



Environmental Health Approval Application

IF THE INFORMATION IN THE APPLICATION FOR A HEALTH DEPARTMENT APPROVAL IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE HEALTH DEPARTMENT APPROVAL SHALL BECOME INVALID.

APPLICANT INFORMATION

Applicant/Owner

Street Address, City, State, Zip

Home/Work Phone

PROPERTY INFORMATION

Type of Structure (single family, multi-family, mobile home, church, business) _____

Year Built _____

Street Address _____ Subdivision Name _____

Tax Lot # _____ PIN# _____

E-mail address

Directions to Site

HEALTH DEPARTMENT APPROVAL INFORMATION

- Existing Residential Specifications: # of Bedrooms _____ Basement _____ Basement Fixtures _____ # of Occupants _____
- Proposed Improvement: (ex. Room, outbuilding, swimming pool, carport, deck, porch etc.) _____
- Dimensions of Proposed Improvement _____
- **NON-RESIDENTIAL SPECIFICATIONS**
 Type of Business _____ # of Employees _____ Total Square Footage of Building _____
 # of Seats _____ Other _____
- Water Supply: Well _____ Public _____ Community Well _____

It is necessary that you complete the following items prior to our inspection. Please initial each item as you complete it to assure that it will be ready for our inspection when we arrive. **YOU MUST FLAG YOUR PROPOSED IMPROVEMENT.** . If these are **NOT** marked on the site, **THERE WILL BE A REVISIT FEE (\$65.00) CHARGED. This fee must be paid prior to any further work being done on the site. ****You may be required to flag your property corners and property lines at the discretion of the Environmental Health Offices.****

_____ I have attached a plat/site plan of the property showing the location of the proposed improvement(s), driveways, Property lines and corners, general location of septic tank system, well location, and any well within 50 ft. of the proposed Improvement...

_____ I have marked the corners of the proposed improvement in the field.

I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and Correct to the best of my knowledge and is given in good faith. Representatives of the Surry County Health and Nutrition Center and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and making the site accessible so that an approval investigation can be performed.

Property Owner's or Owner's Legal Representative Signature Required

Date