Rec'd 8-22-14

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION RECEIVED AUG 29 2014

PAGE 1: *APPLICATION FORM* Paid $105.00 Ltd Redraw

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

( ) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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.

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 an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: John C Richards **Address:** PO Box 4613 Mooresville NC 28117 **Phone:** 704 804 4119

Owner Name: John C Richards **Address:** PO Box 4613 Mooresville NC 28117 **Phone:** 704 804 4119

Property Information:

Street Address: 483 Stonemarker Rd Mooresville NC 28117

Subdivision Name: Stonemarker **Section/Phase:** _____ **Lot Number:** 15

Driving Directions: Brawley School Rd South To Right on Stonemarker Rd. Approx 1.3 miles to Property on left

Site Development Information: *(check or complete ALL that apply)*

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

(X) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** _____

( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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. industrial) 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.

Signature: _____ 8-22-2014

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

Lot Purchased

RECEIVED OCT 15 2013
Paid $500.00 Statesville

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Applicant Information:

Applicant Name: John C Richards Address: PoBox 1833 Blowing Rock NC 28605 Phone: 828 719 5205

Owner Name: Robert P. Rinaldi Address: 112 Wisteria Ln. Mooresville NC 28117 Phone: 704 641 7009

Property Information:

Street Address: 483 Stonemarker Rd Mooresville

Subdivision Name: Stonemarker Section/Phase: _____ Lot Number: 15

Driving Directions: Brawley School Rd, to Circle at Point, 1/2 way Around Circle Continue on Brawley School Rd, Right on Stonemarker Rd Appx 1.3 Miles to property on left.

Site Development Information: *(check or complete ALL that apply)*

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: Garage

(X) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
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Signature: _____ 10-15-13
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE