

**WILKES COUNTY HEALTH DEPARTMENT
APPLICATION FOR
REPAIR PERMIT AND AUTHORIZATION TO CONSTRUCT**

Property Parcel ID# _____

Acreage _____

IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENTS PERMIT IS FALSIFIED CHANGED OR THE SITE IS ALTERED, THEN THE IMPROVEMENTS PERMIT AND AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID.
The permit is valid for either 60 months or without expiration depending upon documentation submitted.

APPLICANT INFORMATION

Owner Address , City, State, Zip Home & Work Phone

Applicant Address, City, State, Zip Home & Work Phone

PROPERTY INFORMATION

Street Address Subdivision Name Section / Phase/ Lot #

Directions to Site: _____

DEVELOPMENT INFORMATION

(Circle One) House Mobile/Modular Home *Business Other (Specify) _____

Residential Specifications:

Maximum number of bedrooms: _____ Baths: _____

Maximum number of occupants: _____

Will there be a basement? Yes No

If basement has plumbing, list fixtures: _____

Will there be garbage disposal? Yes No

*** Non-Residential Specifications (ATTACH COPY OF FLOOR PLANS AND LETTER OF INTENT):**

Type of business: _____ Total square footage of building: _____

Maximum number of employees: _____ Maximum number of seats: _____ Other: _____

Water Supply: NEW WELL EXISTING WELL SPRING PUBLIC COMMUNITY WELL

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 Is the site subject to the 1080 line identified by Corps of Engineers for W. Kerr Scott Dam?

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials granted right of entry to conduct necessary evaluations and 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 complex site evaluation can be performed.

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

** Must provide documentation to support claim as owner's legal representative.**

***** APPLICATION IS VALID FOR 12 MONTHS. REFUND OR RENEWAL WILL REQUIRE ORIGINAL RECEIPT.*****