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)

263
81
344

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
Bryan Clutts / Hyline Construction	1824 Triplett Rd	704-663-4041	704-634-2500
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
Steve & Tracy Harwell	167 Malibu Road	704-663-5266	704-575-0261

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
189 Templeton Bay Drive	Templeton BAY	38

Driving Directions: 215 TL Alcove TR Templeton TR
Templeton BAY on left past w/ Parks Lane

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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

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 ___
Maximum Number of Employees ___
Maximum Number of Seats ___

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6. **Proposed Water Supply:**

( ) 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___ ( ) No Preference

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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?

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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:** Bryan C. Clutts — 2/9/07

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

IREDELL COUNTY HEATLH DEPARTMENT

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE SAMPLE SITE PLAN BELOW. INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!

Place an (X) beside each item as you complete the site plan:

- X **Property Line measurements are clearly identified…**
- X **All proposed structures are indicated…**
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- X **Front and side setbacks from property line…**
- X **Preferred driveway location and configuration, preferred well location…**
- X **Area you prefer your septic system to be placed…**
- X **North arrow, or other sufficient indicator of direction…**

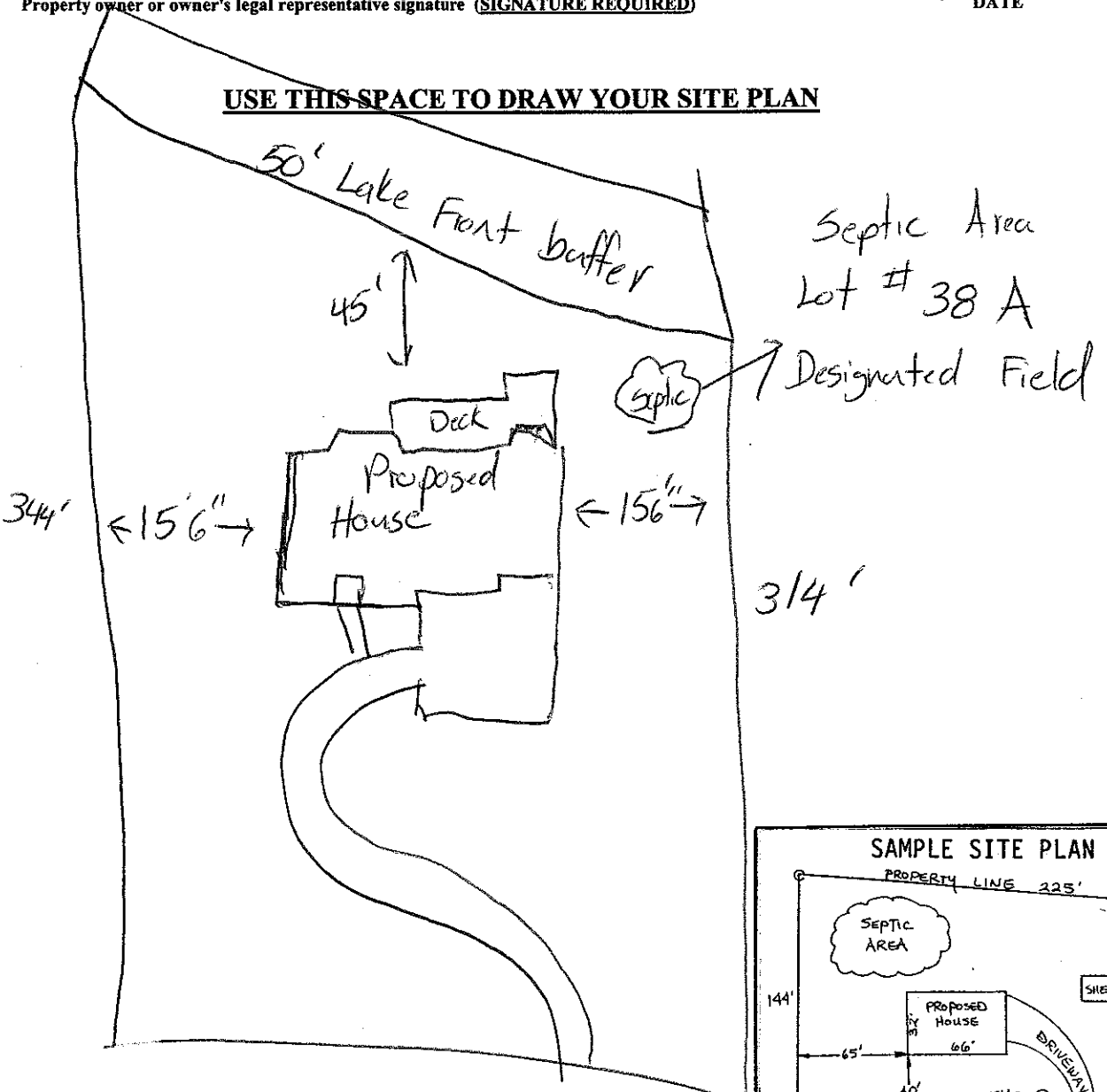
Circle N/A on the following if appropriate:

- NA **Location of septic systems and wells within 100' of your property…** (N/A)
- NA **Location of easements and rights of ways on your property…** (N/A)
- NA **Location of any designated wetlands on the property…** (N/A)

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

2/9/07
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN



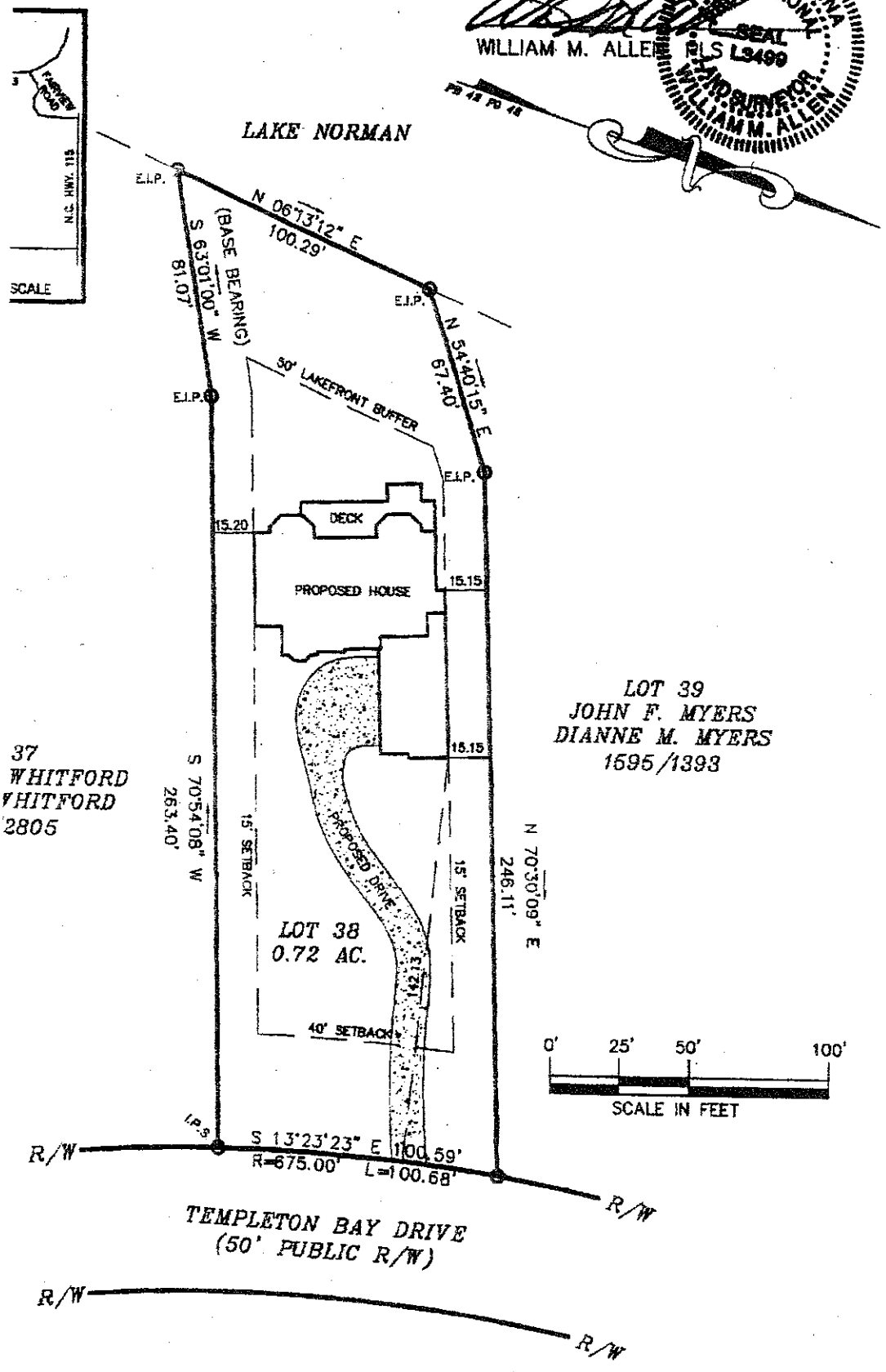
111-B Raceway Drive * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

y that this map was drawn under my supervision from an actual
ıder my supervision recorded in deed book 1404, page 2142, and/or
___, page 42, that the ratio of precision is 1':10,000, that this map
ı accordance with the General Statutes of North Carolina Chapter
ıeal on the 04, day of JANUARY A.D. 20 07

