Installation only) (310)

**EXISTING SEPTIC TANK SYSTEMS**

- \$98 \_\_\_\_\_ (MHP) Mobile Home Connection in Existing Park (1107)
- \$47 \_\_\_\_\_ (HDR) Health Department Release (1107)

**WELLS • WATER SAMPLES**

- \$298 \_\_\_\_\_ (NWC) Water Supply Well **Not for Human Consumption** Construction Permit (336)
- \$360 \_\_\_\_\_ (DWC) Drinking Water Well Construction Permit (336)
- \$129 \_\_\_\_\_ (WAB) Well Abandonment (336)
- \$37 \_\_\_\_\_ (WSB) Water Sample, Bacteria (1106)
- \$39 \_\_\_\_\_ (WSF) Water Sample Fluoride (1106)
- \$74 \_\_\_\_\_ (WSI) Water Sample Inorganic (1106)
- \$39 \_\_\_\_\_ (WSN) Water Sample Nitrate/Nitrite (1106)
- \$88 \_\_\_\_\_ (WSP) Water Sample Pesticide (1106)
- \$88 \_\_\_\_\_ (WSL) Water Sample Petroleum (1106)
- \$88 \_\_\_\_\_ (WSO) Water Sample Organic (VOA) (1106)
- \$75 \_\_\_\_\_ (WSU) Water Sample Uranium (plus 3 metals) (1106)
- \$63 \_\_\_\_\_ (WIB) Water Sample Iron Reducing Bacteria (1106)
- \$70 \_\_\_\_\_ (WSR) Water Sample Sulfate Reducing Bacteria (1106)
- \$79 \_\_\_\_\_ (WIN) Water Supply Inorganic and Nitrate (1106)

\$ \_\_\_\_\_ TOTAL ENCLOSED  
Note: A \$25 RETURN CHECK FEE

You may hand deliver or mail the completed application and fee between the hours of 7:00 am to 4:45 pm to:  
**Forsyth County Department of Public Health**  
**Environmental Health Division**  
**799 N Highland Ave**  
**Winston Salem NC 27101**

We accept CASH, CHECKS (payable to FCDPH), MONEY ORDERS or CREDIT/DEBIT Cards (in person only).

# Forsyth County

## Application for Improvement Permit and/or Construction Authorization



Improvement Permit (Soil Test only) \_\_\_\_\_ \*CHECK ONE OR BOTH\*  
 Construction Authorization (Building) \_\_\_\_\_

IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENT PERMIT IS FALSIFIED CHANGED OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT AND CONSTRUCTION AUTHORIZATION SHALL BECOME INVALID.

-----**APPLICANT INFORMATION**-----

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

-----**PROPERTY INFORMATION**-----

**Please call the listed telephone numbers to obtain the required information below.**

1. Date That Property was last platted. Tax Office - call 703-2300 Menu choice # 3 \_\_\_\_\_
2. Minimum Setback Requirements. Zoning Office - call 727-8000 Front \_\_\_\_\_ Back \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_
3. Is property within any city/township limits (Rural Hall, Winston-Salem, Kernersville, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

SITE ADDRESS	Subdivision Name	Pin Number
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Directions to Property: \_\_\_\_\_

-----**DEVELOPMENT INFORMATION**-----

New Single Family Dwelling \_\_\_\_\_ New Mobile Home \_\_\_\_\_ Expansion to Existing Dwelling (Current # of Bedrooms \_\_\_\_\_)

**Residential Specifications:** # of Bedrooms \_\_\_\_\_ Basement Fixtures (YES) \_\_\_\_\_ (NO) \_\_\_\_\_  
 Basement (YES) \_\_\_\_\_ (NO) \_\_\_\_\_ # of Occupants \_\_\_\_\_ (Must Provide)

**Non-Residential Type:** Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Church \_\_\_\_\_ Other \_\_\_\_\_  
**Non - Residential Specifications:** # of Employees \_\_\_\_\_ Total Square Footage of Building \_\_\_\_\_  
 Type of Business \_\_\_\_\_

**Church:** Fellowship Hall \_\_\_\_\_ Maximum # of seats in sanctuary/fellowship hall \_\_\_\_\_

**System type Requested (RANK in order 1 to 4) (Questions about system types please contact your septic contractor.)**  
 \_\_\_\_\_ CONVENTIONAL / ACCEPTED \_\_\_\_\_ INNOVATIVE \_\_\_\_\_ ALTERNATIVE  
 \_\_\_\_\_ OTHER (SPECIFY \_\_\_\_\_)

**Water Supply:** NEW WELL \_\_\_\_\_ EXISTING WELL \_\_\_\_\_ PUBLIC \_\_\_\_\_ COMMUNITY WELL \_\_\_\_\_

A plat or site plan of your property must be attached as a part of the completed Application. This site plan must include the location of all property lines and corners, any proposed buildings and driveways, the proposed area for your septic tank system, any proposed or existing wells on your property, and all existing neighboring wells within 100 feet of your property lines on adjoining properties. See accompanying Checklist for all requirements for the plat or site plan.

The Applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question: (1) If the site is located in any designated wetlands. (2) If the site is subject to approval by any other public agency. (3) If any wastewater is going to be generated on the site other than domestic sewage. If yes please explain:

I have read this application and certify that I am the owner of subject property and that the information provided herein is true, complete and correct to the best of my knowledge and is given in good faith. Authorized County and State Officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules. **I understand that I am solely responsible for the proper identification and labeling of all property lines and making the site accessible so that a soil site evaluation can be performed.** You will be charged \$47.00 to re-visit your site if not marked.

**TAX LOT # 1111**  
**TAX BLOCK # 1111**

Property Owner's or Owner's Legal Representative Signature (Required)	Date
Applicant's Signature (If different from owner)	Date



**APPLICATION INSTRUCTIONS FOR IMPROVEMENT  
PERMIT/CONSTRUCTION AUTHORIZATION**

The items 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 pool, 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.

\_\_\_\_\_ **I have flagged all property corners at the iron, or the proposed location of the iron, with *clearly* visible markers on the lot or site.** The property lines have been marked every 50' and are clearly visible on the lot or site. The dimensions of the proposed site are identical to the dimensions represented on the site plan or plat.

**UNDERGROUND UTILITIES LOCATION**

**You must call the NC One Call Center, dial 811 or 1-800-632-4949, to locate underground utilities prior to our on-site investigation. 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:** \_\_\_\_\_

**NOTE: If the lot dimensions are not clearly and correctly marked on the lot, or site a survey of the lot will be required before any further evaluation of the site can be completed. There will also be a revisit fee of \$47.00 charged.**

**I have read, initialed and understand the instructions above and certify that the information provided herein is true and complete. I certify that all of 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 Forsyth County Department of Public Health that is outlined above.**

\_\_\_\_\_  
Applicant or Legal Representative

\_\_\_\_\_  
Date

## FACT SHEET FOR A CHURCH/BUSINESS

Please complete the following to better process your application. This information is necessary to properly size the septic tank system for your establishment. If you have any questions or don't understand what is required, please don't hesitate to call one of the Environmental Health Specialists at 703-3225 between 7:00-8:15am.

I. CHURCH NAME: \_\_\_\_\_

1. Number of seats in sanctuary: \_\_\_\_\_  
Average attendance \_\_\_\_\_
2. Daycare: Yes \_\_\_\_\_ No \_\_\_\_\_  
A. # of children \_\_\_\_\_
3. Church School: Yes \_\_\_\_\_ No \_\_\_\_\_  
A. # of students \_\_\_\_\_
4. Fellowship Hall: Yes \_\_\_\_\_ No \_\_\_\_\_  
A. # of seats: \_\_\_\_\_  
B. Square Footage: \_\_\_\_\_

II. BUSINESS NAME: \_\_\_\_\_

1. Type of business \_\_\_\_\_  
(restaurant, convenience store, office, etc.)
2. If you will be serving food, will it be: "Take out" \_\_\_\_\_ or have seats? \_\_\_\_\_  
A. Total square footage of building? \_\_\_\_\_  
B. If "take-out", total square footage of food "prep" area? \_\_\_\_\_
3. If there will be seats, how many people will you be able to seat? \_\_\_\_\_
4. How many hours a day will your business operate? \_\_\_\_\_
5. How many employees will you have? \_\_\_\_\_  
A. How many per shift? Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Night \_\_\_\_\_
6. Will there be private \_\_\_\_\_ or public \_\_\_\_\_ restrooms?
7. How many plumbing fixtures (commodes, urinals, lavatories)? \_\_\_\_\_
8. Dishwasher? \_\_\_\_\_
9. You must include the following with this fact sheet.
  - A. A scale drawing of the site which shall show:
    1. The building dimensions
    2. The front, back and side dimensions from the building to the nearing property lines
    3. Paved areas
    4. Area(s) that are set aside for the septic tank system including 100% repair area
    5. Architectural blueprints (if applicable)

# Forsyth County Department of Public Health



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## AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, \_\_\_\_\_, am the legal owner of the property located at \_\_\_\_\_, identified as lot(s) \_\_\_\_\_, Block \_\_\_\_\_, PIN(Parcel Identification Number) \_\_\_\_\_, located in Forsyth County, North Carolina.

I do hereby authorize (print authorized agent/company name) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. improvement permit (IP)/construction authorization (CA).
2. application for soil-site evaluation (new/repair).
3. application/permit for water well/well abandonment.
4. application for health department release.
5. application for improvement permit (IP)/construction authorization (CA).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Forsyth County Environmental Health Division, Forsyth County Department of Public Health. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

## Example Site Plan

This example was prepared to assist you in drawing your own site plan. Without your site plan we cannot perform the site evaluation. If you have any questions, please call us at (336) 703-3225

