IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216635

Old # 158478

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4635-86-3230

APPLICANT: Cypress Builders LLC APPLICANT ADDRESS: 1106 Gold Mine Dr, Catawba NC 28609

SITE ADDRESS: 350 Camino Real Rd - Mooresville PHONE: 704-622-6946 ALT. PHONE:

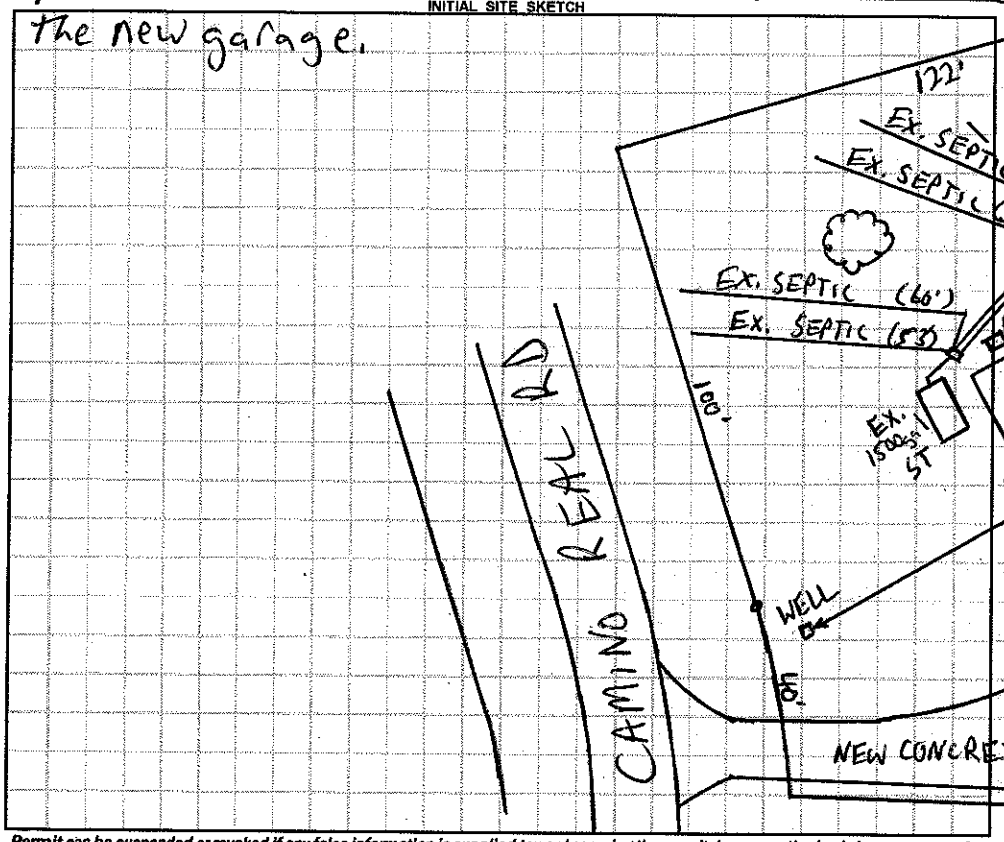
SITE DIRECTIONS: Hwy 21 South, TL on Alcove, TR on Templeton, TL on Camino Real, On R before end

SUBDIVISION: Lakeview Park SECTION: — LOT # 9 LOT AREA: 0.77ac DESIGN FLOW: 360gpd L.T.A.R.:

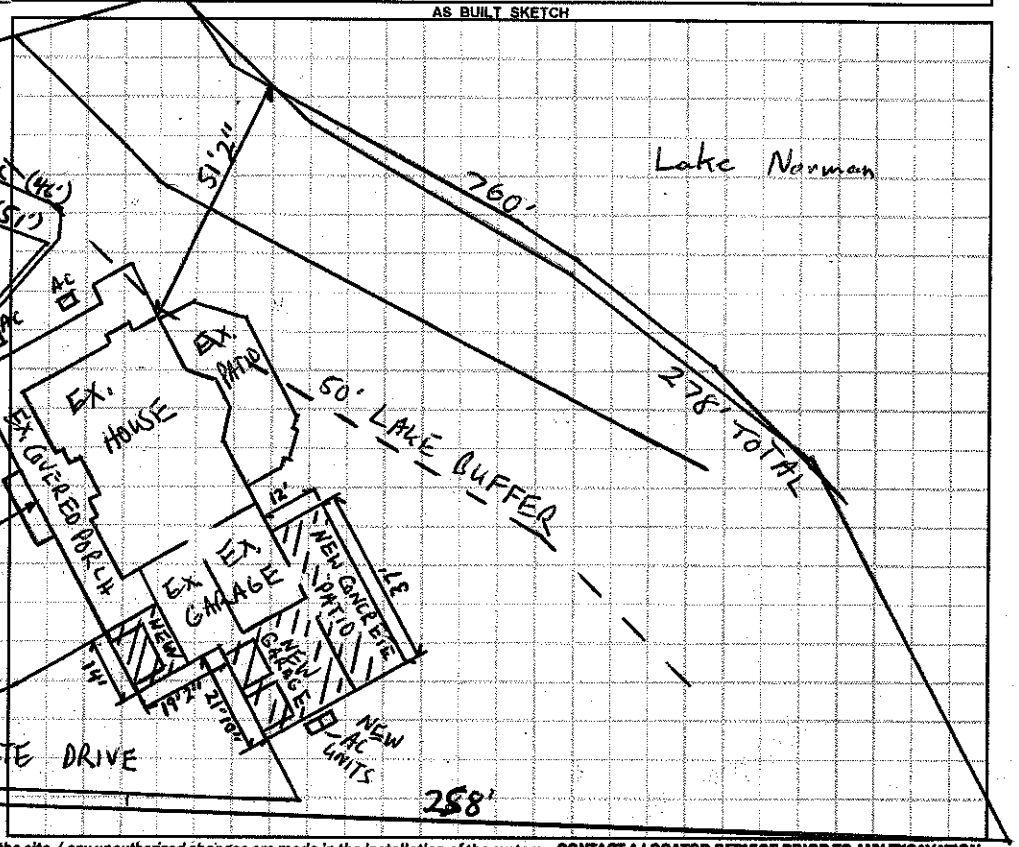
Septic Tank	1500 Ex (gal)	STB		Date		☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	Ex. Gravity LP PPBPS	☐ Business	No. Persons	6	☑ Private
Pump Make		Model		Serial #		Repair System Description:		☐ Other	No. Employees		☐ Public
# Nitrification Fields	Ex.	# Lines	4 Ex.	Linear Ft:	Ex.	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space		☐ Community
Trench Width	Ex.	Max. Trench Bottom Depth	Ex.	Gravel Depth	N/A	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: This permit is for the addition of a new garage (2)/3 bays, a new concrete patio, and conversion of the existing garage to living space. Also the addition of a bonus room above the new garage.

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 3/18/2016 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] Date: 3-18-16

Health Dept. Copy - WHITE · Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK