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# 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 ✓ 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 # |
|---|---|---|---|
| True Homes | 2649 Brekonridge Ctr Dr, Monroe NC 28110 | (704) 238-1229 | |
| **Owner Name** | **Mailing Address** | **Home Phone #** | **Alternate Phone #** |
| True Homes | 2649 Brekonridge Ctr Dr, Monroe, NC 28110 | (704) 238-1229 | |

**4. Property Information:**

| Street Address | Subdivision Name | Section/Phase and Lot Number |
|---|---|---|
| 109 Bantam Place | The Farms | 563 |

**Driving Directions:** From I-77, head west on Brawley School Road, turn right on Digh Circle, turn right on Montclair Drive

**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
( ) Other ___

Maximum Number of Bedrooms 5
Maximum Number of Occupants 7
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?

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:** _____ 2/11/15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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# IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH* Paid $225.00

## *DIVISION* Application for SEPTIC REPAIR PERMIT Int. Relayout # 208192

*(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 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* X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

**3. Applicant Information:**

| | | | |
|---|---|---|---|
| Larry Thompson | PO Box 541, Midland, NC 28107 | | 704-301-4881 |
| Applicant Name | Mailing Address | Home Phone # | Alternate Phone # |
| True Homes | 2649 Brekonridge Center Dr. Monroe, NC 28100 | | 704-238-1229 |
| Owner Name | Mailing Address | Home Phone # | Alternate Phone # |

**4. Property Information:**

| | | |
|---|---|---|
| 109 Bantam Place | The Farms | Section 5, Lot 563 |
| Street Address | Subdivision Name | Section/Phase and Lot Number |

**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 due to _____
( ) Other _____

Maximum Number of Bedrooms 5
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
(X) 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)* ( ) EXISTING SYSTEM installed ____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other LPP PPBPS

**8. Please Answer The Following** ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
**To The Best of Your Ability:** ( ) 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:** _____ 01-29-15

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