Try to give Ray Short 1 days notice before going to Site 05-29-12 pd $500.00 Ms

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 X 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 #
Lake Luxury Homes	P.O. Box 3792	704-516-2344	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
same	Mooresville NC		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
Lot 93 Barbers Loop	Waterfree	

Driving Directions: Barnhardt School, Rt Chuckwood L Barbers Loop, Lot 93 on Rt Below Pool Area

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 ___

- (✓) 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:

X New Well ( ) Existing Well ( ) Community Well

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

X Alternative X Conventional ( ) Innovative ( ) Modified Conve

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

( ) Yes (X) No Does t
( ) Yes (X) No Is any
( ) Yes (X) No Is the

I have read this application and certify that the information provided herein is true, complete, a entry to conduct necessary inspections to determine compliance with applicable laws and rules. and labeling of all property lines and corners and making the site accessible so that a complete

Called Ray & Told him I need Pits. Waiting for him to call back

9. Signature: _____ 5/26/12

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