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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Kimberly Sneed (Freedom Homes)	1124 Cradolle Hwy, Troutman		704-881-2326
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Mahlon Ellis	8570 Oakfield Dr Kannapolis NC 28081		704-577-9252

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
106 Hidden Valley Drive (Girl)		

Driving Directions: 77N to 40 West to Sharon School Rd (Left) to Hwy 70 (Left) To Eufola Rd (Left) To Hidden Valley Drive (Left) first Driveway on (Right)

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

(✓) 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 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) 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 (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

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

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

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (✓) 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: Kimberly Sneed 4-12-16
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

ıy application/document/permit requiring a signature must be signed by the property owner or their ıthorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for e owner. This form allows the specified individuals to sign or receive any application/document/permit on :half of the owner. This form allows the authorized agent to make decisions on behalf of the owner ırtaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all ırmit conditions specified on permits issued by this Division are followed.

Nelson Fors, am the legal owner of the property located
112 Hidden Valley Drive Statesville, identified as
N(Parcel Identification Number) 3792 84 4111, located in Iredell County, North rolina.

o hereby authorize (print authorized agent/company name) Freedom Homes, Kimberly Sneed, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining y of the documents described below.

Improvement Permit (IP)/ Authorization to Construct (AC).
Application for soil-site evaluation (new/repair).
Application/permit for water well/well abandonment.
Application for existing system.
Application for Improvement Permit (IP)/ Authorization to Construct (AC).

gree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the dell County Department of Public Health, Environmental Health Division. This form must be fully executed fore the individual's specified above will be recognized as the authorized agent.

[signature] Jan 9, 2016
ınature of Owner Date

_____ _____
ınature of Witness Date