

Montgomery County Health Department

Environmental Health Section

217 S. Main St.
Troy, NC 27371
Phone #: (910) 572-8175
Fax #: (910) 572-8177

Application for Services

(please check one of the following)

<input type="checkbox"/> Existing System Report for Home Reconnection to Septic System (-\$0-)	<input type="checkbox"/> Existing System Report for Additions to Home or Lot (-\$0-)
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*****For home reconnections or when an existing permit is not on file with our Department, the septic tank lid on the outlet end of the septic tank must be uncovered prior to submitting this application and the lid must be removable (DO NOT REMOVE!). Furthermore, all additions and home sites must be marked prior to submitting this application.**

Parcel ID#: _____
(available at Tax Office)

Applicant's Name: _____ Home Phone #: _____
Address: _____ Work Phone #: _____

Owner's Name: _____ Home Phone #: _____
Address: _____ Work Phone #: _____

Directions to Property (Include Subdivision Name and Lot # if applicable)(**BE AS SPECIFIC AS POSSIBLE**):

IF RECONNECTING TO AN EXISTING SEPTIC SYSTEM ON A VACANT PRIVATE LOT:

Number of bedrooms in original residence on the site: _____

Number of bedrooms in proposed residence on the site: _____

Number of residents: _____

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

OTHER (give details):

Who's name was septic system originally installed in?

Any other information you can provide to us (name of other residents, name of builder, septic system installer, location of septic system, dates, etc.) may help to speed the septic system check process: _____

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

Applicant is strongly encouraged to determine and comply with any applicable zoning authority having jurisdiction over this property and comply with any and all requirements that will need to be met before any improvements are made to this property.

I have read 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. I understand that any or all permits applied for or granted shall be void if any of the information is incorrect or false. Permission is granted for Health Department Personnel to perform the necessary evaluations and inspections on the property.

Owner/Applicant Signature

Date

ADD SITE SKETCH PAGE 3

SITE SKETCH

(draw a sketch of proposed structure(s), location of septic system, etc.)

