**IREDELL COUNTY HEALTH DEPARTMENT**
**ENVIRONMENTAL HEALTH DIVISION**
**Application For Improvement Permit**

**ALL** items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

| PRIMESTAR PROPERTIES | 704-553-4518<br>704-932-9100 | 1209 S. MAIN ST | KANNAPOLIS | N.C. | 28081 |
|---|---|---|---|---|---|
| Applicant | Phone # | Mailing Address | City | State | Zip Code |

| SAME | | | | |
|---|---|---|---|---|
| Current Property Owner | Mailing Address | City | State | Zip Code |

PROPERTY INFORMATION:

| MAGIC FOREST | 45 | PHASE 4 | OFF 1311 |
|---|---|---|---|
| (Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | State Road # |

| WELL | 8-21-02 | 4649-75-0165<br>4649-75-0566 |
|---|---|---|
| (Proposed) Water Supply: Public, Private Well | **Preliminary Plat Approval Date** (DEVELOPERS ONLY) | Tax Map # |

Specific Directions to Property _____

TYPE OF FACILITY: (use check ( X ) or number as appropriate)

House ____ Mobile Home X Commercial ____ No. Bedrooms 3 No. Baths 2

No. Persons or Employees (commercial only) ____ Basement ____ Basement with Plumbing ____

Crawl Space ____ Concrete Slab ____ Garbage Disposal ____ Jaccuzi or spa ____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

4-1-03 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

# 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

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:**

| | | | |
|---|---|---|---|
| LuV Homes | 1018 Charlotte Hwy Troutman | | 704-528-9449 |
| Applicant Name | Mailing Address | Home Phone | Work Phone |
| Scott McNair | 1018 Charlotte Hwy Troutman | | 704-528-9449 |
| Owner Name | Mailing Address | Home Phone | Work Phone |

4. **Property Information:**

| | | |
|---|---|---|
| Magic Forest Dr | Magic Forest | #45 |
| Street Address | Subdivision Name | Section/Phase and Lot Number |

Driving Directions: _____

**********

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 3
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: _____ _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE