



P O L K
C O U N T Y
N O R T H C A R O L I N A

POLK COUNTY
BUILDING/ENVIRONMENTAL
HEALTH/ZONING/911 APPLICATION

35 Walker Street
PO Box 308
Columbus, NC 28722
Building Inspections &
Environmental Health: 828-894-3739
Planning & Zoning: 828-894-2732

OWNER/APPLICANT INFORMATION

Property Owner _____ Phone # _____ Cell # _____

Mailing Address _____

Mobile Home Owner _____ Phone # _____ Cell # _____

Applicant Name _____ Phone # _____ Cell # _____

Mailing Address _____

Email Property Owner _____ Email Applicant _____

Tax Map/Parcel # _____ - _____ Township _____ Land Area _____ (acres/sq ft)

of acres disturbed _____ (if more than 1 acre disturbed or in subdivision may require NCDEQ Soil & Erosion Control Permit)

Site Location (Address or Street Name) _____

Directions: _____

Describe Work: _____

Subdivision/Mobile Home Park Name: _____ Lot # _____ Gate Code # _____
(For the purposes of new 911 addresses, driveway must be cut in prior to addressing)
Attach drawing/GIS plan (required)

Who will be the Primary Contact? ☐ Owner ☐ Applicant ☐ Contractor

SITE WORK INFORMATION

Type of Structure: ☐ Wood ☐ Masonry ☐ Steel ☐ Mobile Home ☐ Other _____

Structure: Height _____ # Bedrooms* _____ # Bathrooms _____ # of Stories _____ # Elevators _____

Description of Structure: _____

Proposed Use: ☐ Single Family Dwelling ☐ Two Family Dwelling ☐ Garage ☐ Workshop
☐ Commercial ☐ Other: _____

Mobile Home: _____ Year Model _____ Make _____ Size: _____ Ft Wide _____ Ft Long

Type of Foundation: ☐ Unfinished Basement ☐ Finished Basement ☐ Crawlspace
☐ Slab ☐ Piers ☐ Other: _____

Work includes: Attached ☐ Carport ☐ Garage Sq ft of garage/carport _____ Sq ft of porches/decks _____
Sq ft of finished/heated area: _____ Sq ft of unfinished area (ex. basement, bonus room, attic): _____
Retaining Wall ☐ Yes ☐ No Decks _____ # Porches _____

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SITE WORK INFORMATION

Gas Piping? ☐ Yes ☐ No - If yes, to what appliances

Type of Heating _____ #Fireplaces _____ Type of Fireplace: ☐ Masonry ☐ Metal
☐ Fireplace ☐ Stove ☐ Other _____

Other Existing Structures: Describe: _____ Structure Dimensions: _____

of Bedrooms* _____ # of Occupants _____ Basement ☐ Yes ☐ No Basement Plumbing ☐ Yes ☐ No

Sewer: ☐ Septic Tank ☐ City ☐ Existing ☐ Community (# of connections __) ☐ Other: _____

Water: ☐ Well ☐ City ☐ Existing ☐ Community (# of connections __) ☐ Other: _____

Is Public Water Supply Available?** ☐ Yes ☐ No

Power Company: ☐ Duke Energy ☐ Rutherfordton Electric (REMC) ☐ Broad River

Name power in (if other than owner) _____

Cost of Project _____

General Contractor _____ Phone # _____ Cell # _____

Mailing Address _____

Qualifier's Name _____ NC License # _____

Mobile Home Set Up Contractor _____ Phone # _____

Cell # _____

Qualifier's Name _____ NC License # _____

Electrical Contractor _____ Phone # _____ Cell # _____

Qualifier's Name _____ NC License # _____

Plumbing Contractor _____ Phone # _____ Cell # _____

Qualifier's Name _____ NC License # _____

Mechanical Contractor _____ Phone # _____ Cell # _____

Qualifier's Name _____ NC License # _____

Gas Piping Contractor _____ Phone # _____ Cell # _____

Qualifier's Name _____ NC License # _____

Architect/Engineer _____ Phone # _____ Cell # _____

Qualifier's Name _____ NC License # _____

Lien Agent for this Project: ☐ Yes ☐ Not required

Lien Agent Company _____ Entry # _____

CHANGES OF NC LICENSED CONTRACTOR(S) WITHOUT HAVING CHANGED ON THE APPLICATION WILL BE BASIS FOR REVOCATION OF THIS PERMIT.

