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:**

Applicant Name	Mailing Address	Home Phone	Work Phone
J+K Developers, LLC	3843 Gordon St, Terrell, NC 28682	828-478-9099	704-516-4355
SAME (Owner Name)	SAME	SAME	SAME

4. **Property Information:**

Waterbury Drive (Street Address) | Northington Woods (Subdivision Name) | 36 (Section/Phase and Lot Number)

Driving Directions: Hwy 150 West, Right on Forth Rd, Left on Fern Hill, Left on Northington Woods Drive, Left on Waterbury Drive, Lot 36 on the right before cul-de-sac

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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:**

(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:**

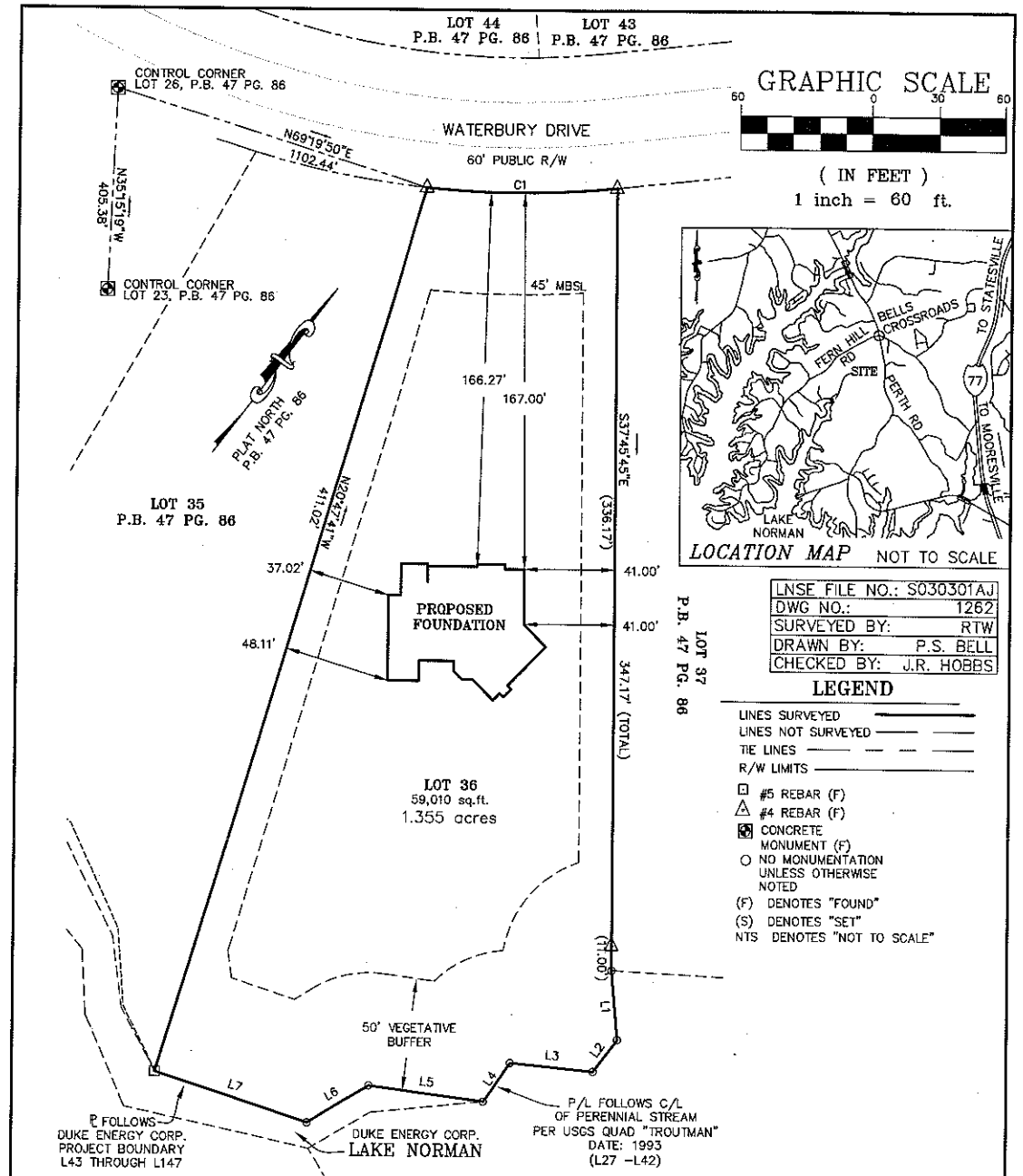
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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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: James H Smith
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10/18/05
DATE



GRAPHIC SCALE

60 0 30 60

(IN FEET)

1 inch = 60 ft.

LOCATION MAP NOT TO SCALE

LNSE FILE NO.:	S030301AJ
DWG NO.:	1262
SURVEYED BY:	RTW
DRAWN BY:	P.S. BELL
CHECKED BY:	J.R. HOBBS

LEGEND

- LINES SURVEYED
- LINES NOT SURVEYED
- TIE LINES
- R/W LIMITS
- #5 REBAR (F)
- #4 REBAR (F)
- CONCRETE MONUMENT (F)
- NO MONUMENTATION UNLESS OTHERWISE NOTED
- (F) DENOTES "FOUND"
- (S) DENOTES "SET"
- NTS DENOTES "NOT TO SCALE"

PIN 4639-83-1490
CAROLINA CENTERS, LLC
D.B. 905, PG. 1451
ZONING: RA

SURPLUS TRACT 3248-05
LNSE JOB S031204

PIN 4639-73-3000
CAROLINA CENTERS, LLC
D.B. 905, PG. 1451
LNSE: S050501
ZONING: RA

NOTE: ALL DISTANCES ARE HORIZONTAL DISTANCES UNLESS OTHERWISE NOTED.

NOTE: AREA BY COORDINATE COMPUTATION.

NOTE: PROPERTY SUBJECT TO ANY VALID & ENFORCEABLE EASEMENTS, RESTRICTIONS & RIGHTS OF WAY OF RECORD.

NOTE: THERE IS A 10' GENERAL SERVICES, UTILITY, AND ACCESS EASEMENT RESERVED ALONG THE FRONT, SIDES, AND REAR OF EACH LOT FOR USE AS DEFINED BY SHAVENDERS COMMUNITIES, LLC

NOTE: LOTS TO BE SERVED BY INDIVIDUAL WELLS & SEPTIC SYSTEMS

NOTE: REFERENCE IREDELL CO. HEALTH DEPT. PERMIT # 122560

TAX ID: 4639-64-9380

FOR SOURCE OF TITLE REFER TO D.BK.1518 PG. 2639

PROPERTY OWNED BY
SHAVENDER COMMUNITIES LLC
NORTHINGTON WOODS SUBDIVISION

MAP PREPARED FOR
JIM SMITH

PLOT PLAN OF
LOT 36, P.B. 47 PG 86

DAVIDSON TOWNSHIP IREDELL COUNTY, N.C.
SCALE: 1" = 60'
BOOK: N/A
DATE OF SURVEY: N/A
DATE OF MAPPING: OCTOBER 12, 2005

STATE OF NORTH CAROLINA
IREDELL COUNTY

I certify that this map was drawn from an actual survey made under my supervision The unadjusted ratio of precision as calculated is 1': 10,000±. Boundaries not surveyed, if any, are noted. Deed descriptions are recorded in Book, as Page shown .Witness my hand and seal this 12th day of OCTOBER, 2005.

"PRELIMINARY PLAT"
NOT FOR RECORDATION, CONVEYANCES, OR SALES

Professional Land Surveyor
L-3703

LNSE
SURVEY AND MAP PREPARED BY:
LAKE NORMAN SURVEYING
& ENGINEERING PLLC
137 Jennings Road, Suite C
Statesville, North Carolina 28625
(704) 876-4450 Fax (704) 876-4451