Stopher 704 363 9203

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: ___ Improvement Permit ___Authorization To Construct X BOTH ___Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
The following optional attachments may also be submitted: X 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
NVR (Ryan)	9920 Kincey Ave #110 Huntersville NC 28078	—	(704) 875-9884

Owner Name	Mailing Address	Home Phone	Work Phone
Same			

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
152 Eclipse Way	Sundown Cove	Lot 42

Driving Directions: Williamson Rd, Turn on Sundown, R on Sundown Cove, R on Corona L on Eclipse Way, lot 42

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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 ___
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 (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?

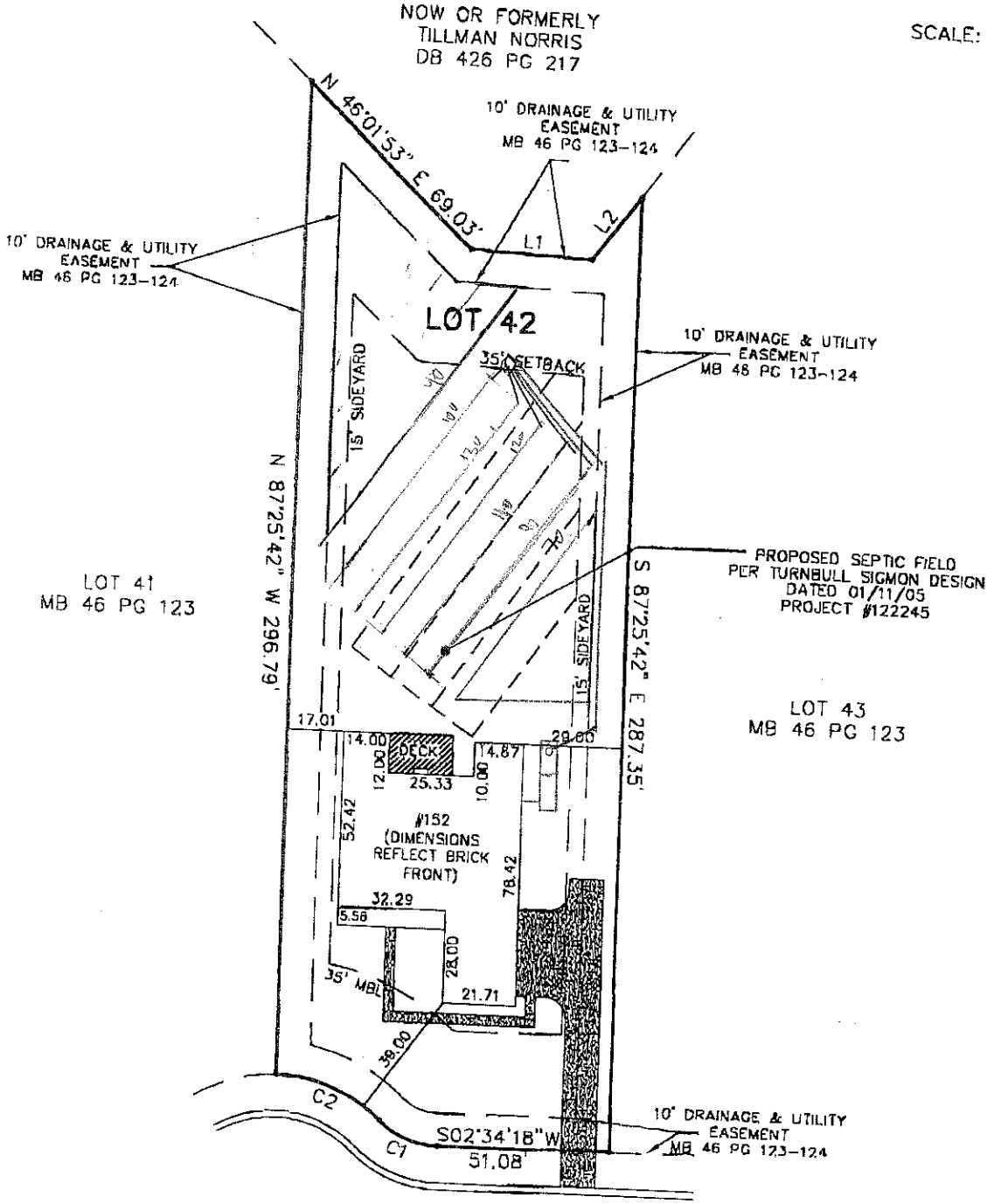
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I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable 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: Patricia Hollander
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12/6/05
DATE

IS NOT TO BE RELIED UPON
FOR CONSTRUCTION.



LINE TABLE		
LINE	LENGTH	BEARING
L1	36.00	N05°01'53"E
L2	24.03	N52°00'04"W

CURVE TABLE					
CURVE	RADIUS	LENGTH	CHORD	BEARING	DELTA
C1	25.00	19.38	18.90	S24°46'46"W	44°25'11"
C2	45.00	34.81	33.95	N24°49'27"E	44°19'24"

ECLIPSE WAY

50' PUBLIC R/W

ESTIMATED DRIVEWAY
AREA = 1341.35 SQ.FT.±

STAKEOUT

NOT FOR RECORDATION, CONVEYANCES OR SALES

Subdivision ESTATES SUNDOWN COVE, PHASE 3
Address ECLIPSE WAY County IREDELL
Lot 42 Block ___ Plan MONTAGUE Elevation A Drive (Left) ___ (Right) X (Courtyard) ___ Deck X
Patio ___ Fireplace X Garage (1 Car) ___ (2 Car) ___ (3 Car) X Brick FRONT Basement ___ Curtain Wall X
Crawl ___ Slab ___ Other MORNING ROOM, SITTING ROOM, FULL FRONT PORCH Owner RYAN HOMES

REVISED: MODEL CHANGE

DWN: TMG CKD: JMW DATE: 11/21/05

SUNDOWN COVE\SD-0042.DWG - TMC