

# HYDE COUNTY HEALTH DEPARTMENT

P.O. Box 100 Swan Quarter, NC 27885  
Phone # (252) 926-4380

## APPLICATION FOR AUTHORIZATION TO CONSTRUCT

**Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Lot #:** \_\_\_\_\_

**Original Owner:** \_\_\_\_\_

**Directions to property:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**No. of bedrooms:** \_\_\_\_\_ **Business ( # of people )** \_\_\_\_\_

**Water source:** Community \_\_\_\_\_ **Private well** \_\_\_\_\_

### CONDITIONS:

1. The applicant shall notify the Hyde County Health Department of any designated wetlands on this property ( 404 or CAMA ) prior to a site visit.
2. The owner shall identify all lot lines and corners.

I declare all the information given in this applicaton is true and I hereby authorize the Hyde County Health Department personnel to go on said property to perform the necessary evaluation.

\_\_\_\_\_  
**Owner/Authorized Agent**

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