NORTH CAROLINA PROFESSIONAL SEAL L3499 LAND SURVEYOR WILLIAM M. ALLEN

WILLIAM M. ALLEN, PLS L3499

PB 45 PG 45



PLOT PLAN SURVEY

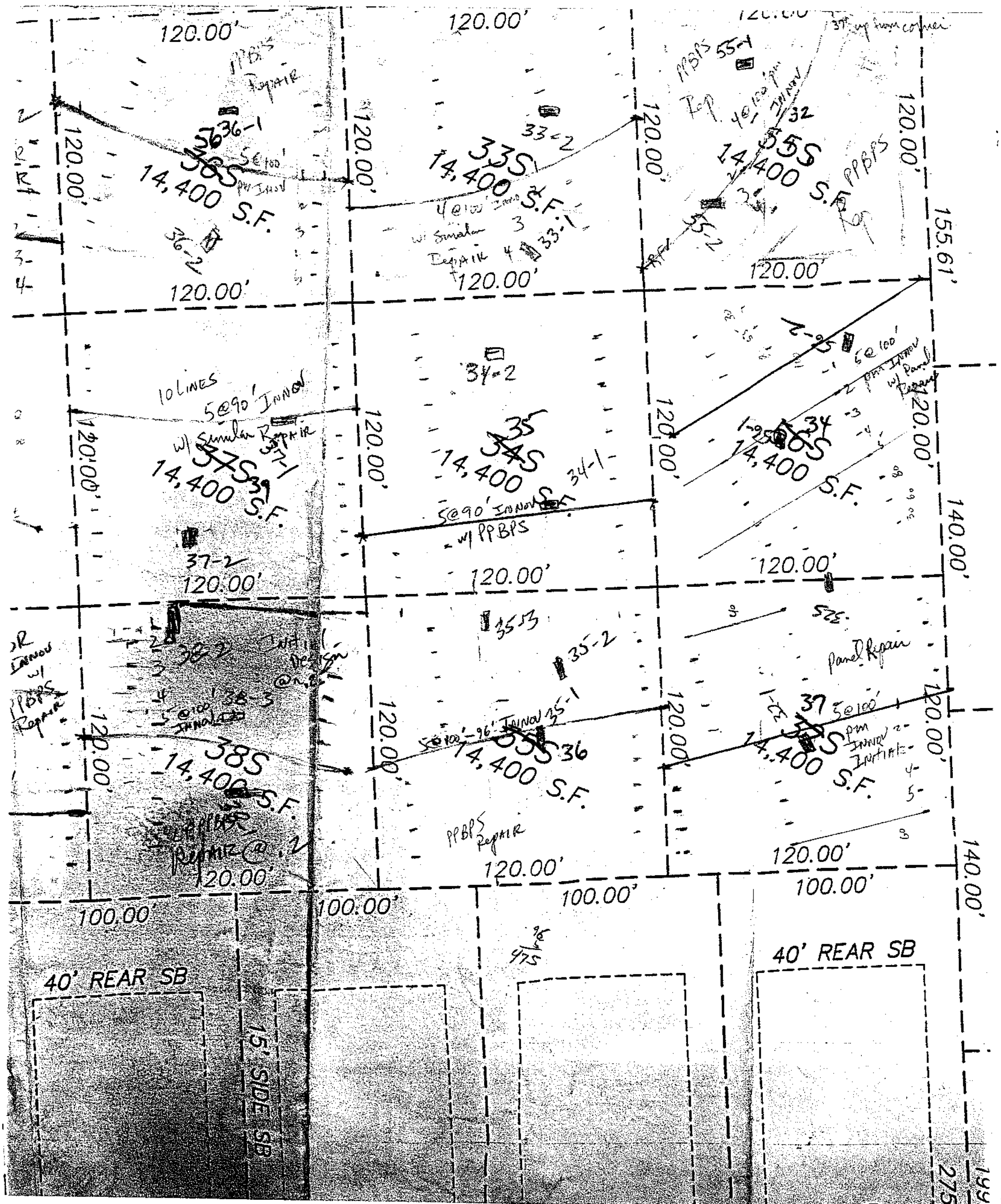
OF

189 TEMPLETON BAY DRIVE

LOT 38 TEMPLETON BAY

NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.



120.00'
120.00'
PPBPS Repair
36-1
5@100' PM INNOV
14,400 S.F.
36-2
33-2
33S
14,400 S.F.
4@100' INNOV
w/ Similar Repair
33-1
PPBPS 55-1
Rep
4@100' pm INNOV
32
55S
14,400 S.F.
PPBPS Rep
35-2
155.61'
34-2
10 LINES
5@90' INNOV
w/ Similar Repair
37S
14,400 S.F.
37-1
37-2
35
34S
14,400 S.F.
34-1
5@90' INNOV
w/ PPBPS
5@100' pm INNOV w/ Panel Repair
34
14,400 S.F.
140.00'
Initial Design
38-2
38-3
5@100 INNOV
38S
14,400 S.F.
PPBPS Repair
35-3
35-2
35-1
5@100'-96' INNOV
36
14,400 S.F.
PPBPS Repair
Panel Repair
37
5@100' pm INNOV INITIAL
14,400 S.F.
100.00'
40' REAR SB
15' SIDE SB