

# HYDE COUNTY HEALTH DEPARTMENT

P.O. Box 100 Swan Quarter, NC 27885

Phone # (252) 926-4380

## APPLICATION FOR IMPROVEMENT PERMIT

INITIAL INSTALLATION \_\_\_\_\_ EXPANSION \_\_\_\_\_ REPAIR \_\_\_\_\_

APPLICANT: (Owner or Authorized Agent) \_\_\_\_\_

ADDRESS (mailing): \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ LOT # \_\_\_\_\_

DIRECTIONS TO PROPERTY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PROPERTY DIMENSIONS: FRONT: \_\_\_\_\_ REAR: \_\_\_\_\_ SIDE: \_\_\_\_\_

PERMIT REQUESTED FOR: HOUSE \_\_\_\_ MOBILE HOME \_\_\_\_

BUISNESS (SPECIFY TYPE) \_\_\_\_\_

NO. OF BEDROOMS: \_\_\_\_\_ NO. OF PEOPLE : \_\_\_\_\_

WATER SOURCE: COMMUNITY \_\_\_\_ PRIVATE WELL \_\_\_\_

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Attach a surveyed plat if available. Show location of house, decks, pools, driveways, water lines, wetlands, any surface waters (canals, ponds, etc.). If a plat is not available, you may submit a hand drawing as close to scale as possible showing the above listed items.

### CONDITIONS:

- 1. The applicant shall be responsible for notifying the Hyde County Health Department of any designated wetlands (CAMA or Army Corps 404) on this property.**
- 2. The Improvement Permit if issued is subject to revocation if site plans or the intended use changes.**
- 3. Incomplete applications will not be accepted.**

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I declare all the information given in this application is true and I hereby authorize the Hyde County Health Department personnel to go on said property to conduct a site evaluation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date