RECEIVED MAR 2 4 2014
Paid $500.00 Statesville

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)

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 #	Alternate Phone #
True Homes	21649 Brehonridge Centre Dr.	704-238-1229	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
125 Rockridge Pointe Dr.	Rockridge Farms	lot # 14

Driving Directions: _____

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
- ( ) Other _____

Maximum Number of Bedrooms 4
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 ( ) 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: Michelle Sturdivant — 3-12-14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEATLH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

X	Property Line measurements are clearly identified...
X	All proposed structures are indicated... *SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site*
X	Front and side setbacks from property line...
X	Preferred driveway location and configuration, preferred well location...
X	Area you prefer your septic system to be placed...
X	North arrow, or other sufficient indicator of direction...

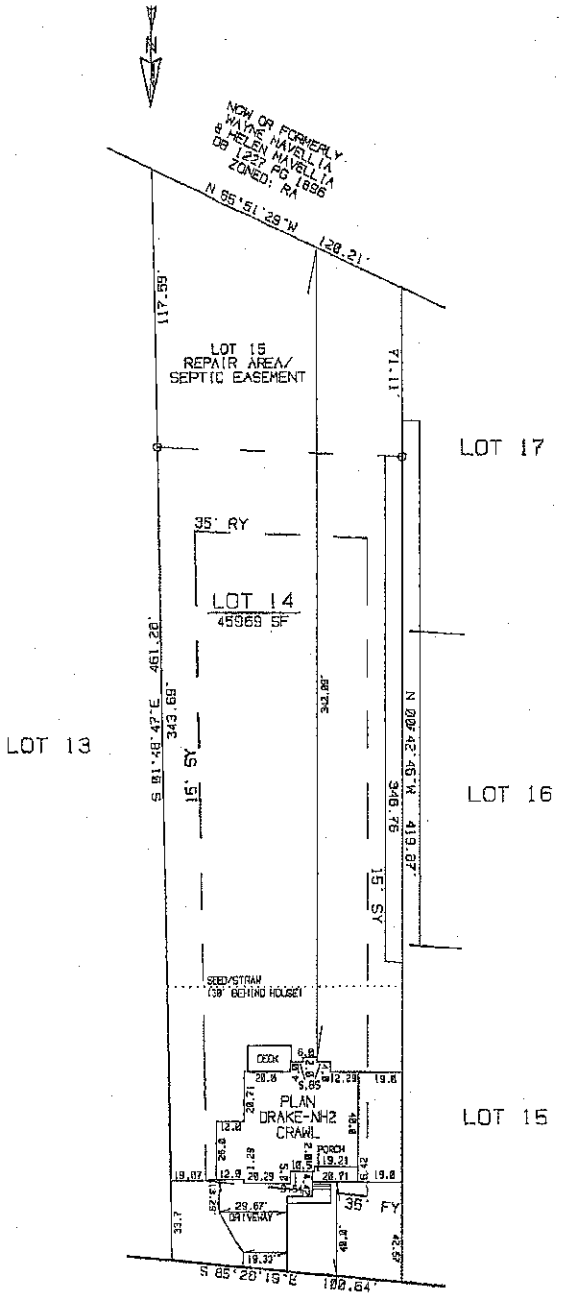
Circle N/A on the following if appropriate:

_	Location of septic systems and wells within 100' of your property...	N/A
_	Location of easements and rights of ways on your property...	N/A
X	Location of any designated wetlands on the property...	N/A

Signature: Michelle Sturdivant
REQUIRED property owner or owner's legal representative signature.

3-12-14
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN



FARM KNOLL WAY

50' PUBLIC R/W

PRELIMINARY SQ. FT.
TOTAL SF TO B/C: 47075 SF
5' PUBLIC S/W: 405 SF IF APPLIED

HOUSE: 2673 SF
DRIVE: 929 SF HOUSE-R/W
223 SF R/W-B/C
SIDEWALK: 104 SF
PATIO: N/A
SOD TO B/C: N/A
SEED/STRAW: 8633 SF (30' BEHIND HOUSE)

SCALE: 1" = 60'

