IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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 ___BOTH ___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:**

LN SIGNATURE HOMES	584 BRAWLEY SCHOOL R, STE 101 MOORESVILLE 28117	704/799-1851	704/361-0402
Applicant Name	Mailing Address	Home Phone	Work Phone
TOM DAVIS	190 SUNSTEDE RD MOORESVILLE		
Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

190 SUNSTED	N/A	281
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: BRAWLEY SCHOOL RD, TR ON TUSKARORA, TR ON SUNSTEDE RD LOT ON RIGHT

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

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 ___

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6. **Proposed Water Supply:**

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

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7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___________ ( ) No Preference

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8. **Please Answer The Following To The Best of Your Ability:**

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) 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?

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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:** [signature] 12/12/07

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEATLH DEPARTMENT

PAGE 2: *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:

____ **Property Line measurements are clearly identified…**
____ **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
____ **Front and side setbacks from property line…**
____ **Preferred driveway location and configuration, preferred well location…**
____ **Area you prefer your septic system to be placed…**
____ **North arrow, or other sufficient indicator of direction…**

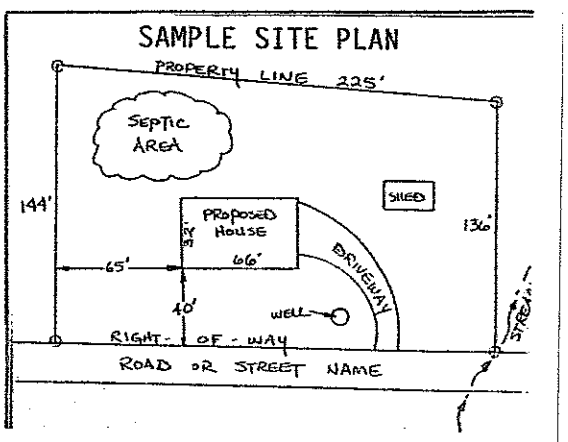
Circle N/A on the following if appropriate:

____ **Location of septic systems and wells within 100' of your property… N/A**
____ **Location of easements and rights of ways on your property… N/A**
____ **Location of any designated wetlands on the property… N/A**

