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: X 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
GEORGE D. & JUDITH C. FOGLE	~~400 BIRCH TREE DR.~~	704-895-4005	(704-875-3060)
SAME -	18418 TURNBERRY CT. DAVIDSON N.C. 28036	704-895-4005	704-875-3060

Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
400 BIRCH TREE DR. MOORESVILLE N.C. 28117	CLNT	Sect. 8 LOT 494

Driving Directions: _____

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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 8
If Expansion, Current Number of Bedrooms ____

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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 _____

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6. **Proposed Water Supply:**

( ) New Well (X) 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 (X) Innovative ( ) 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?

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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:** _____ 2-23-05
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEATLH DEPARTMENT

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE SAMPLE SITE PLAN BELOW. INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!

Place an (X) beside each item as you complete the site plan:

- ____ Property Line measurements are clearly identified…
- ____ All proposed structures are indicated…
- *SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site*
- ____ Front and side setbacks from property line…
- ____ Preferred driveway location and configuration, preferred well location…
- ____ Area you prefer your septic system to be placed…
- ____ North arrow, or other sufficient indicator of direction…

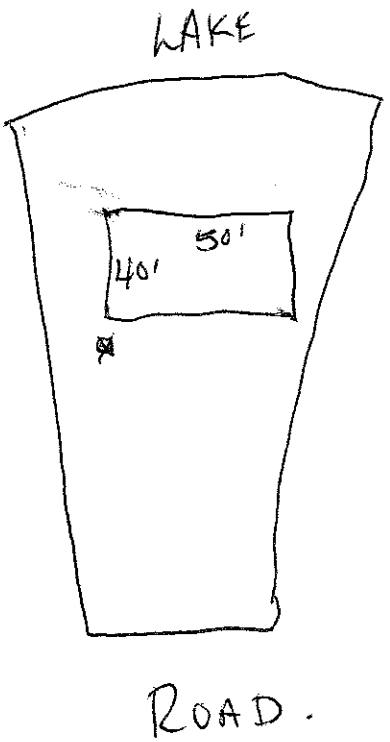
Circle N/A on the following if appropriate:

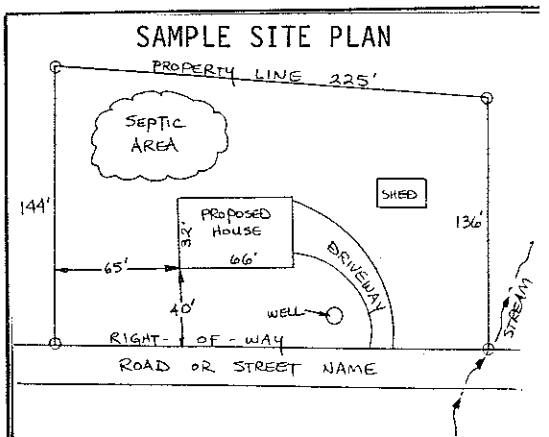
- ____ Location of septic systems and wells within 100' of your property… N/A
- ____ Location of easements and rights of ways on your property… N/A
- ____ Location of any designated wetlands on the property… N/A

Signature: _____ 2-23-05

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

USE THIS SPACE TO DRAW YOUR SITE PLAN





DOWELL & COMPANY, P. C.
ENGINEERING * SURVEYING * PLANNING
344 Rolling Hill Road Suite 103 * Mooresville , N.C. 28117
(704) 660-9697 (704) 664-5177 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 1570, page 2287, and/or plat book 8, page 84, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 25, day of APRIL, A.D. 20 06.

DOUGLAS L. DOWELL, JR., PLS L-3508

LAKE NORMAN

760 CONTOUR PER ACTUAL FIELD SURVEY

761 CONTOUR PER ACTUAL FIELD SURVEY

LOT 493
MARK R. SOBIECH
1216/152

LOT 494
0.78 AC.

50' REAR SETBACK

15' SIDE SETBACK

PROPOSED HOUSE

54.3'

31.7'

25.5'

16' SIDE SETBACK

18.7'

90.0'

35' FRONT SETBACK

N4°31'00"W (BASE BEARING) 244.77'

S15°49'26"E 213.17'

LOT 495
LEE CATHERINE CRITZ
805/189

LINE TABLE		
LINE	LENGTH	BEARING
L1	12.03	N19°51'00"W
L2	27.86	N25°13'00"E
L3	13.04	N50°39'00"E
L4	54.83	N66°13'00"E
L5	15.41	N81°15'00"E
L6	45.61	N81°03'00"E
L7	53.16	S64°08'24"E

0' 20' 40' 100'
SCALE IN FEET

R/W

EIP R=175.55' L=72.42'
S68°12'23"W
71.88'
(CHORD)

(TIE ONLY)
S31°34'33"W
149.99'

60.00'

EIP

R/W

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) THAT THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND.
4) NO TITLE DOCUMENTS SUPPLIED FOR THIS SURVEY.

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

SCALE 1"=40'

ACQUIRED BY:

PLOT PLAN SURVEY

OF
400 BEECHTREE ROAD
LOT 494 CRESCENT LAND & TIMBER CORP. SECT. 8
DAVIDSOPN TWSP., IREDELL CO., N.C.
GEORGE D. & JUDITH C. FOGLE

FIELD BOOK:
FILE: 05443/05443STAK
TAX MAP NO: 4629689488