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IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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.

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 an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Meritage Homes **Address:** 11605 N Community Rd #250 Charlotte NC 28277 **Phone:** 704 658 8616

Owner Name: // **Address:** // **Phone:**

Property Information:

Street Address: 105 Abbeville Lane

Subdivision Name: Bells Crossing **Section/Phase:** 3 **Lot Number:** 123

Driving Directions:

Site Development Information: *(check or complete ALL that apply)*

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

( ) Crawl Space Foundation
(✓) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:**
(✓) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

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. industrial) 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.

Signature: _____ 1-6-16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED APR 15 2015

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00

#207301

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Applicant Information:

Applicant Name: Meritage Homes **Address:** 11605 N Community Rd #250 Charlotte NC 28217 **Phone:** 7046888616

Owner Name: // **Address:** // **Phone:**

Property Information:

Street Address: 105 Abbeville Court

Subdivision Name: Bells Crossing **Section/Phase:** _____ **Lot Number:** 123

Driving Directions: I50W, R onto perth Rd, L into Bells Crossing, L onto San Agustin, R onto Abbeville, 1st Lot on Left

Site Development Information: *(check or complete ALL that apply)*

(/) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 5
Maximum Number of Occupants: 10
( ) Swimming Pool
( ) Other Addition/Structure:_____

( ) Crawl Space Foundation
(/) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business:_____
Square Footage of Building:_____
Maximum Number of Employee:_____
Maximum Number of Seats/Beds/Other:_____

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:**_____

(/) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:_____

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. industrial) to be generated?**
( ) Yes (/) No **Is the site subject to approval by any other public agency?**

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Signature: Will Bell 4-15-15

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