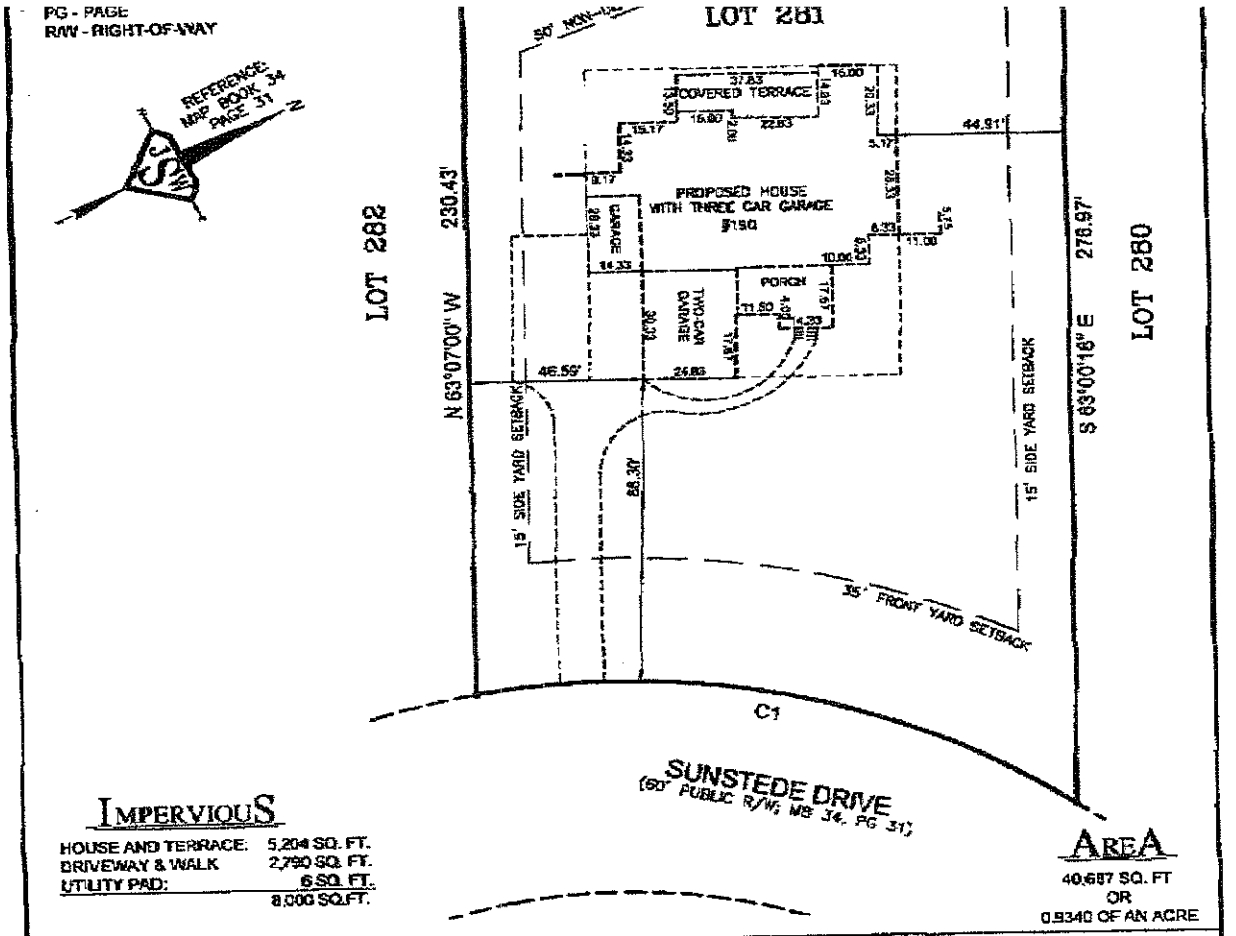
Signature: _____ 12/12/07
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attd Survey



PG - PAGE
R/W - RIGHT-OF-WAY



IMPERVIOUS

HOUSE AND TERRACE:	5,204 SQ. FT.
DRIVEWAY & WALK	2,790 SQ. FT.
UTILITY PAD:	6 SQ. FT.
	8,000 SQ.FT.

AREA

40,687 SQ. FT
OR
0.9340 OF AN ACRE

FLOOD CERTIFICATION

THIS IS TO CERTIFY THAT THE SUBJECT PROPERTY IS LOCATED IN A SPECIAL FLOOD HAZARD AREA AS SHOWN ON MAPS PREPARED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY, FEDERAL INSURANCE ADMINISTRATION DATED JUNE 22, 1998; COMMUNITY PANEL No.: 320313 0200 C (IREDELL CO.) FEBRUARY 4, 2004 COMM. PANEL No. 3711BC 0004 E (MECKLENBURG CO.)

PLOT PLAN CERTIFICATION

THIS IS TO CERTIFY THAT ON THE 30TH DAY OF NOVEMBER, 20 07 THIS PLOT PLAN OF THE PROPERTY SHOWN WAS MADE UNDER MY SUPERVISION AND THAT THE BOUDARY LINES WERE PLOTTED FROM PLAT BOOK 34, PAGE 31 AND THE IMPROVEMENTS UNLESS OTHERWISE INDICATED ARE PROPOSED. NO ACTUAL FIELD WORK SURVEY WAS PERFORMED IN THE PREPARATION OF THIS MAP AND IT IS A PRELIMINARY AND IS NOT INTENDED TO BE USED FOR CONVEYANCE, RECORDATION OR SALE.

SIGNED

12/03/2007