



**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 _____	Applicant Phone _____
Owner _____	Mailing Address _____	City _____	Zip _____	Owner Phone _____

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

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

1. Please use the web site below to make every effort to determine the date that the property was last mapped or the deed recorded <https://forsythdeeds.com>
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 \_\_\_\_\_

_____	_____	_____
<b>SITE ADDRESS</b>	<b>Subdivision Name</b>	<b>Pin Number</b>

-----**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 \$64.00 to re-visit your site if not marked.

\_\_\_\_\_  
**Property Owner's or Owner's Legal Representative Signature (Required)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature (If different from owner)**

\_\_\_\_\_  
**Date**

**TAX LOT # 1111**

**TAX BLOCK # 1111**



**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 or visit their website at [www.nc811.org](http://www.nc811.org) 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 visit date to mark the utilities.

**TICKET 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 \$64.00 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)

## 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

