

# Montgomery County Central Permitting

## Environmental Health Section

444 N. Main St.  
Troy, NC 27371  
Phone #: (910) 572-8175  
Fax #: (910) 576-0043

### Application for Services

(check one of the following)

<input type="checkbox"/> Existing System Report for Home Reconnection to existing Septic System (\$150.00)	<input type="checkbox"/> Existing System Report for Additions to Home or Lot (\$100.00)
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Physical Address: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Type of water supply: Private \_\_\_\_\_ Public \_\_\_\_\_

Comments (please provide additional information concerning reconnection, addition or property access)

\_\_\_\_\_  
\_\_\_\_\_

#### IF RECONNECTING TO AN EXISTING SEPTIC SYSTEM:

**Septic tank must be accurately marked and partially uncovered**

Number of bedrooms in original residence on the site: \_\_\_\_\_

Number of bedrooms in proposed residence on the site: \_\_\_\_\_

Number of residents: \_\_\_\_\_

Will there be a basement in the proposed residence?: \_\_\_\_\_

#### IF ADDING TO PROPERTY, WHAT ADDITIONS DO YOU PLAN TO ADD TO THE PRESENT STRUCTURE OR LOT?

**Septic tank must be accurately marked**

\_\_\_\_\_  
\_\_\_\_\_

**WHAT IS THE INTENDED USE? (GIVE DETAILS):**

\_\_\_\_\_  
\_\_\_\_\_

Original Owner's name at time of septic system installation and year installed:

\_\_\_\_\_

*\*A plat map must accompany this application. Clearly locate and flag all property corners and lines and corners of proposed structure(s).*

*\*A \$50.00 fee is required on lots that have not been prepared in accordance with the specifications outlined above.*

*Please note that Environmental Health approval does not guarantee final approval for this project. The location of all structures (house, buildings, etc.) must meet Montgomery County Zoning requirements.*

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

\_\_\_\_\_  
Owner/Legal Representative

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

### **SITE SKETCH**

**(Provide sketch of proposed structure(s), location of septic system, well, driveway, etc.)**