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# IREDELL COUNTY HEALTH DEPARTMENT

## *ENVIRONMENTAL HEALTH DIVISION*

**PAGE 1: *APPLICATION FORM***

**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:** WARREN SMITH **Address:** PO BOX 3190 MOORESVILLE NC 28117 **Phone:** 704-363-1622

**Owner Name:** _____ **Address:** _____ **Phone:** _____

**Property Information:**

**Street Address:** 160 BRANCH HARBOR PLACE MOORESVILLE NC 28117

**Subdivision Name:** THE POINTS **Section/Phase:** 2 **Lot Number:** 249

**Driving Directions:** BRANCH SCHOOL LT ON BRANCH HARBOR
LOOP ON RT

**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:** _____
(X) Swimming Pool
( ) Other Addition/Structure: _____

(X) Crawl Space Foundation
( ) 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:**

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

**Desired Septic System Type:** *(you may rank in order of preference)* **Year existing system installed:** _____
(X) No Preference ( ) Alternative ( ) 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:** _____ 5/12/15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED APR 8 2015

# IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00

#209541

*ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

**Application For:**

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

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

**Applicant Information:**

**Applicant Name:** Randall Stutts **Address:** 4300 Sharon Rd Apt 343 Charlotte NC **Phone:**

**Owner Name:** Same **Address:** **Phone:**

**Property Information:**

**Street Address:** 150 Brawley Harbor

**Subdivision Name:** The Point **Section/Phase:** 2 **Lot Number:** 249

**Driving Directions:**

**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
(X) Swimming Pool
( ) Other Addition/Structure:

(X) Crawl Space Foundation
( ) 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:**

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

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

(X) No Preference ( ) Alternative ( ) 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:** _____ 4/8/2015

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

# AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Randall D. STUTTS, am the legal owner of the property located at 150 Brawley Harbor Place, identified as PIN(Parcel Identification Number) 4625999401, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Michael Athanas & Associates, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Randall D. Stutts 3/6/15
Signature of Owner Date

_____ _____
Signature of Witness Date