SOUTHAMPTON COUNTY HEALTH DEPARTMENT
APPLICATION FOR HEALTH EVALUATION/SITE IMPROVEMENTS

Section A to be filled out by applicant / Section B to be filled out by Planning/Zoning Dept.

New Construction ☐ Addition/Accessory Building/etc. ☐

A. DATE:_____

OWNER:_____ HOME PHONE#:_____

ADDRESS:_____ WORK PHONE#:_____

_____

AGENT:_____ HOME PHONE#:_____

ADDRESS:_____ WORK PHONE#: _____

_____

LOCATION OF PROPERTY:_____

TAX MAP/PARCEL#:_____

SEWAGE DISPOSAL FACILITIES: Septic Tank ☐ Public Sewer ☐

WATER SUPPLY: Individual Well ☐ Public Water ☐

PROPOSED SITE IMPROVEMENTS:_____

_____

_____

I do hereby give permission to the Health Department to conduct soil studies/site evaluation on the above described property.

SIGNATURE:_____ DATE:_____

****

PLANNING/ZONING INFORMATION

B. ZONING CLASSIFICATION:_____ LOT STATUS: EXISTING ☐ PROPOSED ☐

MINIMUM LOT SIZE:_____

COMMENTS:_____

_____

_____

PLANNING/ZONING ADMINISTRATOR:_____ DATE:_____

****

HEALTH DEPARTMENT USE ONLY

C. PROPOSED REQUEST: APPROVED ☐ DISAPPROVED ☐

COMMENTS:_____

_____

DATE:_____ SIGNED:_____