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: ___ 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:**

Rob Ervin		704-361-0987	704-658-1171
Applicant Name	Mailing Address	Cell ~~Home~~ Phone	Work Phone
Orleans Homebuilders	1930-B Center Park Dr Charlotte NC 28217		704-357-6632
Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

104 Estate View Court	The Cove	26
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: go west on Brawley School Rd, just past the OLD LNVFD to Isle of Pines. Take a left onto Isle of Pines. Go app 1 mile on left will be Isle Run Drive just past Turkey Creek. Take a left onto Isle Run Dr. Bottom of hill take a left onto Pheasant Way. Estate View is the last road on the left. lot on the left.

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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 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

- _X_ 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 ___

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6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well _X_ 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 (_X_) Modified Conventional ( ) Other ___ ( ) No Preference
IS A PPBFS

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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 ( ) 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?

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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: _____ 2/21/06
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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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:

_____ Property Line measurements are clearly identified...
_____ 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
_____ Front and side setbacks from property line...
_____ Preferred driveway location and configuration, preferred well location...
_____ Area you prefer your septic system to be placed...
_____ 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
_____ Location of any designated wetlands on the property... N/A

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

2/21/06
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

Same as Improvement Sheet

