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: cB (X) 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
Christian Buchler	1125 Morehead st. suite 103 Charlotte, NC 28204		377-7588
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
Philip R. Thomas Construction Co	1125 East Morehead st suite 103 Charlotte, NC 28204		(704) 377-7588

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
166 Iron Gate Circle	The Cove	Lot #2

Driving Directions: Right on Templeton Rd, Left on Camino Real Rd, Left on Iron Gate Circle (Gravel Rd) Lot is on right side at turnaround circle.

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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 N/A
Square Footage of Building N/A
Maximum Number of Employees N/A
Maximum Number of Seats N/A

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6. **Proposed Water Supply:**

(X) 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 (X) Other Panel ( ) No Preference

****

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?

****

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: Christian Buchler — 06/02/05

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

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3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Michael Athanas	1999 Candlewick Dr. Fort Mill SC. 29715	(803) 802-4401	(704) 576-3887
Owner Name	Mailing Address	Home Phone	Work Phone
Charles Welton			

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9. Signature: _____ 5-18-05

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