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
E.S. Johnson Builders	PO Box 1402 Cornelius NC 28031		704 799-7976
Owner Name	Mailing Address	Home Phone	Work Phone
Same			

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	The Farms	343

Driving Directions: _____

****

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

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 ( ) 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?

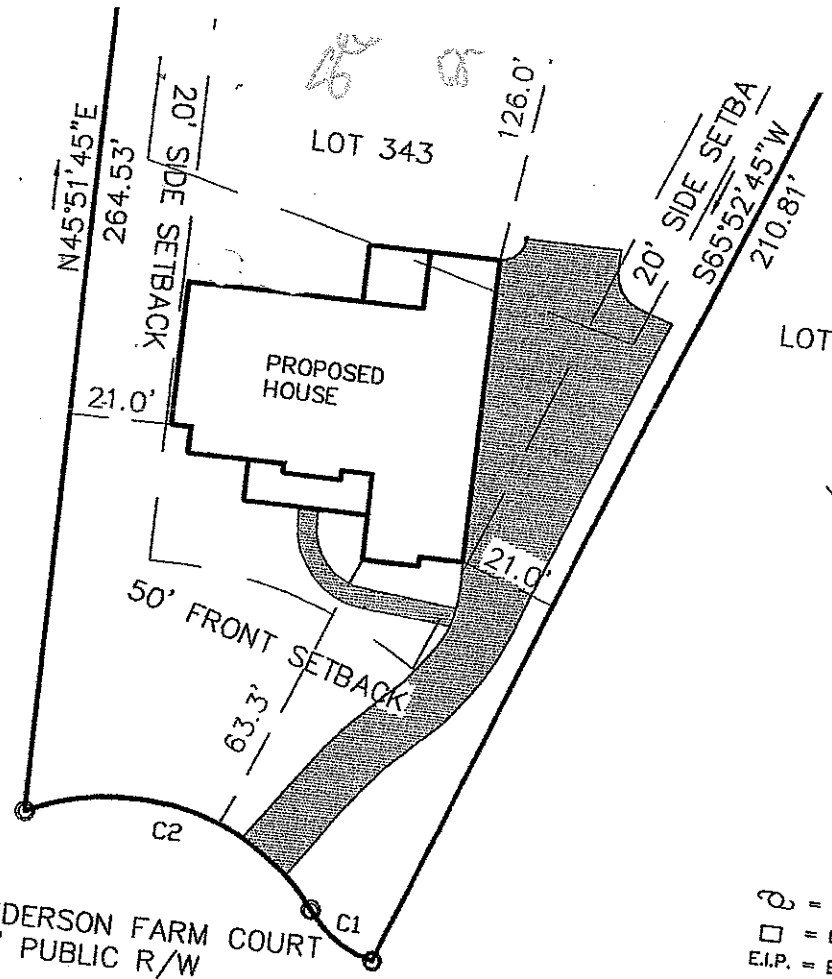
****

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:** Margie DiBella — 12/29/04

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

SI
FOI



FINAL HOUSE LOCATION
SUBJECT TO IREDELL
HEALTH DEPARTMENT APPROVAL

NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) LOT HAS A 10' STORM DRAINAGE AND UTILITY EASEMENT WHICH RUNS WITH THE PERIMETER OF THE LOT.

LEGEND

P.P. = POWER
□ = DUKE POWER
E.I.P. = EXISTING IRON
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
Ⓦ = WELL

0' 20' 40'
SCALE IN FEET

114 ANDERSON FARM CT

PLOT PLAN SURVEY

OF

LOT 343 THE FARMS PHASEIII

DAVIDSON TWSP,. IREDELL CO., NC

SCALE 1' = 40'

ACQUIRED BY: ES JOHNSON BUILDERS

FIELD BOOK:
FILE: 04-339/04339
TAX MAP NO: 4626-27-83