IREDELL COUNTY HEALTH DEPARTMENT

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

318 Septic

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED O THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPE DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE SCALED PLAT WI SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. **APPLICATION FOR:** ✓ Improvement Permit ___Authorization To Construct ___BOTH ___Existing Sy

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
LAKE NORMAN	SIGNATURE HOMES, LLC	704/799-1851	704/361-0402
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
584 BRAWLEY SCHOOL RD, STE 104	MOORESVILLE, NC 28117		

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
196 BAYBERRY CREEK CIR	THE POINT	3 LOT 318

Driving Directions: BRAWLEY SCHOOL RD, R ON MCKENDREE, L ON BAYBERRY CREEK LOT 318 ON RIGHT

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

(✓) New, Single Family Residence	Maximum Number of Bedrooms 4	( ) Crawl Space Foundation?
( ) New, Multi-Family Residence	Maximum Number of Occupants 4	( ) 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 ( ) 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:** _____ 4-12-07
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**