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ENVIRONMENTAL HEALTH (EH) SECTION - SEPTIC/WELL INFORMATION

Application is for: ☐ New Construction ☐ Existing Facility ☐ New Septic ☐ New Well ☐ Replacement Well
☐ Improvement Permit ☐ Authorization to Construct ☐ Septic Relocation ☐ Septic Revision/Relocation/Expansion
☐ Existing System Inspection/Reconnection ☐ Well Abandonment ☐ Well Repair ☐ Septic Repair/Malfunction:

Repair: Original owner and/or subdivision lot #: _____

Describe problem: ex., backing up, surfacing when began: _____

Proposed New Construction – Residential

Primary Residence: ☐ New Residence ☐ Addition to Residence # of New Bedrooms*Δ _____ # of Occupants _____

Project Description _____

Structure Dimensions, also specify dimension of decks & porches _____

Basement: ☐ Yes ☐ No Basement Plumbing: ☐ Yes ☐ No

Accessory Dwelling: # of New Bedrooms*Δ _____ # of Occupants _____ Structure Dimensions _____

Basement: ☐ Yes ☐ No Basement Plumbing: ☐ Yes ☐ No

Accessory Structure (s), Describe: _____ Structure Dimensions _____

Plumbing: ☐ Yes ☐ No Describe Plumbing Needs: _____

Multi-Family Residence # of Apartments _____ # Bedrooms/Apt*Δ _____ # Total # Bedroom/Structure*Δ _____ # of Occupants _____

Structure Dimensions _____ Basement: ☐ Yes ☐ No Basement Plumbing: ☐ Yes ☐ No

Well Construction/Abandonment/Repair

Proposed Well Type ☐ Individual Well ☐ Shared Well ☐ Community Well (# of connections _____)

Abandonment Type ☐ Drilled ☐ Bored ☐ Dug ☐ Unknown

Well Repair Requested ☐ Yes ☐ No Describe: _____

Will Certified Well Contractor Install Water Line or Electrical Line from Well Head to Pressure Tank? ☐ Yes ☐ No

Commercial ☐ Proposed New Construction ☐ Existing/ Change of Use ☐ Repair

Food Service Specify Type _____

Seats _____ Dining Area (Sq. Ft.) _____ # Employees per Shift _____ # of Shifts _____

Church # of Seats _____ Daycare ☐ Yes ☐ No # of Children _____ # of Employees per Shift _____

of Shifts _____ Commercial Kitchen ☐ Yes ☐ No Residential Kitchen ☐ Yes ☐ No

Daycare # of Children _____ # of Employees per Shift _____ # of Shifts _____

Business/Other Specify Type _____ Structure Dimensions _____

Retail Floor Space _____ # of Employees per Shift _____ # of Shifts _____

Other Information _____

Calculated Design Flow, Commercial Δ: _____ (This value will be determined by EH staff)

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 Does the site contain any jurisdictional wetlands?
- ☐ Yes ☐ No Does the site contain any existing wastewater systems?
- ☐ Yes ☐ No Is any wastewater going to be generated on the site other than domestic sewage (if no, see note below¹)?
- ☐ Yes ☐ No Is the site subject to approval by any other public agency?
- ☐ Yes ☐ No Are there any easements or right of ways on this property?

