



Date: _____

Tax Map/Parcel #: _____

Application for Change of Use

1. Applicant Information:

Applicant Name: _____

Phone: _____

Address: _____

Email: _____

Owner Name: _____

Phone: _____

Address: _____

Email: _____

2. Property Information:

a) Address or directions to property: _____

b) Subdivision & Lot Number: _____

c) Current Use of Property: ☐ Home # of Bedrooms: _____ # of People Living in the Home: _____
☐ Business Type of Business: _____

d) Lot size/acreage: _____

e) Wastewater System Type: ☐ Public Sewer (or) ☐ Septic System

f) Original Owner (when building was built): _____

g) Year Septic System was installed: _____

h) Septic System Location (front yard, back yard, etc.): _____

i) Type of Septic System (if known):
☐ Conventional ☐ Pumped Conventional ☐ Engineered System
Other: _____

j) Water Supply (choose one):
☐ Private Well ☐ Shared ☐ Public Water ☐ Spring

3. Description of Proposed Business:

Type of Business: _____

Number of Employees: _____ Number of Individuals Served: _____ (ex. daycare kids)

Number of Days per week Operating: _____ Hours of Operation: _____

Additional Comments: _____

I certify that the information provided above is complete and correct to the best of my knowledge. I also understand that if the information provided is inaccurate, the site is subsequently altered, or the intended use changes, all permits and approvals shall be subject to revocation. Submittal of this application grants right of entry to the Person County Environmental Health Department staff.

Signature

Date

Office Use:

Approved: _____ **Date:** _____

Comments: _____