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:**

Applicant Name	Mailing Address	Home Phone	Work Phone
LIFESTYLE CUSTOM HOMES	65 MC CURDY ST	980-721-0917	704-795-1733

Owner Name	Mailing Address	Home Phone	Work Phone
SAME	SAME	SAME	SAME

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	THE POINT	1C - 3

Driving Directions: BRAWLEY SCHOOL LEFT ON QUAKER RD.

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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 ____
Maximum Number of Occupants ____
If Expansion, Current Number of Bedrooms ____

(X) 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 (X) 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________ (X) No Preference

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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:** [signature]
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7/14/04
DATE

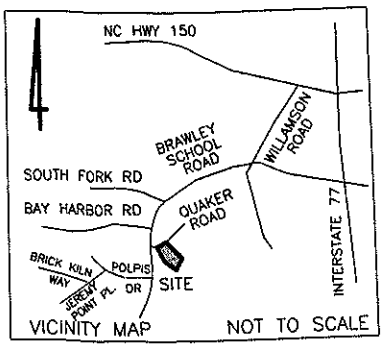
THIS IS TO CERTIFY THAT ON THE 19TH DAY OF MAY 20 04 THIS PLOT PLAN WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES WERE PLOTTED FROM INFORMATION PROVIDED BY OTHERS, AND THE IMPROVEMENTS, UNLESS OTHERWISE INDICATED, ARE PROPOSED. NO ACTUAL FIELD SURVEY WAS PERFORMED IN THE PREPARATION OF THIS MAP. THIS IS A PRELIMINARY MAP AND NOT INTENDED TO BE USED FOR CONVEYANCES, RECORDATION OR SALES.

SIGNED _____

R. B. PHARR & ASSOCIATES, REGISTERED SURVEYORS
19801 S. MAIN STREET
CORNELIUS, NC 28031
TEL: 704-895-1730
FAX: 704-895-1964
EMAIL: PHARRNORTH@RBPHARR.COM

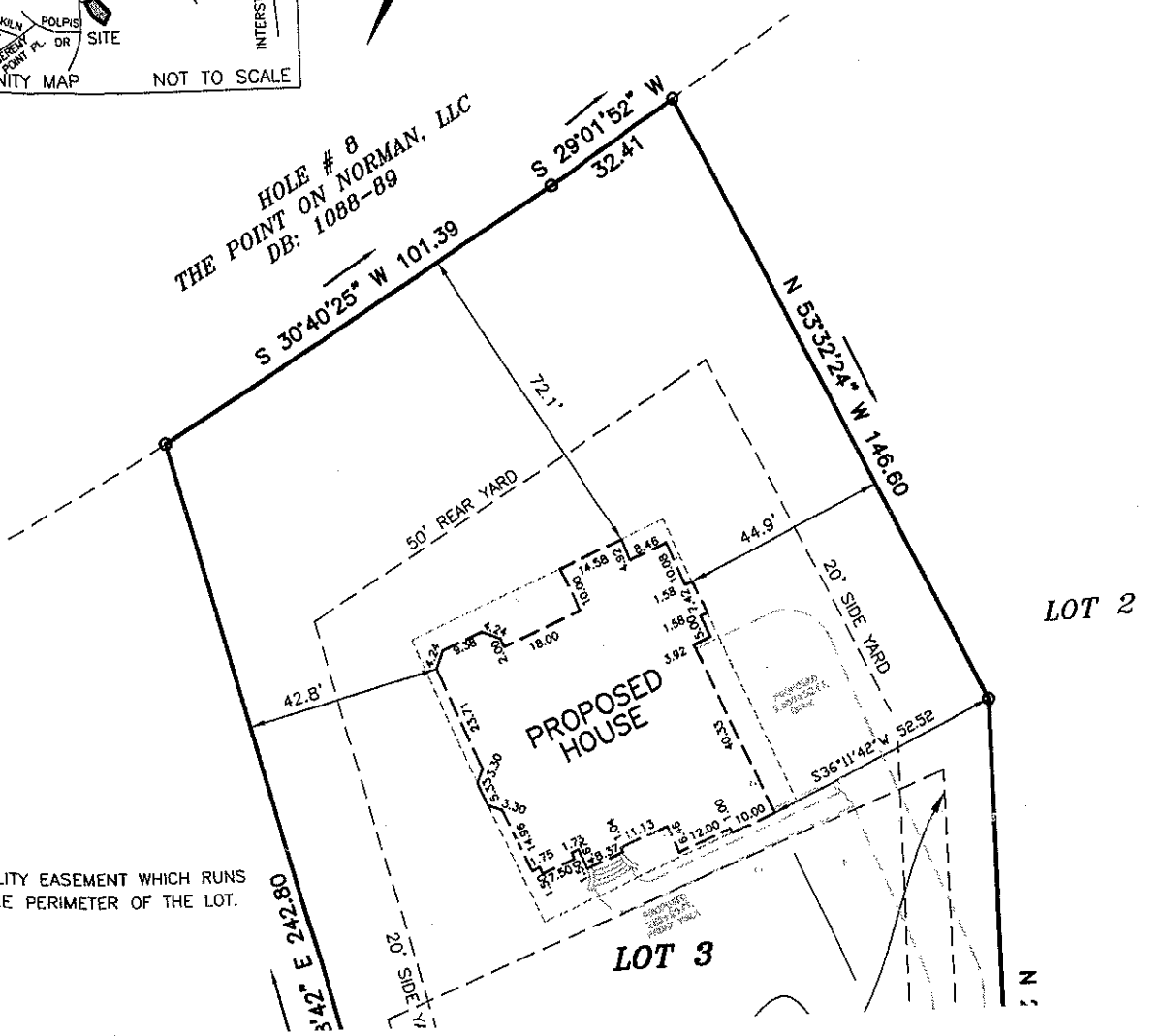
DRAWN:	REVISED:	VFY:
BWYLIE		

REVISED JULY 19, 2004 TO MOVE HOUSE FORWARD 10'.





LEGEND
DB = DEED BOOK
R/W = RIGHT OF WAY
SQ.FT. = SQUARE FOOT



NOTE:
10' UTILITY EASEMENT WHICH RUNS WITH THE PERIMETER OF THE LOT.