



GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

991 West Hudson Boulevard • Gastonia, North Carolina 28052
704-853-5200 • www.gastonhhs.org

APPLICATION FOR REPAIR PERMIT OR AUTHORIZATION TO CONSTRUCT

As of 2/14/2022, we require properties to locate underground utilities.

Underground Utilities Location

You must call the NC One Call Center, dial 811 or 1-800-632-4949, to locate underground utilities prior to our on-site evaluation. There is no charge for this service. The NC One Call Center will issue you a ticket number and a date that they will visit to mark the underground lines.

Ticket/ Reference Number: _____ Visit Date: _____

If you want to be present the day your property is evaluated, we will attempt to contact you prior to the evaluation. Make sure to list on the application a telephone number where you can be contacted during business hours, Monday - Friday.

Paperwork can be returned via email to Carla.Hansil@gastongov.com
or Melissa.Barnes@gastongov.com

When paperwork is emailed back, someone will call to collect payment over the phone. If you need to reach someone with questions, please call 704-853-5200. We are located at 991 W. Hudson Blvd. Gastonia, NC 28052 (our entrance is located off Henderson Street).

Gaston County Environmental Health
Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENTS PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENTS PERMIT AND AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)

APPLICANT INFORMATION

Applicant's Name	Mailing Address	
Cell Phone #	Home/Work Phone #	Email Address
Owner's Name	Mailing Address	
Cell Phone #	Home/Work Phone #	Email Address

PROPERTY INFORMATION

Street Address	City	Zip	
Tax ID # (PID/PIN)	Lot Size	Subdivision Name	Section/Phase/Lot #

DEVELOPMENT INFORMATION

- New Single Family Residence
- Expansion of Existing System
- Repair to Malfunctioning Sewage Disposal System
- Non-Residential Type of Structure

Residential Specifications

Maximum number of bedrooms/occupants: ___ / ___
If expansion: Current number of bedrooms: ___
Will there be a basement? yes no
Plumbing fixtures in Basement yes no
Has any grading or removal of soil been done to this property?
 yes no
Has any fill material been added to this property? yes no

Non-Residential Specifications:

Type of business: _____ Total Square footage of Building: _____
Maximum number of employees: _____ Maximum number of seats: _____

Water Supply:

- New well Existing Well Community Well Public Water

Please Indicate Desired System Type(s): (systems can be ranked in order of your preference)

Alternative Conventional Innovative Modified Conventional Other (specify) _____

Do you want to be present the day of the evaluation is performed? yes no You will be contacted the day of the evaluation.

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 | Is any wastewater going to be generated on the site other than domestic sewage? |
| yes | no | Is the site subject to approval by any other public agency? |

I have read this application and 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 corners and making the site accessible so that a complete site evaluation can be performed.

Property owner's or owner's legal representative** signature (required)	Date
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**GASTON COUNTY ENVIRONMENTAL HEALTH
DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE**

Applications or permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application or permit himself/herself, they can submit any one of the following documents to designate their legal representative:

1. Power of Attorney
2. Real Estate Contract
3. Estate executor
4. Bankruptcy trustee
5. Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

1. Complete this form to document his/her legal representative, or
2. Provide his/her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, _____, am the legal owner(s) of the property located
(Print Name)

at _____, identified as
PIN (Parcel Identification Number) _____, located in Gaston County, North Carolina.

I do hereby authorize (print legal representative/company name) _____,

_____ to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Improvement Permit (IP) / Authorization to Construct (AC).
- Application for soil-site evaluation (new/repair/expansion).
- Application for Improvement Permit (IP) / Authorization to Construct (AC).
- Application/permit for private drinking water well, community (public) well, well abandonment, or irrigation well.
- Application for Verification.
- Application for water sample(s).
- Use a borehole well camera. A certified well driller must be on-site while the camera is being used.

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Gaston County Department of Health & Human Services - Environmental Health Division.

Signature of Owner(s) Phone # Date

Signature of Witness Date