RECEIVED MAR 7 - 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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 ___ 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 #
MARK SIMONIAN	115 LAKESHORE DR. MOORESVILLE NC 28117	704-701-2653	704-400-1013
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
SAME			

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
704 LANGTREE RD MOORESVILLE NC 28117	LAKEVIEW SHORES	LOT 14

Driving Directions: EXIT 31 WEST ON LANGTREE, ON THE RIGHT

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
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)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?

To The Best of Your Ability: ( ) 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: _____ 3/7/2016

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

50 RECEIVED NOV 4 2015

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION* Paid $500.00

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#214694

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3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Mark Simonian	115 Lake Shores Drive Mooresville 28117	704 701 2653	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Mark Simonian	115 Lake Shores Drive Mooresville 28117	704 701 2653	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
704 Laurel Tree Rd	Lake Shores	PB 7-47, 48 Ph 2 #14

Driving Directions: I-77 to Laurel Tree Rd to West 2.5 mile Property on Right

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

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( ) New, Multi-Family Residence
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( ) Other _____

Maximum Number of Bedrooms 3
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If Expansion, Current Number of Bedrooms ___

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9. Signature: Mark Simonian 10/17/2015
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE