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: ___ 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:

LEONARD WILSON	BX 85 DAVIDSON NC 28036	704 542-5412	CEL 622-2323
Applicant Name	Mailing Address	Home Phone	Work Phone
KEN STOVESAND	9617 RUNSWICK CT.	704 548-0142	
Owner Name	Mailing Address	Home Phone	Work Phone

4. Property Information:

190 DEER RUN DRIVE	WILDLIFE BAY	TAILSTOWN PHASE I 29 1500
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: PERTH RD. to R. ON STATE PARK TO L. ON WILDLIFE. R. INTO WILDLIFE BAY SUBDIVISION 1ST LEFT ON MAPLE VIEW/ DEER RUN CONTINUE AROUND. LOT IS ACCROSS FROM COMMUNITY PARK (LOT 29)

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 6
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)*

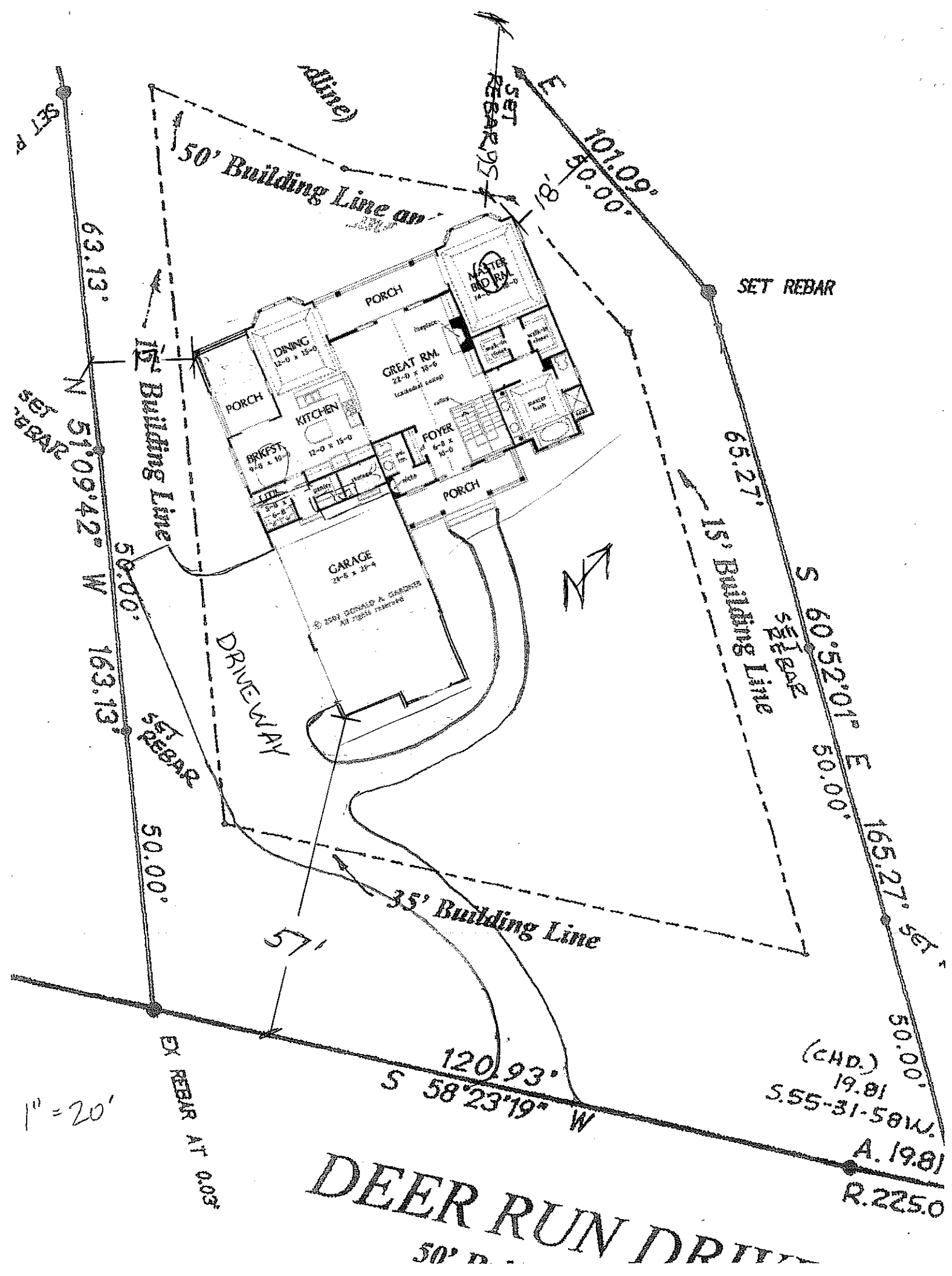
( ) Alternative (√) Conventional (√) Innovative 08/22/04 ( ) Modified Conventional ( ) Other_____ ( ) No Preference

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: _____ 07/26/04
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE


SET REBAR
50' Building Line
SET REBAR
101.09'
50.00'
18'
SET REBAR
63.13'
15' Building Line
N 51°09'42" W
50.00'
163.13'
SET REBAR
50.00'
65.27'
15' Building Line
S 60°52'01" E
50.00'
165.27'
SET REBAR
50.00'
35' Building Line
57'
120.93'
S 58°23'19" W
(CHD.)
19.81
S.55-31-58W.
A. 19.81
R. 225.0
EX REBAR AT 0.03'
1" = 20'
DRIVEWAY
PORCH
DINING
KITCHEN
BRKFST
GREAT RM.
FOYER
MASTER BD RM.
PORCH
GARAGE
DEER RUN DRIVE