IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or 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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
WILLIAM SEWARD	285 EASTPORT LANE	704 999 1488	
SAME			
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
SAME	YANCEY ACRES	

Driving Directions: I-77 SOUTH TO EXIT 31. GO LEFT TO HWY 115. SOUTH ON 115 TO LEFT (¼ MILE) ON EASTPORT TRAIL RIGHT ON EASTPORT LANE FOLLOW TO END HOME IN FIELD

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
(√) Other OUT BUILDING 16 x 20

Maximum Number of Bedrooms ___
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: _____ 7-12-11
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
WILLIAM DANIEL JENNARS	10204 HAEERS ROAD HUNTERSVILLE, NC 28078	704 999 1488	704 944-1560
EMAC MORTGAGE			

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
285 EASTPORT LANE	YANCEY ACRES	LOT 2 1.576 ACRES

Driving Directions: I-77 SOUTH TO EXIT 31 LANE TRUCK - GO LEFT TO HWY 115 - TURN RIGHT ON 115 APPROX 1/4 MILE TO LEFT ON EASTPORT LANE - PROPERTY AT END OF ROAD

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Maximum Number of Bedrooms 3
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Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE