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
Zande Homes	107 N. Main Mooresville NC		704-660-5429
Owner Name	Mailing Address	Home Phone	Work Phone
Same			

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
163 Shelborne Pl.	The Point	Lot 1129

Driving Directions: Brawley School Rd left to Torrence Chapel left Shelburne.

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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 ____
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:

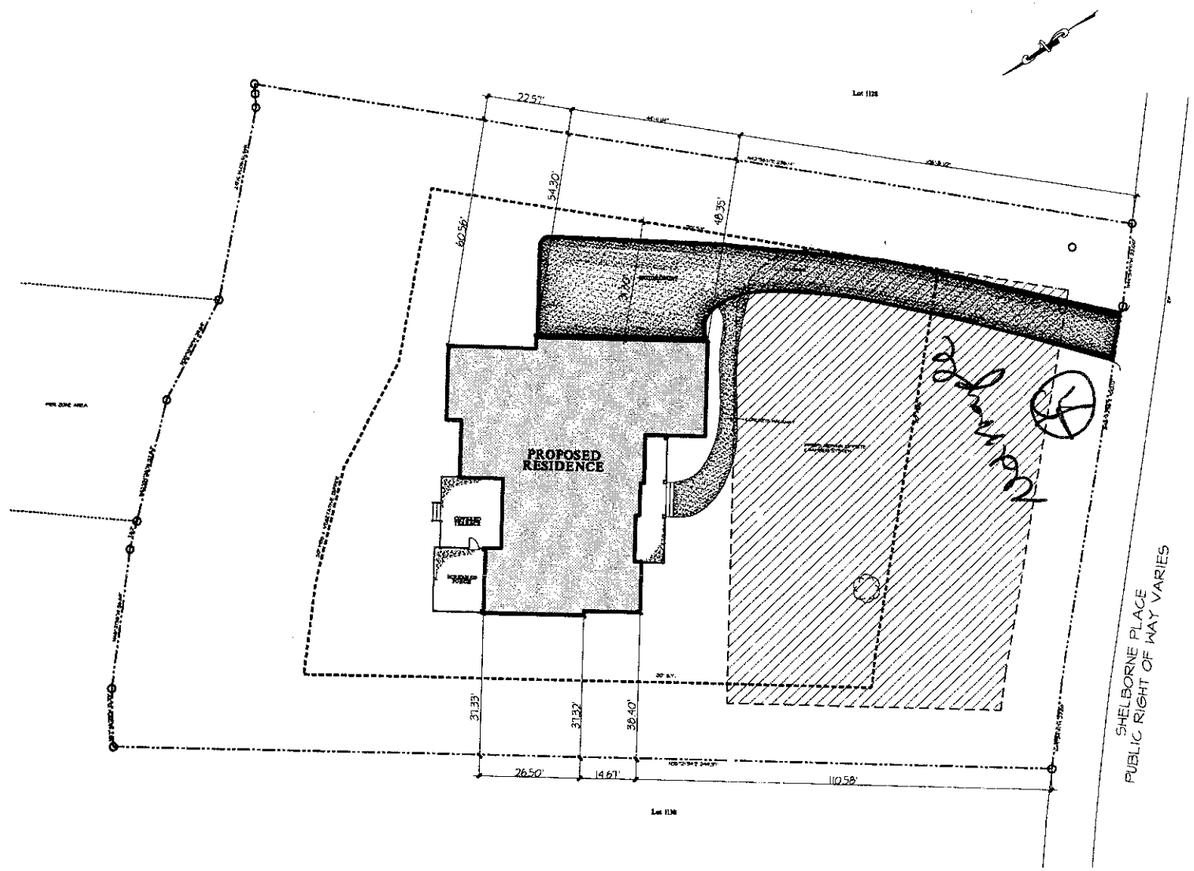
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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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: Susan Sullivan
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12/14/07
DATE



FINAL HOUSE LOCATION
SUBJECT TO IREDELL
HEALTH DEPARTMENT APPROVAL

SEE UNRECORDED PLAT MAP
FOR LOCATION OF STREET TREES

CAROLINA DESIGN GROUP
residential design firm

A NEW RESIDENCE FOR
Mr. & Mrs. Fitzharris

SEAL

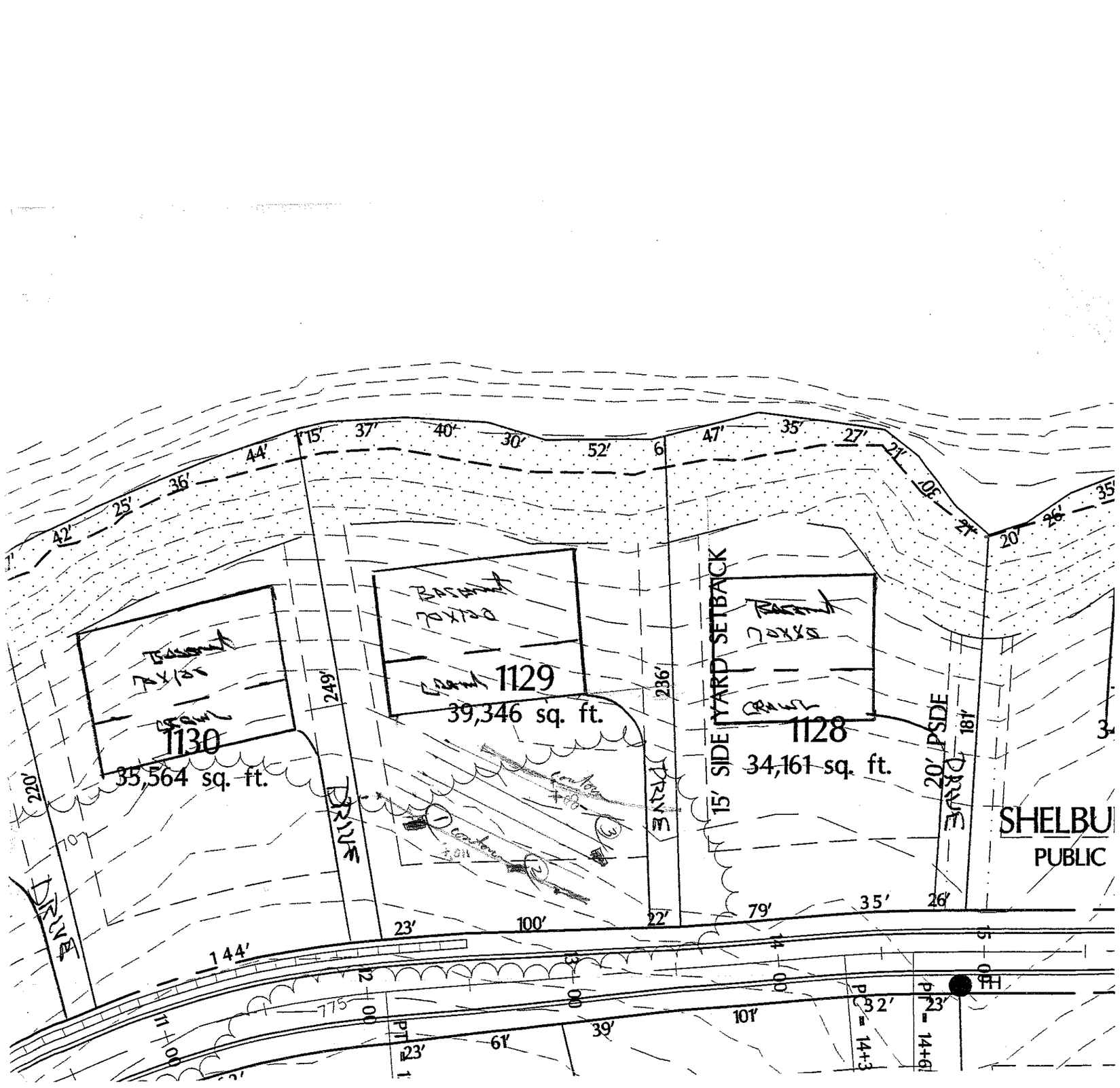
DRAWN BY	DATE
R.M.W. E.J.H.	8-16
CHECKED BY	JOB NO.
C.T./ D.S.	ZAND-12

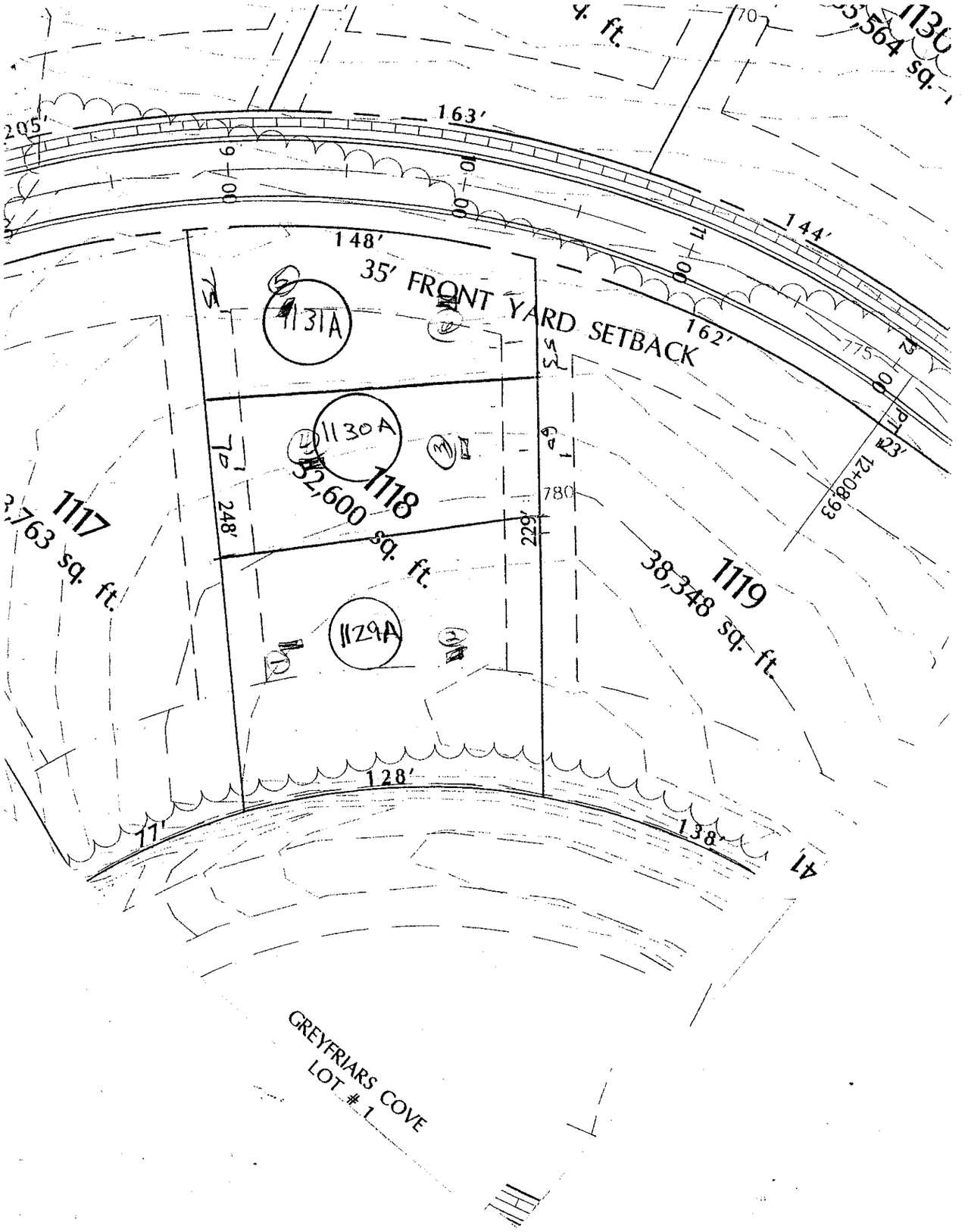
DRAWING TITLE: SITE PLA

SCALE: 1" = 40'-0"

SHEET NO: 2 OF 17 SHE

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1130
35,564 sq. ft.
1129
39,346 sq. ft.
1128
34,161 sq. ft.
15' SIDE YARD SETBACK
20' SIDE
DRIVE
SHELBU
PUBLIC
42'
25'
36'
44'
15'
37'
40'
30'
52'
47'
35'
27'
21'
30'
20'
26'
35'
220'
249'
236'
181'
23'
100'
22'
79'
35'
26'
144'
32'
23'
61'
39'
101'


163'
205'
148'
144'
162'
35' FRONT YARD SETBACK
1131A
1130A
1129A
1118
32,600 sq. ft.
1117
2,763 sq. ft.
1119
38,348 sq. ft.
248'
229'
128'
77'
138'
GREYFRIARS COVE
LOT #1