0 30 60 90

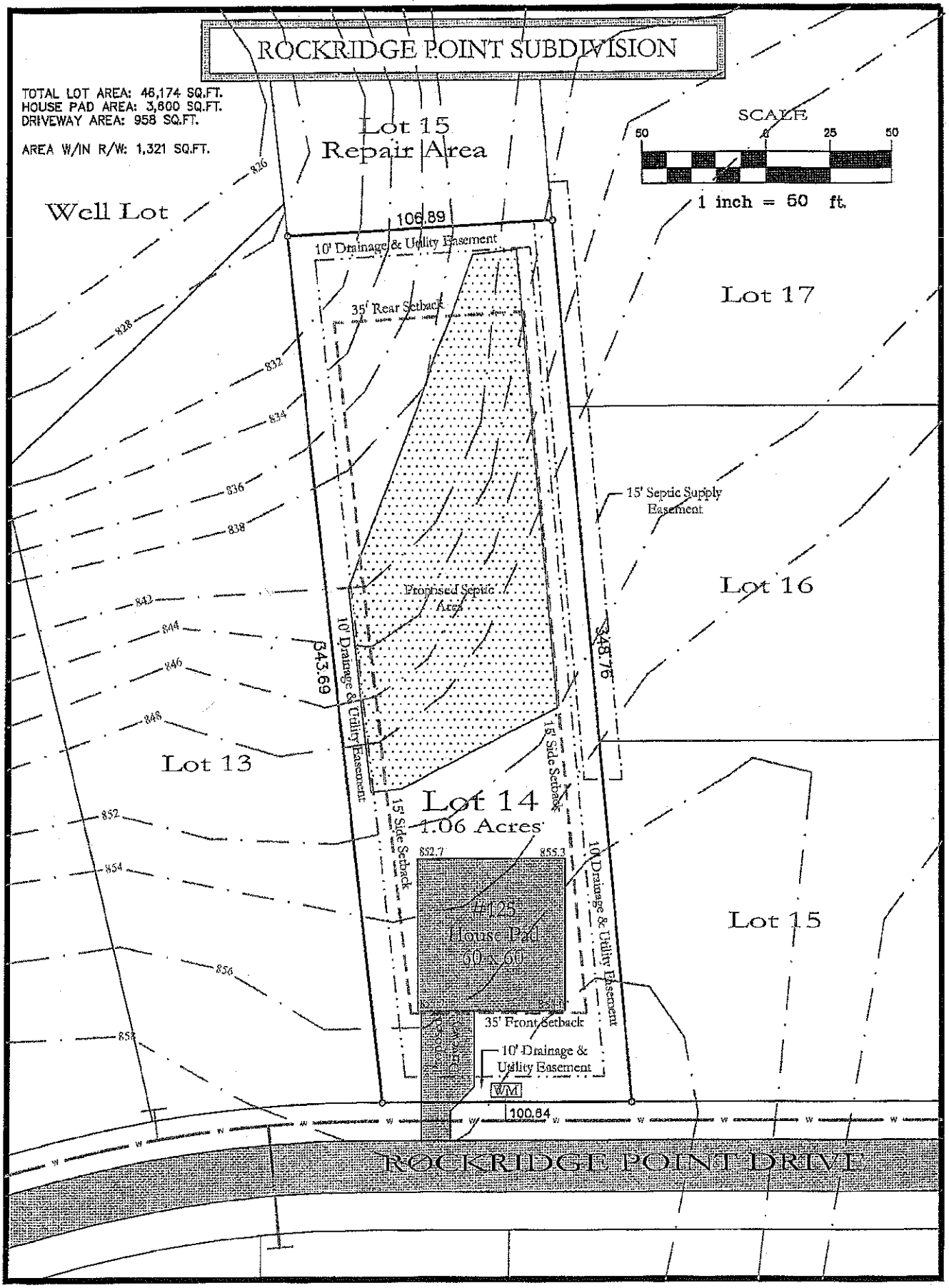
TRUE HOMES

PLOT PLAN

OF
125 ROCKRIDGE POINTE DRIVE
LOT 14 OF ROCKRIDGE POINT
DAVIDSON TOWNSHIP, MECKLENBURG COUNTY, N.C.

MAP REFERENCED
RECORDED IN BOOK 60
AT PAGE 73

CA GEO 81
REVISED: 03/11/14
DSK CA127 RRP14
DRAWN BY ESJ


ROCKRIDGE POINT SUBDIVISION
TOTAL LOT AREA: 46,174 SQ.FT.
HOUSE PAD AREA: 3,600 SQ.FT.
DRIVEWAY AREA: 958 SQ.FT.
AREA W/IN R/W: 1,321 SQ.FT.
SCALE
50 0 25 50
1 inch = 50 ft.
Lot 15
Repair Area
Well Lot
106.89
10' Drainage & Utility Easement
35' Rear Setback
Lot 17
15' Septic Supply Easement
Lot 16
Proposed Septic Area
10' Drainage & Utility Easement
343.69
348.76
15' Side Setback
Lot 13
Lot 14
1.06 Acres
852.7
855.3
#125
House Pad
60 x 60
10' Drainage & Utility Easement
Lot 15
35' Front Setback
10' Drainage & Utility Easement
WM
100.64
ROCKRIDGE POINT DRIVE

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IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

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Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
125 Rockridge Pointe Dr.	Rockridge Farms	lot # 14

Driving Directions: _____

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

(✓) New, Single Family Residence
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( ) Repair To Failing Septic System
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Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

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( ) Concrete Slab Foundation?
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( ) 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 ( ) 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?
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9. Signature: Michelle Stinchcomb — 3·12·14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

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  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
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- X — Preferred driveway location and configuration, preferred well location...
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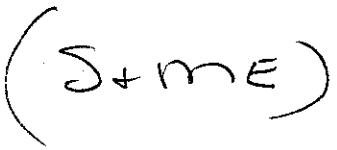
Circle N/A on the following if appropriate:

- _ — Location of septic systems and wells within 100' of your property... N/A
- _ — Location of easements and rights of ways on your property... N/A
- X — Location of any designated wetlands on the property... N/A

Signature: Michelle Sturdevant — 3·12·14

REQUIRED property owner or owner's legal representative signature. — DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN



IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

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3. Applicant Information:

Applicant Name	Mailing Address	Home Phone	Work Phone
Dianst Enterprises	2125 Sharon Lane Charlotte 28211		(704) 309-0123
Owner Name	Mailing Address	Home Phone	Work Phone
same			

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
	Rocky Ridge Farm	Lot 14

Driving Directions: Brawley School Rd, L Isle of Pines Rd, R Rocky Farm Road (Proposed Road)

****

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

- (X) New, Single Family Residence
- ( ) New, Multi-Family Residence
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7. Desired Septic System Type: *(You may rank in order of preference, if any)*

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9. Signature: Kathleen Naves — 12/15/05

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

IREDELL COUNTY HEATLH DEPARTMENT

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- ____ — **Location of septic systems and wells within 100' of your property...** (N/A)
- ____ — **Location of easements and rights of ways on your property...** (N/A)
- ____ — **Location of any designated wetlands on the property...** (N/A)

Signature: Kathleen Haver
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12/15/05
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

(Kathleen Haver)

