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 ___ BOTH * ✓ Existing System Inspection
   * Want to determine if existing system can handle a 4 bedroom home; if not determine what needs to be upgraded for a 4 BR home.
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
J. Mark Hanson	1 Fern Bluff Court, Greensboro, NC 27410	336-218-0404	336-805-5189 (Cell: 336-337-8282 (Best #))
Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
589 Big Indian Loop	Indian Creek	

Driving Directions: 150 to Bluefield Road - ~~RIGHT~~ LEFT TO BIG INDIAN LOOP THEN RIGHT AT ~~NEXT~~ BIG INDIAN LOOP SIGN

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5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)* (MODULAR HOME NOW ON SITE)

(X) New, Single Family Residence (FUTURE)
( ) 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?
(X) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business N/A
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats

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6. **Proposed Water Supply:** (TBD)

(X) New Well (OR) (X) 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_____ (X) 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: _____ 12-30-04
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

22770

PROPERTY DESCRIPTION

Call Sanitarian Between 8 a.m. and 9 a.m. 664-5281 / 878-5305

APPLICATION FOR- (Not a Permit) (✓) Improvements Permit (✓) Zoning Permit ( ) Special Use ( ) Subdivision Approval ( ) Other

Proposed Use: Replacing s/w with Modulars

Location: Big Indian Lp, off Big Indian Lp

TAX MAP NO.

Tax Map No.	Township	Jurisdiction	Zoning
2P-6-A-57	Davidson	Iredell	R-20

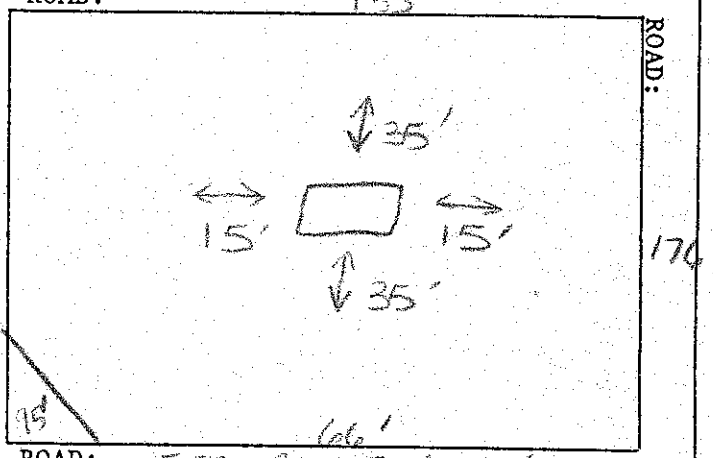
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
CLT	57	.670 ac	( ) yes (✓) no

Approx. Area to be disturbed	Street Address	Phone	Watershed
	589 Big Indian Lp		WSIV-CA

REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

SKETCH MAP

On the lot to be built on or to be used, show the property lines and the actual dimensions of the lot, the size and shape of any and all buildings located or to be located on the lot showing the distances from lot lines. Show setback of main building on adjacent lot and their use.



#15-2
25-HD
#40

094729
lot

OWNER	ADDRESS	PHONE NO.
Walter E Wallace	179 Fremont Lp Mocksville	892-9716

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

X Walter E Wallace — Signature of Owner or Authorized Agent

11-21-95 — Application Date

If permitted, the following minimum zoning requirements must be met, unless the Health Department requires more land area or other qualifications are indicated in the remarks.

Lot area 29,000 sq. ft. Front yard depth 35 ft. Corner yard depth — ft.

Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 35 ft.

LAND USE INDICATED (is) (is not) PERMITTED IN THE ZONING DISTRICT.

REMARKS: Replacing mobile s/w with modular.

ZONING ADMINISTRATION DIVISION

L Keith — Approved by

11-21-95 — Date

WHITE: Original CANARY: Inspection Copy PINK: Health Dept. GOLD: Owner