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 Charlotte NC	358-9940	

Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	The Point	1132

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 6
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:**

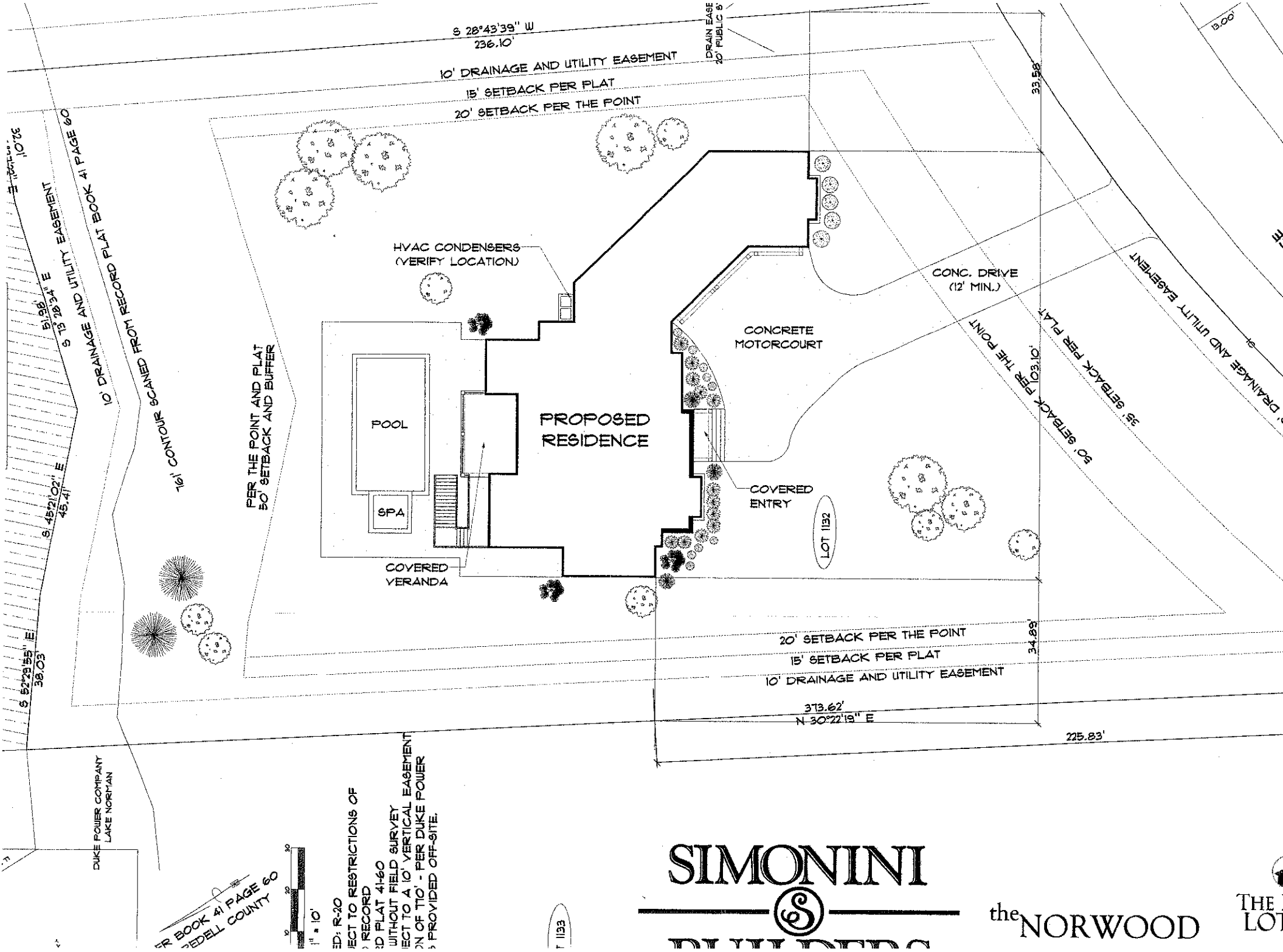
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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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:** _____ 12.30.04

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


S 28°43'39" W
236.10'
10' DRAINAGE AND UTILITY EASEMENT
15' SETBACK PER PLAT
20' SETBACK PER THE POINT
DRAIN EASE
20' PUBLIC 6'
33.58
13.00'
10' DRAINAGE AND UTILITY EASEMENT
S 73°28'34" E
61.98'
10' DRAINAGE AND UTILITY EASEMENT BOOK 41 PAGE 60
761' CONTOUR SCANED FROM RECORD PLAT
PER THE POINT AND PLAT
50' SETBACK AND BUFFER
S 45°21'02" E
45.41'
S 62°29'55" E
38.03'
HVAC CONDENSERS
(VERIFY LOCATION)
POOL
SPA
PROPOSED
RESIDENCE
COVERED
VERANDA
CONCRETE
MOTORCOURT
CONC. DRIVE
(12' MIN.)
50' SETBACK PER THE POINT
35' SETBACK PER PLAT
103.01'
DRAINAGE AND UTILITY EASEMENT
COVERED
ENTRY
LOT 1132
20' SETBACK PER THE POINT
15' SETBACK PER PLAT
10' DRAINAGE AND UTILITY EASEMENT
34.89'
373.62'
N 30°22'19" E
225.83'
DUKE POWER COMPANY
LAKE NORMAN
ER BOOK 41 PAGE 60
REDELL COUNTY
1" = 10'
ED: R-20
ECT TO RESTRICTIONS OF
RECORD
D PLAT 41-60
WITHOUT FIELD SURVEY
ECT TO A 10' VERTICAL EASEMENT
ON OF 770' - PER DUKE POWER
S PROVIDED OFF-SITE.
T 1133
SIMONINI
BUILDERS
the NORWOOD
THE
LOT