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 ✓ 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:** WESLEY - 704-902-4339

Applicant Name	Mailing Address	Home Phone	Work Phone
Kent Shaw	P.O. Box 1061 Troutman		704 9020085
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
Holiday Obrecht			240 8821077

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Lake Norman Airpark	Lot 56 PH VII

Driving Directions: 150 West R Perth Rd L Normandy on Left

****

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

Maximum Number of Bedrooms 3 HHK 12/8/09
Maximum Number of Occupants 3
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: Kent Shaw — 11-5-09

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

IREDELL COUNTY HEATLH DEPARTMENT

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…

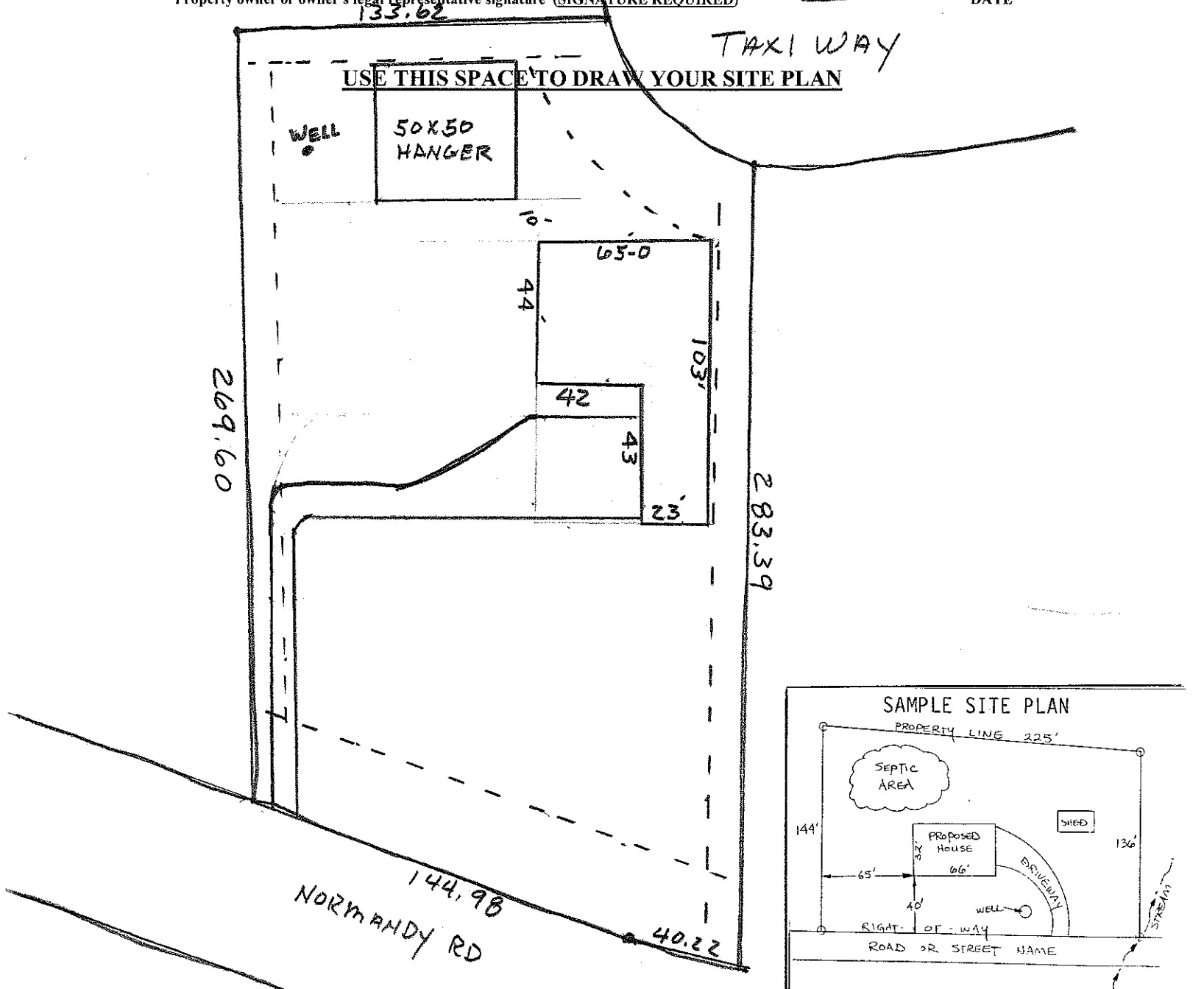
Circle N/A on the following if appropriate:

- ✓ 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: Kent Klaus — 11-5-09

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

USE THIS SPACE TO DRAW YOUR SITE PLAN



★ Would like to do Nov. 12 or 13th

ENVIRONMENTAL HEALTH REQUIREMENTS

The following numbered items MUST BE COMPLETED PRIOR TO THE SUBMITTAL of the Improvement Permit (IP) / Authorization to Construct (AC) / Existing System application packet. **Questions? Call Iredell County Environmental Health between 8:00-9:00a.m., Monday-Friday to speak with a Registered Sanitarian. Statesville Office (704)878-5305, Mooresville Office (704)664-5281**

