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: *Place check ( ) beside whichever is submitted if applicable*
   __ Survey Plat, Sealed no more than 1 Inch = 60 Feet
   √ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Jim Sutton	816 Henkel Road	704 872 5858	704 872 6227
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
Jim Sutton Construction	816 Henkel Road	704 872 5858	704 872 6227

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
249 Grasshopper Circle		Lot 431, Section 8

Driving Directions: Hwy 150 West to south on Williamson Road. Turn right on Cowpen Road to McKendree Church Road. Go to Grasshopper Circle 2nd on right. Bear left at fork. 3/10 mile on left

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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

Maximum Number of Bedrooms 3
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 ___
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 Existing ( ) No Preference

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8. **Please Answer The Following To The Best of Your Ability:**

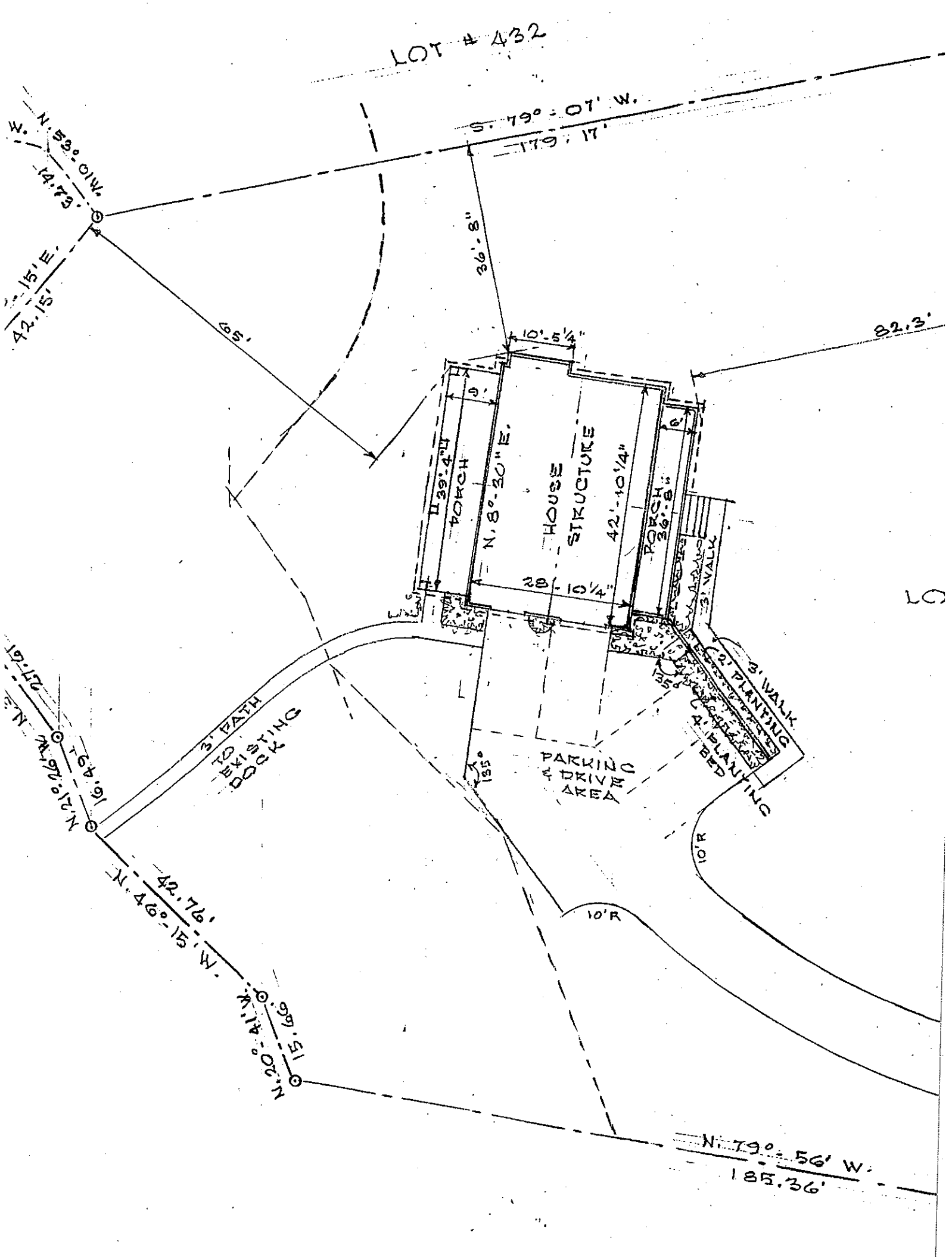
( ) Yes (√) No Does the site contain any jurisdictional wetlands?
( ) Yes (√) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (√) No Is the site subject to approval by any other public agency?

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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: James A. Sutton — June 29, 2005

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


LOT # 432
S. 79° - 07' W.
179.17'
N. 53° - 01' W.
14.73'
N. 15' E.
42.15'
65'
36'-8"
10'-5¼"
82.3'
9'
39'-4"
PORCH
N. 8° - 30" E.
HOUSE STRUCTURE
42'-10¼"
28'-10¼"
PORCH 36'-8"
6'
3' WALK
3' WALK
2' PLANTING
4' PLANTING BED
3' PATH TO EXISTING DOCK
PARKING & DRIVE AREA
135°
10'R
10'R
N. 21° - 00' W.
16.49'
N. 46° - 15' W.
42.76'
N. 20° - 41' W.
15.66'
N. 79° - 56' W.
185.36'
LO