Describe: _____

If applying for an Improvement Permit or Authorization to Construct, Please Indicate Desired System Type(s): (systems can be ranked in order of your preference)

☐ Accepted ☐ Alternative ☐ Conventional ☐ Innovative ☐ Other ☐ Any

¹Please note: Other than domestic wastewater, engineered, industrial process and large systems may require review/approval by NCDHHS prior to the issuance of an authorization for wastewater system construction by the local health department. Industrial process wastewater is defined as any water carried waste resulting from any process of industry, manufacturing, trade, or business (e.g., salons, animal barns, kennels, distilleries/ breweries, dental and medical offices, shopping centers, exterior vehicle washes, animal processing facilities, food processing plants, laboratories [medical, commercial and institutional], funeral homes, mortuaries, incinerators, film processing operations, etc.).

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ENVIRONMENTAL HEALTH SECTION - SEPTIC/WELL INFORMATION

* Any room that will be intended for sleeping at the time of construction or for future consideration should be noted as a bedroom and counted on all applications. The number of bedrooms will be confirmed by rooms identified on floor plans as a bedroom at the time of building permit issuance. This may prevent the need for septic system expansion in the future.

Δ If structure is plumbed but has no bedrooms, calculated design flow will be determined by Environmental Health Staff.

** If No, a well permit must be issued with the Authorization to Construct.

Environmental Health: RETRIP TO THE PROPERTY AND/OR SYSTEM REDESIGN WILL INCUR AN ADDITIONAL CHARGE (SEE FEE SCHEDULE).

Completed applications are valid for a period of one (1) year. Improvement Permits are valid: with complete site plan = 60 months (5 years); with complete plat = without expiration. An Authorization to Construct will remain valid as long as the Improvement Permit is valid. An Authorization to Construct, issued for septic repair is valid for 60 months (5 years). Permits may be revoked if the information on this application/site plan changes or if the intended use for the proposed facility changes. Permits may be revoked if site conditions are altered such that they effect permit conditions or installation requirements.

Environmental Health Application:

Initial _____: I certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary 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 comers and making the site accessible so that a complete site evaluation can be performed.

The undersigned hereby certifies that he/she is either the owner or the authorized agent of the owner and hereby makes application for permit and inspection of work described and agrees to comply with all applicable ordinances of Polk County, NC and the laws of the State of North Carolina regulating the work. NOTE: IT IS THE CONTRACTOR/APPLICANT'S RESPONSIBILITY TO CALL FOR INSPECTION AT PROPER STAGE OF WORK.

OWNER/AGENT SIGNATURE

PRINT NAME

DATE

Office Use Only:

