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: X 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
Brian or Kim Abe	6634 April Mist Tr. Huntersville 28078	704-912-2390	704-975-4963
Owner Name	Mailing Address	Home Phone	Work Phone
Davidson Downs Inc	4643 Mariner Ln Denver 28037	7044834864	980 297 2787

4. **Property Information:**

Buckingham Place Rd (Street Address) | Davidson Downs (Subdivision Name) | Lots # 88 & 17 (Section/Phase and Lot Number)

Driving Directions: From Hwy 115 go East on Presbyterian Rd. turn right onto Sink Farm Rd (Davidson Downs) turn left onto Buckingham Place Rd. at end of road on the right

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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 8
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 ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

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6. **Proposed Water Supply:**

X 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 (X) 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.

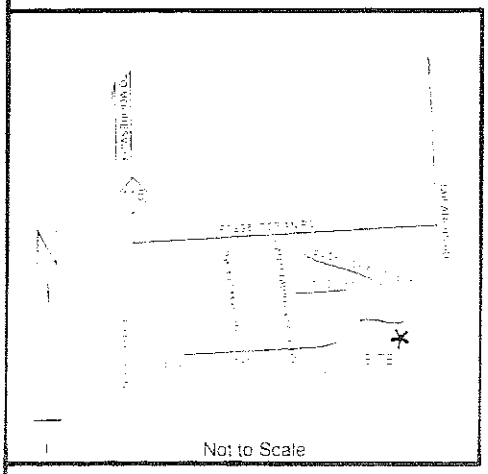
9. Signature: _____ 8-13-07
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

THIS IS TO CERTIFY THAT ON THE 5 DAY OF July 20 08 AN ACTUAL SURVEY WAS DONE UNDER MY SUPERVISION OF THE PROPERTY SHOWN HEREON. THIS MAP IS NOT INTENDED TO MEET GS 47-30 RECORDING REQUIREMENTS.

SIGNED _____

Bishop Land Surveying, Inc.
10719 Trolley Run Dr.
Cornelius, N.C. 28031
Phone (704) 634-9356

NORTH CAROLINA PROFESSIONAL SEAL L-3697 LAND SURVEYOR ROBERT G. BISHOP



Not to Scale
Vicinity Map

LEGEND

LINE TABLE		
LINE	LENGTH	BEARING
L1	42.08'	S75°59'52"E

CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	238.99	220.00	N48°07'47"E	227.41