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:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Matthew Romanoff			
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
395 Barber Loop	-NA-	

Driving Directions: Brawley School Rd to (R) Chestwood (L) Barber Loop

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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?
(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 ___

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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:**

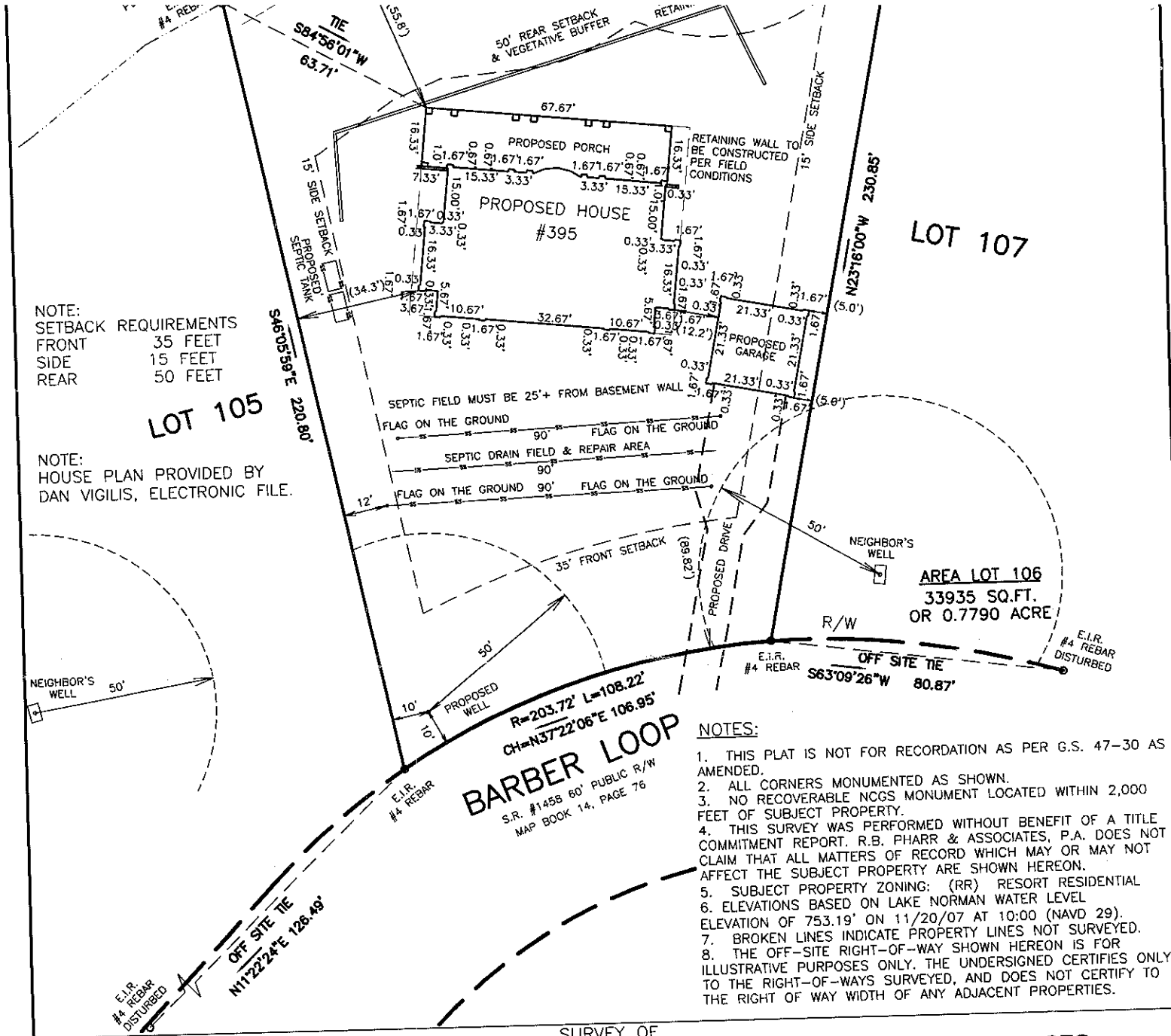
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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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:** Debra S. Moss as RE Agent — 9-10-07

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



NOTES:

1. THIS PLAT IS NOT FOR RECORDATION AS PER G.S. 47-30 AS AMENDED.
2. ALL CORNERS MONUMENTED AS SHOWN.
3. NO RECOVERABLE NCGS MONUMENT LOCATED WITHIN 2,000 FEET OF SUBJECT PROPERTY.
4. THIS SURVEY WAS PERFORMED WITHOUT BENEFIT OF A TITLE COMMITMENT REPORT. R.B. PHARR & ASSOCIATES, P.A. DOES NOT CLAIM THAT ALL MATTERS OF RECORD WHICH MAY OR MAY NOT AFFECT THE SUBJECT PROPERTY ARE SHOWN HEREON.
5. SUBJECT PROPERTY ZONING: (RR) RESORT RESIDENTIAL
6. ELEVATIONS BASED ON LAKE NORMAN WATER LEVEL ELEVATION OF 753.19' ON 11/20/07 AT 10:00 (NAVD 29).
7. BROKEN LINES INDICATE PROPERTY LINES NOT SURVEYED.
8. THE OFF-SITE RIGHT-OF-WAY SHOWN HEREON IS FOR ILLUSTRATIVE PURPOSES ONLY. THE UNDERSIGNED CERTIFIES ONLY TO THE RIGHT-OF-WAYS SURVEYED, AND DOES NOT CERTIFY TO THE RIGHT OF WAY WIDTH OF ANY ADJACENT PROPERTIES.

SURVEY OF

LOT 106, SECTION 7, CRESCENT LAND AND TIMBER RECREATION LOTS

R. B. PHARR & ASSOCIATES
PROFESSIONAL SURVEYORS
19801 S. MAIN STREET
CORNELIUS, NC 28031
TEL: 704-895-1730
FAX: 704-895-1964

DAVIDSON TOWNSHIP, IREDELL COUNTY, N.C.
PREPARED FOR
MATTHEW B. ROMANOFF & KAREN MINER-ROMANOFF

REFERENCE: MAP BOOK 14, PAGE 76
TAX PARCEL: 4615-91-1181

CREW:	DRAWN:	REVISED:	JOB NUMBER:
P.T.	T.K.		71968