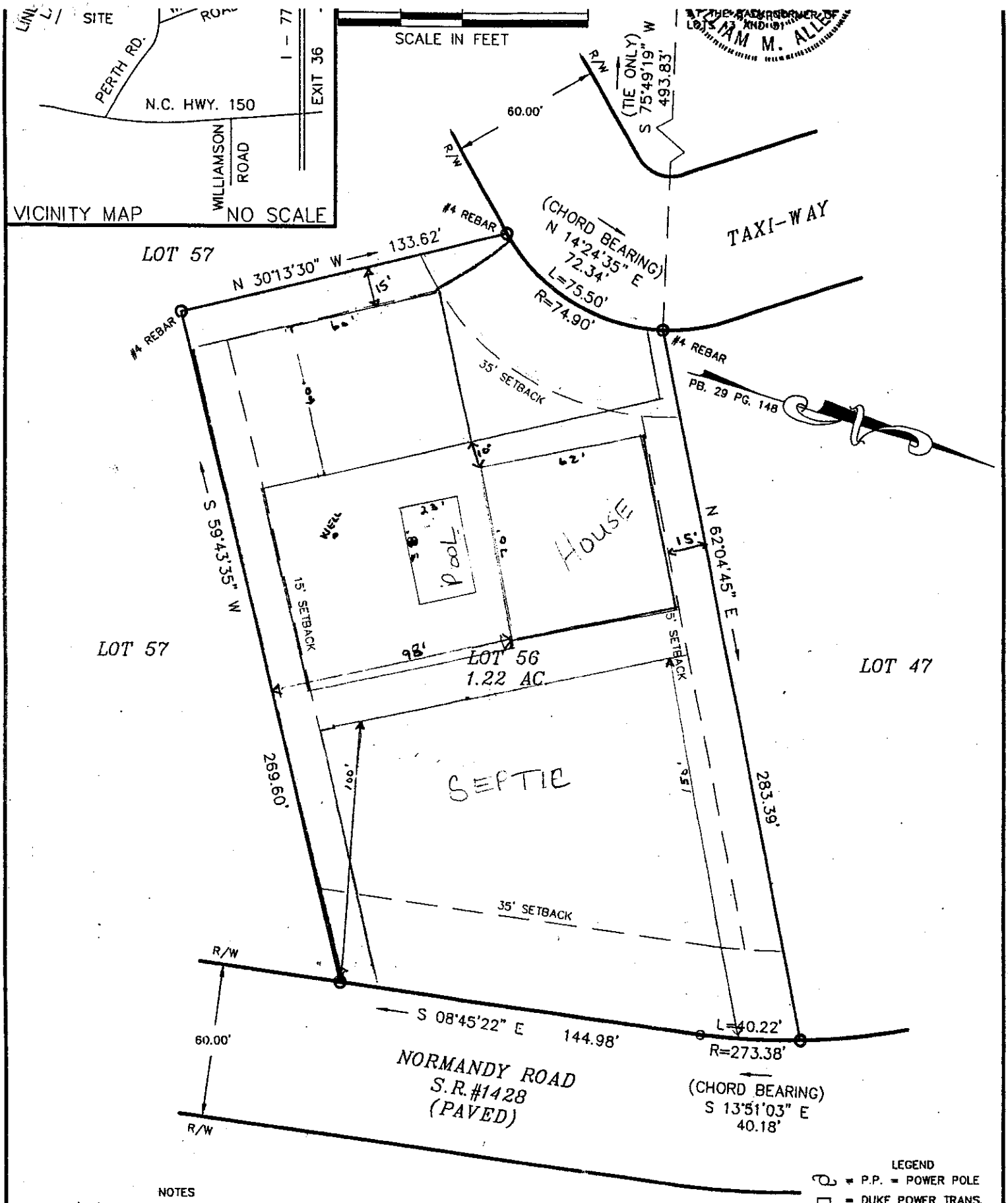
1. **Complete all Environmental Health forms**: septic system application, site plan, new well water application (if applicable), and sign this green sheet **after** you completed all items. **Include in submittal a copy of the Zoning Permit.** A Zoning Permit is not required for septic system repairs or expansion where no addition is being made to an existing structure.
2. Clearly **mark all property corners**. Flag side lines every twenty-five feet if rear corners are not visible when standing on front corners.
3. **Stake or flag the footprint of the building structure**.
4. Where an **Authorization to Construct (AC) is desired**, submit a recorded copy of the **plat for the subdivision lot** (if not already on file at Environmental Health) and **include two(2) legible copies of the basic floor plan** not larger than 11" x 17" for each floor in the structure.
5. **Any site not having adequate visibility** (50' in any direction) **must be cleared of "undergrowth"** to allow access and provide good visibility.
6. All completed paperwork must be submitted to the Environmental Health Division of the Iredell County Health Department for review before any name will be placed on the service request (appointment) list. **Only properly completed applications will be placed on the service request list on a first come, first serve basis. Incomplete applications will be returned to the applicant.**

Completed permits must be picked up promptly. If it becomes necessary to send a certified letter (return receipt), postage will be charged and **any permit not picked up by the deadline in the letter will be voided. All monies paid to that point are non-refundable.**

Any site not ready when staff arrive for the evaluation will result in the applicant being charged a site revisit fee and the request being returned to the bottom of the service request list.

By signing below I am acknowledging the above specifications have been met and the site is ready to be evaluated.

Signature _____ **Date** 11-5-09



NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER

LEGEND

P.P. = POWER POLE
□ = DUKE POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
Ⓦ = WELL

BOUNDARY SURVEY

OF

LOT 56 LAKE NORMAN AIRPARK, PH. VII

SCALE 1" = 50'

DAVIDSON TWSP., IREDELL CO., N.C.

FIELD BOOK: 359
FILE: 7711105