



Columbus County
 Building Inspections Department
 306 Jefferson Street
 Whiteville, NC 28472
 (910) 640 6619 voice (910) 640 6649 fax

Building Permit Impact Statement

Customer / Agent to Fill Out:

Owner _____

Address _____

911 Address if different _____

Telephone _____ Cell _____ Fax _____

Description of Building Permit Request _____

Once upper portion is completed, take to Room 8 for Environmental to fill out the lower section

- 1. Will permit request increase daily wastewater flow? YES _____ NO _____
- 2. Will addition encroach in area for sewage system and repair? YES _____ NO _____
- 3. Will addition encroach in set back from well (note: 25ft)? YES _____ NO _____

On _____ our office was contacted by **(owner/agent)** to determine if **(his/her)** request for a building permit will impact either the existing sewage system or well located on this property. After reviewing the building permit request it was determined that this site **(will/will not)** be impacted by the issuance of this building permit. A wastewater re-inspection, or expansion **(will / will not)** be required.

The above decision was based on information submitted by the **(owner/agent)**.

If the conditions as described on _____ should change them **(I.P. or Well)** permits may be required.

 Signature of Owner / Authorized Agent Date

 Signature of CC Environmental Health Representative Date