IREDELL COUNTY HEALTH DEPARTMENT
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 ___ 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 #	Alternate Phone #
CHAMPION WINDOW Co.	~~118 PAULS LANE~~ 9100 PERIMETER WOODS DR SUITE I CHARLOTTE, NC. 28216	704-398-0085	980-722-6641
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
MARAMRAJ	118 PAULS LANE	704-728-6340	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
118 PAULS LANE	TEMPLETON BAY	LOT 54

Driving Directions: _____

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
(X) Other DECK, SUNROOM

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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 (X) 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 ___ (X) 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?

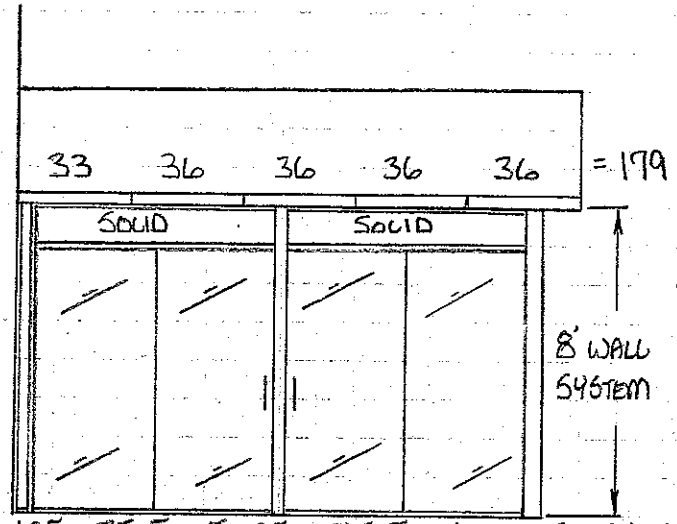
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: _____ 5/6/11
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

MARAMRAJ, KISHAN & SUSHMA #6728
11B PAULS LANE
MOORESVILLE, NC. 28117

NOTES
1. DRAWING IS OUTSIDE LOOKING IN..

A-WALL

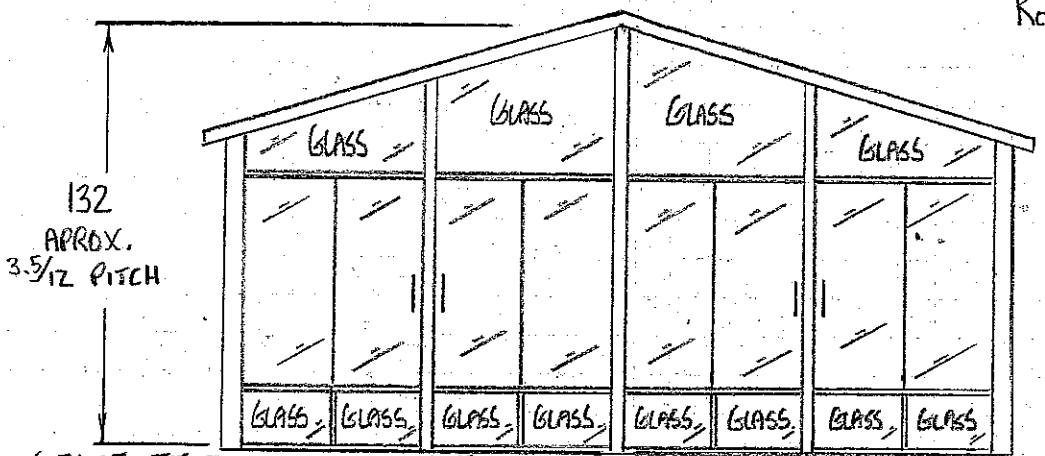


.625+4+.625+75.5+5.125+75.5+6.5625=166.875

APROX. BUILD TIMES ONCE STARTED

ROOM & FLOOR FRAMING	12-14 DAYS
CUSTOM GLASS WAIT	5-6 DAYS
ELECTRIC	2-3 DAYS
TOTAL	4-6 WEEKS

B-WALL



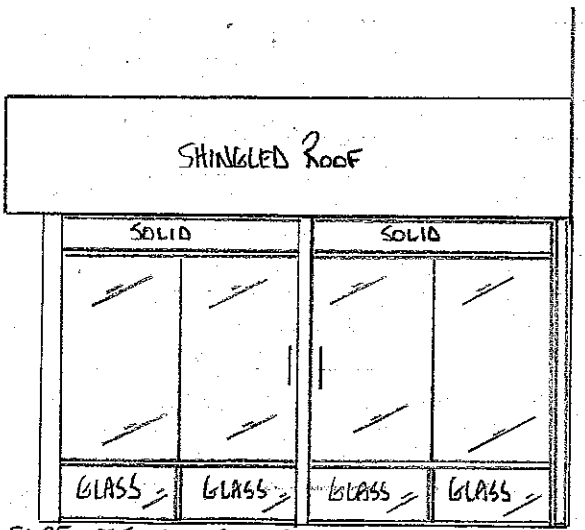
ROOF = 4" WHITE OSB
10 @ 12'

RIDGE BEAM = 2-2x12x16 SYP

POST = 2x4x12

6.5625+55.5+5.125+55.5+5.125+55.5+5.125+55.5+6.5625=250.5

C-WALL



6" WHITE STRUCTURAL VINYL NEEDED
8x96 (STOCK)

6.5625+75.5+5.125+75.5+.625+4+.625=166.875