10:30 IREDELL COUNTY HEALTH DEPARTMENT ★ Call Brad Russell

ENVIRONMENTAL HEALTH DIVISION

Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or 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 X 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	Of. ~~Home~~ Phone #	Cell/~~Alternate~~ Phone #
AMENITIES Unlimited	3950 A CAMPUS RIDGE ROAD MATTHEW NC 28105	704.684.1495	704.309.9528

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
GERRY + VIRGINIA MURRAY	121 PAULS LANE MOORESVILLE, NC 28117	704-728-6539	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
121 PAULS LANE MOORESVILLE, NC		

Driving Directions: EXIT 33 SOUTH TURN RIGHT – THEN TURN LEFT ON ALCOVE ROAD AND THEN TURN RIGHT ON TO TEMPLETON BAY RD AND RIGHT ON TO ~~PAULS LANE HOUSE AT END ON LEFT~~ TEMPLETON BAY DRIVE AND THEN TURN RIGHT PAULS LANE Last 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 due to _____
- ( ) Other INGROUND CONCRETE SWIMMING POOL

Maximum Number of Bedrooms 4
Maximum Number of Occupants 4
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 457 POOL
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply: N/A

( ) 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)* N/A ( ) Existing system--installed in _____ *YEAR*

( ) 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: _____ 11/27/2012

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