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 X 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: X 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:**

NexHomes	Po Box 4390 Mooresville 28117		704.902.5684
Applicant Name	Mailing Address	Home Phone	Work Phone
Sara White	Po Box 558 Huntersville 28078	704.894.9242	704.655.2641
Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

146 Pine Mist, Mooresville 28117	Whispering Oaks	Pin #6362573 12 Permit 129821 18
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Brawley School Rd S. / LT Isle of Pines / LT Pine Mist Dr. / 1st lot on RT past Misty Meadows Ct.

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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 5
Maximum Number of Occupants 5
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
X 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:**

X New Well ( ) Existing Well ( ) Community Well ( ) 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: _____ 8-22-05
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

I Jimmy N. Faires, certify that this plat was drawn under my supervision from an actual survey made under my supervision; deed description and/or Map Book: 43, Page 34. That the boundaries not surveyed are clearly indicated as drawn from information as shown on survey; that the ratio of precision as calculated is 1: 10,000+ that this plat was prepared in accordance with G.S. 89-C as amended.
Witness my original signature, registration number and seal this 16th day of August, A.D. 2005.

JIMMY N. FAIRES,
PLS LICENSE NUMBER: L-4311

PRELIMINARY PLAN
NOT FOR RECORDATION,
CONVEYANCES OR SALES

	LINE T
LINE	BEARI
L1	N04°11'1

			CURVE
CURVE	ARC	DELTA	RAD
C1	51.16'	97°42'11"	30.
C2	96.87'	7°36'55"	728
C3	48.71'	13°26'56"	207

