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 #
LKM Home Solutions	113 Ivy Hollow Ln, Mooresville 28117	704 - 929 - 8191	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Carolyn & Frank Faist	121E Callicutt Trail Mooresville 28117	704-660-6803	704-658-5924

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
121 East Callicutt Trail	The Farms	1 — 26

Driving Directions: _____

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 due to _____
(✓) Other Exterior Deck permit needed

Maximum Number of Bedrooms ____
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 12'X16' Exterior Deck
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)* ( ) Existing system--installed in 2004 *YEAR*

( ) 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: _____ 6/26/12
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…

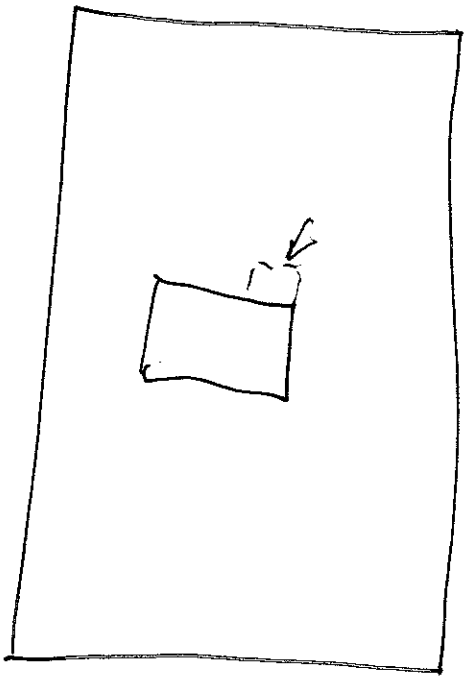
Circle N/A on the following if appropriate:

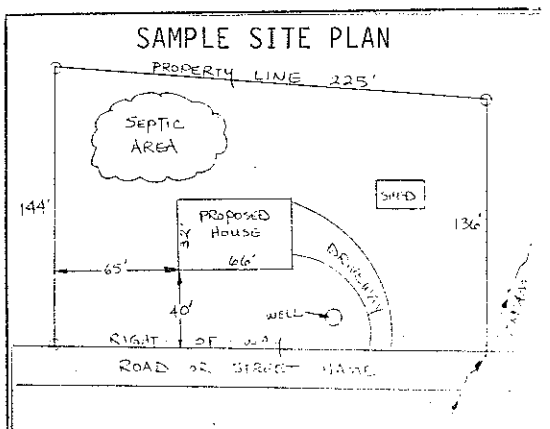
_____ Location of septic systems and wells within 100' of your property… N/A
_____ Location of easements and rights of ways on your property… N/A
_____ Location of any designated wetlands on the property… N/A

Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

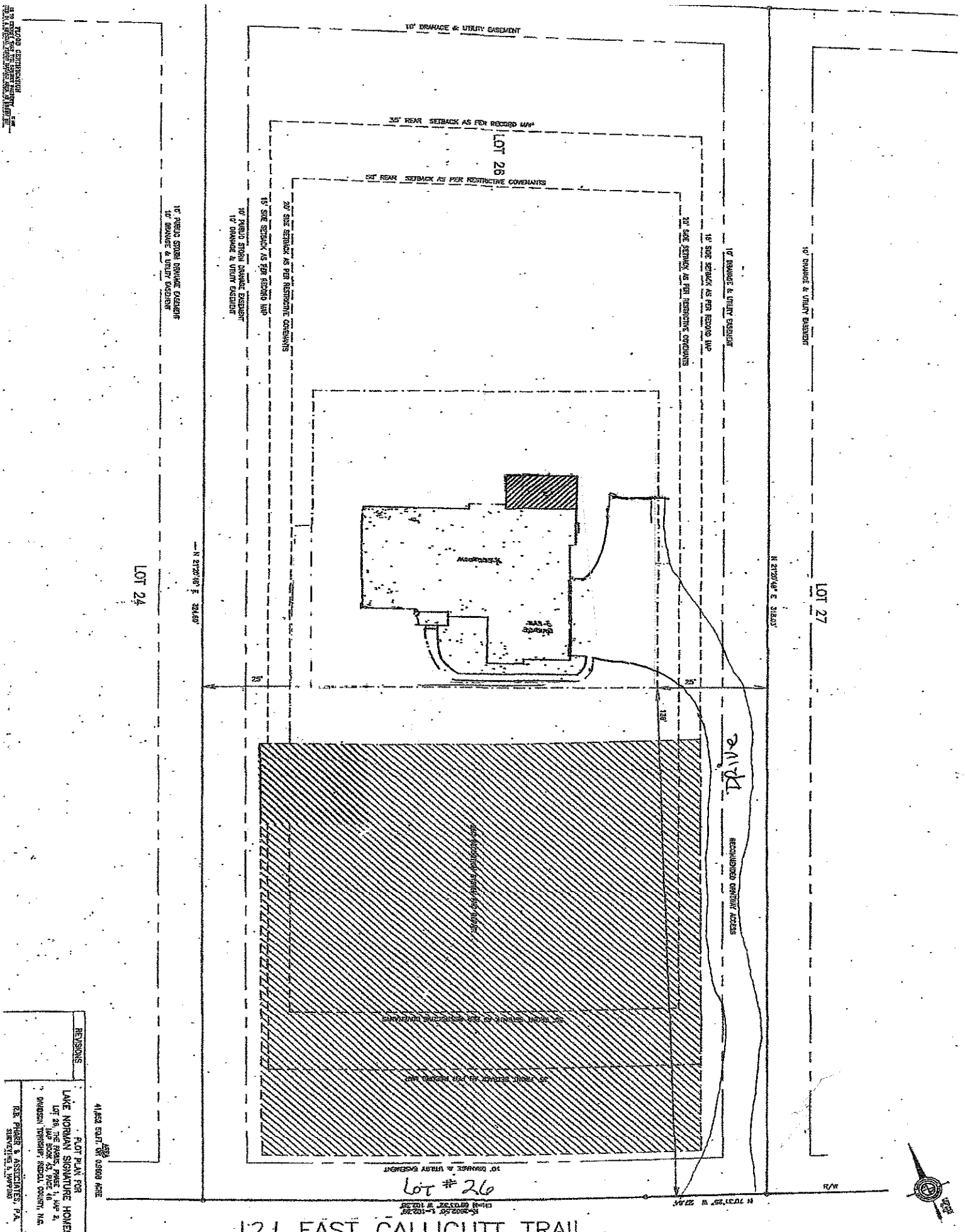
6/26/12
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN





#26


10' DRAINAGE & UTILITY EASEMENT
35' REAR SETBACK AS PER RECORD MAP
LOT 26
50' REAR SETBACK AS PER RESTRICTIVE COVENANTS
15' SIDE SETBACK AS PER RECORD MAP
20' SIDE SETBACK AS PER RESTRICTIVE COVENANTS
10' PUBLIC STORM DRAINAGE EASEMENT
10' DRAINAGE & UTILITY EASEMENT
LOT 24
LOT 27
N 21°20'18" E 324.69'
25'
130'
RECOMMENDED DRIVEWAY ACCESS
Lot #26
121 EAST CALLICUTT TRAIL
45' PUBLIC R/W
R/W
LAKE NORMAN SIGNATURE HOMES
LOT 26, THE PARKS, PHASE 1, MAP 2,
MAP BOOK 35, PAGE 16
DAVIDSON TOWNSHIP, IREDELL COUNTY, N.C.
PLOT PLAN FOR
41,853 SQUARE FEET OR 0.9608 ACRE
REVISIONS
R.B. PHARR & ASSOCIATES, P.A.
SURVEYING & MAPPING