



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

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

### APPLICATION FOR IMPROVEMENTS PERMIT

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_

LAND OWNER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

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

DIRECTIONS \_\_\_\_\_  
\_\_\_\_\_

RESIDENTIAL: NUMBER OF BEDROOMS 2  3  4  5

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

WATER SUPPLY: PUBLIC  PRIVATE

**HOUSE LOCATION MUST BE MARKED ON LOT**

*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 **DOES THE SITE CONTAIN ANY EXISTING WASTEWATER SYSTEMS?**  
 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 AN OTHER PUBLIC AGENCY?**  
 yes  no **ARE THERE ANY EASEMENTS OR RIGHT OF WAYS ON THIS PROPERTY?**

\*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 \$200.00 CASH  CHECK  CREDIT CARD  OTHER

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