IREDELL COUNTY HEALTH DEPARTMENT

61a

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: ___ 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
Michelle Kelly	PO Box 3276 Mooresville, NC 28117	704-241-8688	704-987-7755
Owner Name	Mailing Address	Home Phone	Work Phone
Ray + Noelle Kelly	PO Box 3276 Mooresville, NC 28117	704-361-1509	704-987-7755

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
Lot #9	Knox Haven	Phase 2, Lot #9

Driving Directions: Take exit 33 off I-77 North. Take a left onto Williamson Rd., Take a left onto Alcove Rd., Take a Right onto Catalina, Take a Left onto Knox Haven Rd.

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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 ___
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 ___

****

6. **Proposed Water Supply:**

(✓) 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 ( ) 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: Michelle Kelly
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5/7/08
DATE

IREDELL COUNTY HEALTH DEPARTMENT

Environmental Health Division

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3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Kelly Custom Builders Inc	PO Box 3276, Mooresville NC 28117		704-936-7874

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Luisa Wilson	114 Knox Haven Ln		704-[illegible] 660-4511

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
114 Knox Haven Ln	Knox Haven	Lot 9

Driving Directions: Alcove Rd right on Catalina, Left on Knox Haven

****

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 ______

Maximum Number of Bedrooms 4
Maximum Number of Occupants ____
If Expansion, Current Number of Bedrooms ____

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Square Footage of Building ______
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6. Proposed Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water

****

7. Desired Septic System Type: *(You may rank in order of preference, if any)* Already Designed

( ) Alternative (✓) Conventional or (X) Innovative ( ) Modified Conventional ( ) Other______ ( ) 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?
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9. Signature: [illegible] 1/19/2011

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