Bldg Permit # _____ Zoning Permit # _____ EH Permit # _____

Location # _____

Bldg Fee Amount: _____ Zoning Fee Amount: _____ EH Fee Amount: _____

Zoning District: _____ Setbacks: Front (ROW) _____ Rear _____ Sides _____

Use: _____

Watershed: _____ Flood Zone: _____

Bldg. Approval: _____ Zoning Approval: _____

New Address: _____ Completed by: _____

Notified by: _____ Date: _____

Bldg.zon.911.ch.app. 2.15.2023

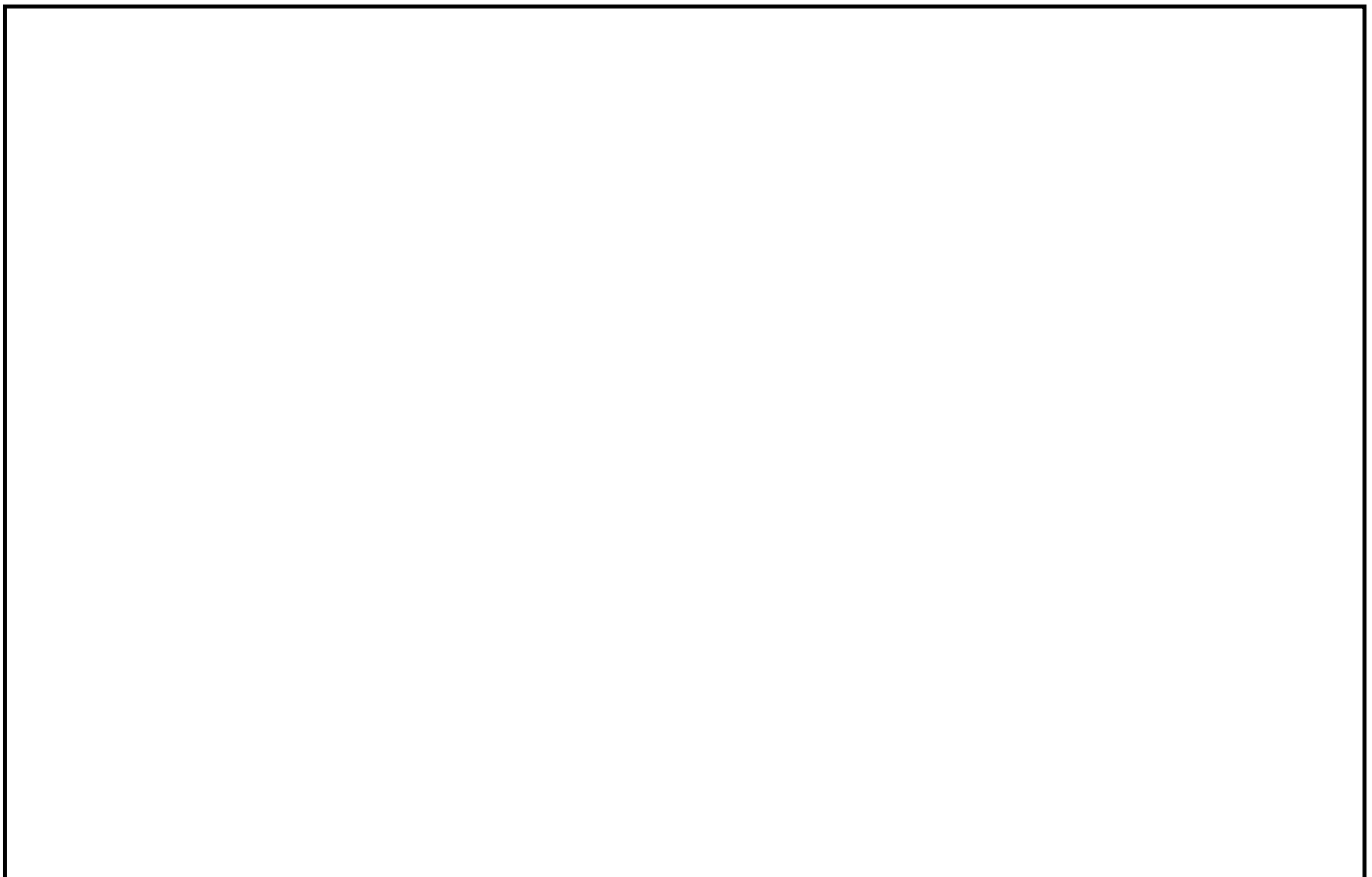
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Site Plan Form

Instructions to Applicant: The Environmental Health Specialist cannot begin the evaluation process until all property lines and the proposed home or building are staked and flagged with dimensions. Property lines must match those shown on a surveyor preliminary plat. **(A site evaluation cannot be scheduled until this site plan form is completed and signed).**

As Close To Scale As Possible: **1.** Draw the proposed lot showing all existing or proposed property lines with dimensions and orientation to proposed streets and roads. **2.** Indicate the location of the proposed home, facility or building including decks, walkways, garages, driveways, pools or other structures showing dimensions and setbacks and the site for the proposed wastewater system **3.** Locate all wells, both existing and proposed, including those on adjacent properties if known. **4.** All surface water including springs, creeks, ponds, rivers, etc. must be shown. **5.** The site plan or plat shall also include information on any existing or proposed easement, encroachment agreement or right of way for the property (access easement, utility easement or road or electrical right of way). **6.** For well applicants include location of existing or proposed chemical or petroleum storage tanks above or below ground.

"SEE REVERSE FOR EXAMPLE OF COMPLETED SITE PLAN FORM"



I hereby agree that the information shown is correct to the best of my knowledge.

Signature of authorized agent/owner

Date

