Haywood County Health & Human Services Agency
Environmental Health Section
157 Paragon Parkway – Suite 200
Clyde, NC 28721
Office (828) 452-6682 Fax (828) 452-6791

EXISTING SYSTEM AUTHORIZATION

Owner Name: _____

Mailing Address: _____
(*city*) (*state*) (*zip code*)

Phone #: _____ Cell: _____

Name of Mobile Home Park: *(if applicable)*_____

Parcel ID Number: _____/_____/_____

Property Address: _____
(*city*) (*state*) (*zip code*)

Directions to property: _____

_____

_____

Number of Bedrooms: _____ Number of Occupants: _____

If Multiple Family: Number of Units: _____ If Commercial: Number of Employees: _____

Setback Check? ☐ Yes ☐ No

A survey plat (if available) and DETAILED SITE PLAN must accompany all applications or no work will begin. You will be given a map of your property, on which you must draw in the proposed location of the house, driveway, and/or any other structures such as decks, garage, carport, outbuildings, pool, etc.)

Applicant Signature: _____
Submittal of a signed application constitutes right of entry to the property

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FOR OFFICE USE ONLY

The Sewage Disposal System serving the above site was checked and no sign of malfunction was present.

_____ **is authorized to**

connect a _____ Bedroom ☐ residence ☐ mobile home ☐ RV Other: _____

to the sewage disposal system serving this site.

Permit # (if applicable) : _____ Date Approv*ed:* _____ *EHS:* _____

Revisit for operation permit required: Yes ☐ No ☐ Date Final Approved: _____ EHS:_____

Setback Check Approved? ☐ Yes Date: _____ EHS: _____ No ☐

Authorization Fee: $_____Date Paid: _____ Receipt #:_____Clerk: _____