IREDELL COUNTY HEALTH DEPARTMENT

Paid $170.00 CK

Environmental Health Division

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)

11-8-10

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:

Mark Kyker	150 Honeysuckle Creek Loop	704 528 0400	704 928 5364
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Same	Same	Same	Same
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

150 Honeysuckle Creek Loop Mooresville NC 28117	Honeysuckle Creek	Lot 19
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Take ~~Hwy 21~~ Interstate 77 to exit 36, turn right onto Hwy 150, take right on Perth Rd, take left on Honeysuckle Creek Loop, House # 150

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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 Adding roof over deck & screening on sides

Maximum Number of Bedrooms ____
Maximum Number of Occupants ____
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

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6. Proposed Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( )

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7. Desired Septic System Type: *(You may rank in order of preference, if c*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventio

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8. Please Answer The Following To The Best of Your Ability:

( ) Yes (✓) No Does the s
( ) Yes (✓) No Is any no
( ) Yes (✓) No Is the site

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I have read this application and certify that the information provided herein is true, complete, and
entry to conduct necessary inspections to determine compliance with applicable laws and rules. I u
and labeling of all property lines and corners and making the site accessible so that a complete site

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

DATE

Need site visit
$120
owner coming in to pay
Put on list w/ date of 10-18
gm