Public Health

Please indicate Preferred Payment Method. No surcharge for Online payment.

◯ By Mail ◯ In Office ◯ Online

Structural Alterations and Additions

(For the facilities served by either a well or septic system)

IF THE ADDITION OF A BEDROOM IS DESIRED, PLEASE FILL OUT AN

APPLICATION FOR IMPROVEMENT PERMIT

Owner Name_____ Phone _____

Mailing Address_____ Zip Code_____

Email _____

Applicant Name_____ Phone_____

Mailing Address_____ Zip Code_____

Email_____

A. Property Location_____ Dimensions/Acreage_____

Parcel Id_____

B. Proposed property improvement(s). Please provide brief description on back of page.

_____Expansion of the existing footprint of the facility
_____An additional building on the lot (detached garage, outbuilding, etc.)
_____Swimming Pool
_____Underground Utilities
_____Other _____

C. Will there be any plumbing in this structure? This includes stubbed out plumbing for future use.

Yes ◯ No ◯

D. Existing facility information: Year Built ___ Original Owner _____

Type of Septic System _____ Well Location _____

E. SUBMIT A PLAT OF THE PROPERTY SHOWING WHERE PROPOSED ADDITION IS DESIRED. ALSO SHOW EXISTING BUILDINGS, DRIVEWAY, WELL, ETC.

F. STAKE OUT THE PROPOSED ADDITION

G. ALL PROPERTY LINES AND CORNERS MUST BE PROPERLY MARKED IN THE FIELD PRIOR TO THE ARRIVAL OF THE ENVIRONMENTAL HEALTH SPECIALIST

The Owner signature indicates this material has been read, the information supplied is truthful, and authorizes the Durham County Department of Public Health to enter the property to investigate this proposal.

Signature_____ Date_____

Environmental Health Division
Human Services Building | 414 East Main Street, Durham, North Carolina 27701
(919) 560-7800 | Fax (919) 560-7830 | dconc.gov
Equal Employment/Affirmative Action Employer

Public Health

Description of Proposed Structural Alteration/Addition

FOR OFFICE USE ONLY

SITE PLAN APPROVED_____DISAPPROVED_____

By_____ Date_____

H.D. SIGN OFF REQUIRED PRIOR TO C. O. BY INSP. DEPT. YES____NO ___
SEE ATTACHED SITE PLAN

APPROVED BY:_____DATE: _____

Comments: _____

Authorization is subject to revocation if the site plan, plat, or intended use changes. Any authorization is based on available records, site observations, and information supplied by the applicant.

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