IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION, SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ✓ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
The following optional attachments may also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet
Place check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

James W Hines	374 Gun Club Rd Stony Point NC 28678	704-657-1479	
Applicant Name	Mailing Address	~~Home Phone~~ #	Alternate Phone #
James W Hines	374 Gun Club Rd Stony Point NC	Cell 704-657-1479	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

374 Gun Club Rd
Street Address ___ Subdivision Name ___ Section/Phase and Lot Number

Driving Directions: Sharon School Rd Turn Left on to Gun Club Rd
Go to End of Gun club Rd. Existing Mobil Home

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to ___
( ) Other ___

Maximum Number of Bedrooms 2
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* (X) EXISTING SYSTEM installed ? 2000 Year

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes ( ) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: James W Hines 11-24-15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

X **Property Line measurements are clearly identified...**

X **All proposed structures are indicated...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

X **Front and side setbacks from property line...**

X **Area you prefer your septic system to be placed...**

____ **Preferred driveway location and configuration, preferred well location...**

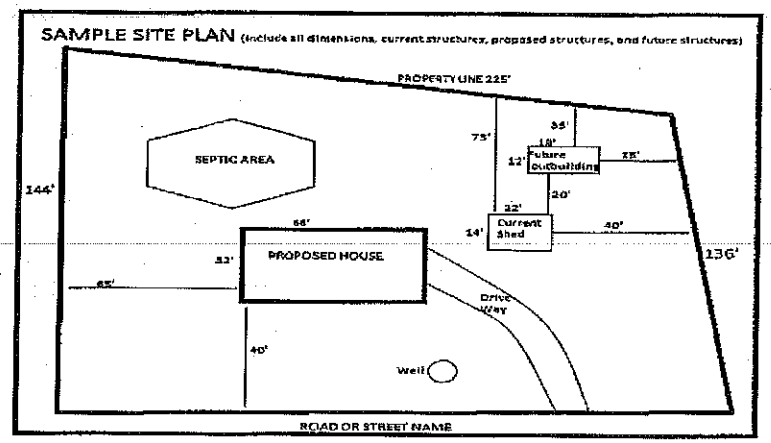
____ **North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

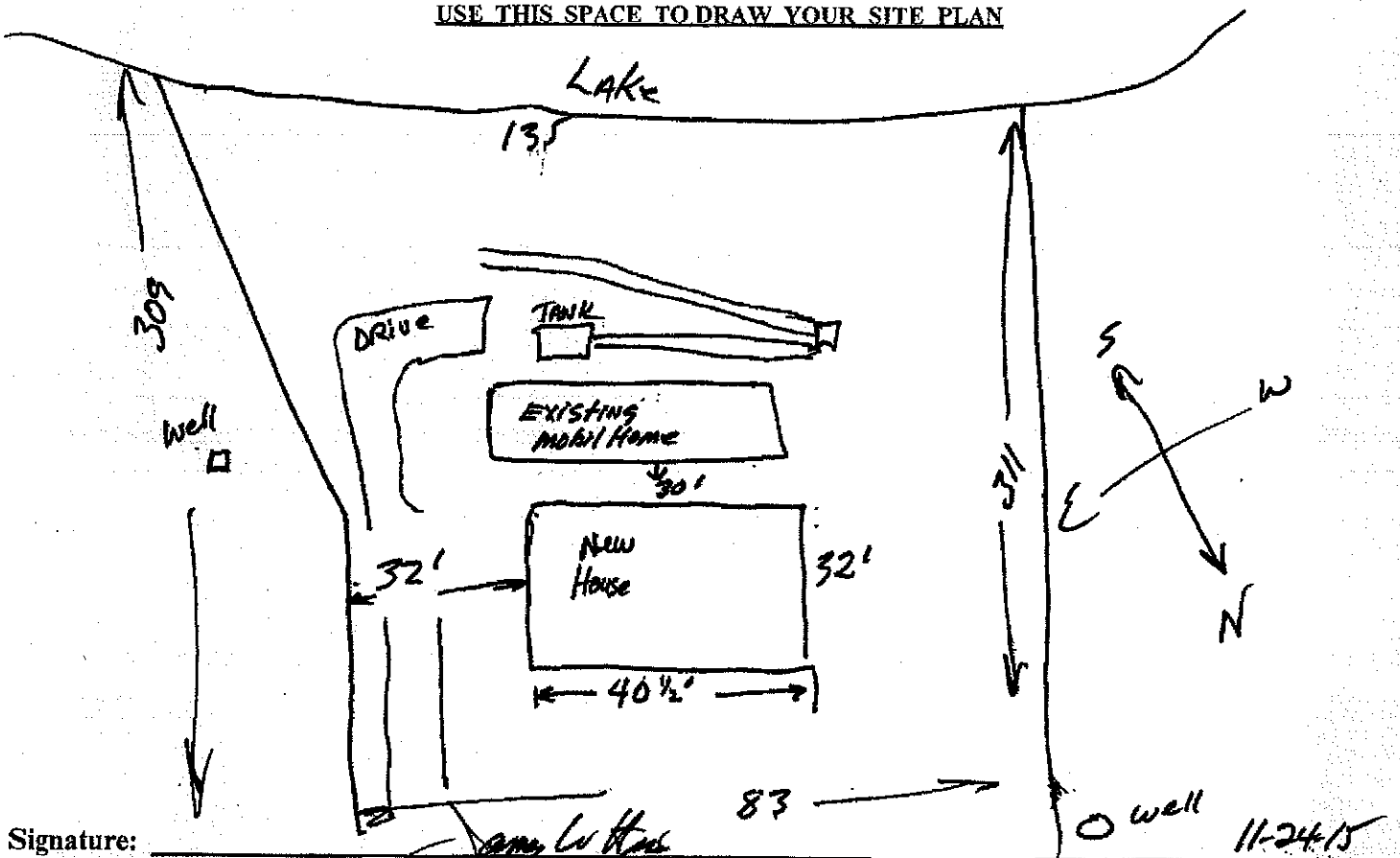
X **Location of septic systems and wells within 100' of your property... N/A**

N/A **Location of easements and rights of ways on your property... N/A**

N/A **Location of any designated wetlands on the property... N/A**



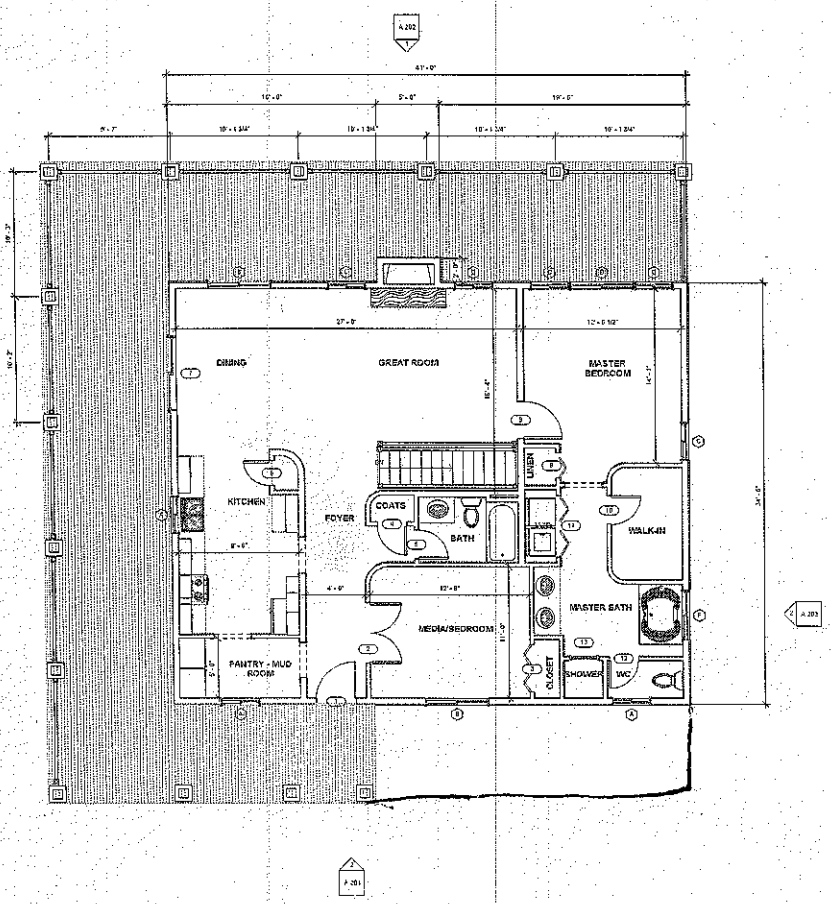
USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: Amy Lee Hines

REQUIRED **property owner or owner's legal representative signature.**

DATE



1 FIRST FLOOR
1/4" = 1'-0"

Door Schedule			
Mark	Type	Width	Height
1	3'-0" x 6'-8"	3' - 1 1/2"	6' - 8 1/2"
2	5068 DOUBLE	5' - 0"	6' - 8"
3	4068	4' - 0"	6' - 8"
4	2468	2' - 4"	6' - 8"
5	2468	2' - 4"	6' - 8"
6	3068	2' - 0"	6' - 8"
7	6668 PATIO	6' - 0"	6' - 8"
8	3068	2' - 0"	6' - 8"
9	3068 BIFOLD	2' - 0"	6' - 8"
10	2468	2' - 4"	6' - 8"
11	5068	5' - 0"	6' - 8"
12	2468	2' - 4"	6' - 8"
13	SHOWER	2' - 0"	7' - 0"
14	3068 PATIO	3' - 0"	6' - 8"

Room Schedule						
Name	Area	Perimeter	Floor Finish	Wall Finish	Level	Comments
BATH	41 SF	26' - 0"			FIRST FLOOR	
CLOSET	10 SF	13' - 9 1/4"			FIRST FLOOR	
COATS	7 SF	11' - 1 7/8"			FIRST FLOOR	
DINING	130 SF	46' - 0 5/8"			FIRST FLOOR	
FOYER	93 SF	50' - 5 1/4"			FIRST FLOOR	
GREAT ROOM	282 SF	81' - 5"			FIRST FLOOR	
KITCHEN	133 SF	48' - 8 7/8"			FIRST FLOOR	
LINEN	7 SF	10' - 11"			FIRST FLOOR	
MASTER BATH	99 SF	50' - 5 1/8"			FIRST FLOOR	
MASTER BEDROOM	177 SF	55' - 4 1/8"			FIRST FLOOR	
MEDIA/BEDROOM	139 SF	48' - 11 7/8"			FIRST FLOOR	
PANTRY - MUD ROOM	48 SF	29' - 0 1/8"			FIRST FLOOR	
SHOWER	10 SF	12' - 5 7/8"			FIRST FLOOR	
WD	14 SF	16' - 7 5/8"			FIRST FLOOR	
WALK-IN	51 SF	29' - 2 3/8"			FIRST FLOOR	
WC	18 SF	18' - 5 1/4"			FIRST FLOOR	

1/8" = 1'-0"
0' 2' 4' 8' 16'
Graphic Scale

BRIAN J. BELLING, AIA
129 KITTY HAWK DRIVE
COROLLA, NC 27927
PHONE 252-232-7589

HOME PLANNERS, INC.

HINES RESIDENCE

FIRST FLOOR PLAN

A 101

12-29-15

12-30-15