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
Simonini Builders	1910 South Blvd.	358-9940 x 104	Mobile 980 722-9629 Perrin
Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	The Point	Lot 983

Driving Directions: _____

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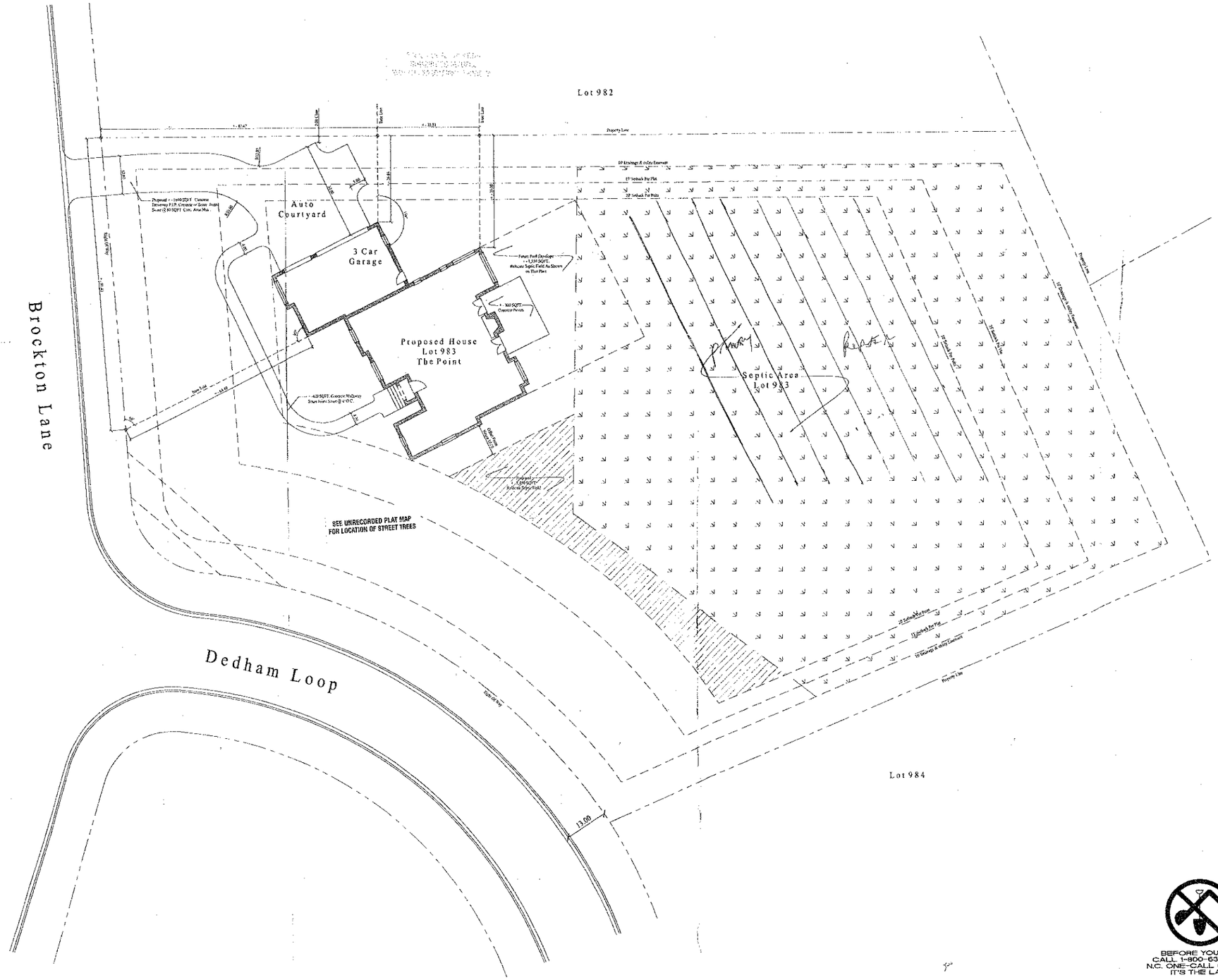
8. **Please Answer The Following To The Best of Your Ability:**

( ) 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:** _____ 10.29.04
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE



BEFORE YOU DIG!
CALL 1-800-632-4949
N.C. ONE-CALL CENTER
IT'S THE LAW!

ABATE

LANDSCAPE & GARDEN DESIGN
704.439.0427
10018 SWITCHYARD DRIVE
CORNELIUS, NORTH CAROLINA
02831

CONSULTANT:

CLIENT:
SIMONINI BUILDERS
CHARLOTTE, NC

FOR APPROVAL

REVISION

NO:	DATE:	REMARKS:

PROJECT NUMBER: 2004 - 983

PROJECT NAME: LOT 983
BROCKTON LANE
THE POINT

SCALE: 1"=12'-0"
0 6 12 24
NORTH

SHEET TITLE: SITE PLAN

ISSUE DATE: SEPT. 28, 2004
APPROVED BY: AFM
CHECKED BY: AFM
DRAWN BY: AFM

SP.1

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