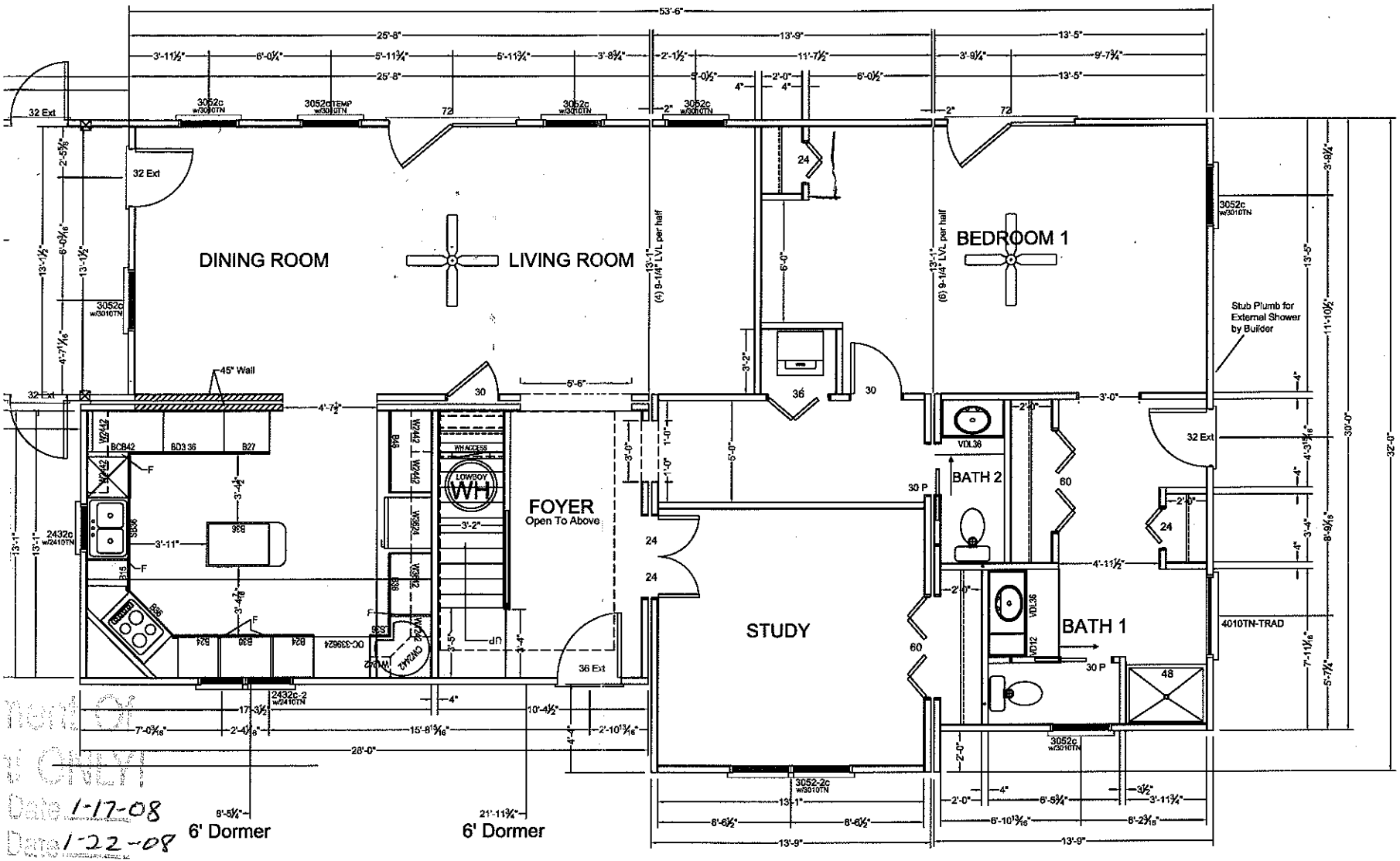
McCULLOCH - 158 BALMORAL
MOORESVILLE



Date 1-17-08

Date 1-22-08

1 2 3 4

0 5 10 15

4 MODULES / 4 LINE MOVES
1632 FIRST FLOOR SQ FT

NOTES:
1. IT IS THE BUILDERS RESPONSIBILITY TO CONFIRM WITH THE SALES REPRESENTATIVE THAT ALL INFORMATION SHOWN ON THE PLANS HAS BEEN INCULDED ON THE SALES ORDER. *THE SALES ORDER IS THE FINAL CONTRACT.*
2. PHONE,TV,RECESSED LIGHTS AND ANYOTHER SPECIFIC ITEM ON THE SALES ORDER MUST BE LOCATED ON A SIGNED FLOORPLAN. ITEMS NOT LOCATED IN THIS MANNER WILL BE PLACED UNDER THE DISCRETION OF ENGINEERING.
3. MATERIALS TO FINISH THE MARRIAGE WALL WILL BE SHIPPED LOOSE INSIDE THE UNIT(S). THE INSTALLATION WILL BE THE RESPONSIBILITY OF THE BUILDER. THESE ITEMS INCLUDE, BUT ARE NOT LIMITED TO DOORS, JAMBS, CASINGS, TRIM, SHEETROCK

REVISIONS		
DATE	REVISION	BY
12/13/7	ReDraw per Request & Jane	LNF

HandCrafted Homes

101 Eastern Minerals Road, Henderson, N.C. 27537
Phone: 252-436-0001 Fax: 252-430-6662

MODEL:	BUILDER:	FILENAME:	SERIAL NUMBER:	PAGE:
CST CAPE	DISTINCTIVE HSG	P-27-68	SN	FLOORPLAN SHEET 1 03.1
DRAWN BY:	DATE:	SCALE:		
LNF	12/7/07	3/16" = 1'-0"		

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or 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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
MIKE SHALVOY	289 CHANDELEUR DR	704-662-6991	980-722-1118
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
201 SUNSTEDS		

Driving Directions: BRAWLEY SCHOOL R. TUSCARORA R SUNSTEDS

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
( ) Repair To Failing Septic System
( ) Other ___

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
(X) 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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

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

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___ ( ) No Preference

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

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) 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: ___ 11/4/12
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE