IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or 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 X 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 #	Alternate Phone #
Harris Court Group	443673 South Blvd, Charlotte, NC 28209	704-295-0099	704-202-3797
Equity One Partners, LLC	9935-D Rea Rd Suite 210 Charlotte, NC 28277	704-295-0099	704-202-3797

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
147 E. Cold Hollow Farms Rd)	Farms	489

Driving Directions: South on Brawley School, right on McKendree, right on Bare Foot, right on E. Cold Hollow Farm Rd.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System
( ) Other

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(X) 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 ___

6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)*

( ) Alternative (1) Conventional (2) Innovative (3) Modified Conventional ( ) Other___ ( ) No Preference

8. 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. industry) 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.

9. Signature: _____ 1/4/2012
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

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3. **Applicant Information:**

The Farms, LLC (Applicant Name)	2814 Brawley School Rd, Mooresville, NC 28117 (Mailing Address)	(Home Phone)	704-660-1185 (Work Phone)
The Farms, LLC (Owner Name)	same (Mailing Address)	(Home Phone)	same (Work Phone)

4. **Property Information:**

(Street Address)	The Farms (Subdivision Name)	Ph 4 / Lot 489 (Section/Phase and Lot Number)

Driving Directions: Brawley School Rd, R on McKendree, on Right

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5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

X New, Single Family Residence	Maximum Number of Bedrooms 4	X Crawl Space Foundation?
( ) New, Multi-Family Residence	Maximum Number of Occupants ___	( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System	If Expansion, Current Number of Bedrooms ___	( ) Basement w/Plumbing?
( ) Repair To Failing Septic System		( ) 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 X 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)*

(4) Alternative (1) Conventional (2) Innovative (3) Modified Conventional ( ) Other_____ ( ) No Preference

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8. **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. industry) to be generated?
( ) Yes X No Is the site subject to approval by any other public agency?

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9. Signature: Kathleen Davis — 6/2/05

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

IREDELL COUNTY HEALTH DEPARTMENT

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3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
LN SIGNATURE HOMES	584 BRAWLEY SCH. RD STE 104 MOORESVILLE, NC 28117	704/799-1851	704/361-0402

Owner Name	Mailing Address	Home Phone	Work Phone
	SAME AS ABOVE		

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
147 E. COLD HOLLOW FARM DR.	THE FARMS	489

Driving Directions: BRAWLEY SCH RD, R ON McKENDREE, R ON BAREFOOT LN R ON E. COLD HOLLOW FARM DR.

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 4
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 ___

6. **Proposed Water Supply:**

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

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___ ( ) No Preference

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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9. **Signature:** [signature]
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4-11-07
DATE