



PERMIT # \_\_\_\_\_

DUPLIN COUNTY HEALTH DEPARTMENT  
P.O. BOX 948 KENANSVILLE, NC 28349

**APPLICATION FOR WASTEWATER EXPANSION/REVISION/SITE LOCATION CHANGE**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ LOT# \_\_\_\_\_ LOT SIZE \_\_\_\_\_

PROPERTY ADDRESS OR DIRECTIONS \_\_\_\_\_

RESIDENTIAL: NUMBER OF BEDROOMS 2  3  4  5

NON-RESIDENTIAL: SQ FT \_\_\_\_\_ NO. OF EMPLOYEES \_\_\_\_\_ BUILDING USE \_\_\_\_\_

WATER SUPPLY: PUBLIC  PRIVATE

EXPANSION

REVISION

SITE LOCATION CHANGE

**HOUSE LOCATION MUST BE MARKED ON LOT**

\*I am the owner or authorized agent for the above-listed address. I have fully read this application and it is true and accurate. I hereby authorize Duplin County and State employees/officials the right to enter the address above written in order to conduct the inspections or that I have now or may in the future have as it relates to the inspection/investigation authorized herein. I also acknowledge that I am solely responsible for ensuring that all property lines have been properly located and marked. If the information in the application for an improvements permit is falsified, changed, or the site is altered then the improvements permit & authorization to construct shall become invalid.

OWNER/AGENT SIGNATURE \_\_\_\_\_

TOTAL AMOUNT PAID \$50.00 CASH  CHECK  CREDIT CARD  OTHER

RECEIVED BY \_\_\_\_\_