01/09/2013 11:07 7046623239 MOORESVILLE ENV PAGE 01/02

01-2813 pd #1350 MS

Att: Ann

Repair permit fee $135.00 8:00am Martha - Secretary 12:00

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or 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)

. APPLICATION FOR: ___ Improvement Permit ___ Authorization To Construct ___ BOTH ___ Existing System Inspection

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

. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Anne Goldin	199 Cove Creek Lp	704-799-6001	704 402-5708
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Anne Goldin	same	same	same

. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
199 Cove Creek Lp.	North Shore II	II / 60

riving Directions: _____

. **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 due to Tank failure Collapse
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 3
If Expansion: Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(✓) Basement w/Plumbing?
( ) Basement w/out Plumbing?

Non- Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

. **Proposed Water Supply:**

( ) New Well ( ) Existing Well (✓) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) Existing system--installed in _____ YEAR

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

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?

Flagging of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Anne Goldin 1/9/13
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

704-799-6001 704-402-5708