IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

FAXED

APPLICATION NUMBER
201600
Issue Date: 02/07/2014

Permit Type: EXIST SEPTIC APPLICATION

Parcel Number	Street Address	Jurisdiction
4658892245.000	1875 CHARLOTTE HIGHWAY	MOORESVILLE

Owner Information	Applicant Information	Contractor Information
Owner: MILLER EDWARD L Address: 1875 CHARLOTTE HWY MOORESVILLE, NC 28115 Phone:	Applicant: CHAMPION WINDOW COMPAN Address: 9100 PERIMETER WOOD DR, SUITE I CHARLOTTE, NC 28216 Phone: 704-398-0085	Contractor: CHAMPION WINDOW COMPAN Address: 9100 PERIMETER WOOD DR, SUI CHARLOTTE, NC 28216 Phone: 980-722-6641 License Type: BLDG License Number: 54246-L /

Project Description

ADDITION - IREDELL

Scope of Work

ADDING 15' X 27' SUNROOM TO BACK OF EXISTING HOME

Permit Details:

	EXISTING SYSTEM INSP REG SCHED	Amount:	150.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Date: 02/07/2014

Signature of Owner/Contractor

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	6102	TOTAL FEES:	$ 150.00

RECEIVED FEB 7 2014 PM
Paid $150.00 Statesville Mooresville

201600

Call by Monday 1/20/13 704 660 3625 to see if septic is documented Environmental

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Brady Freeman Specialist Env. C#-704 902 4491

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 X 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 X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Champion Window Company	9100 Perimeter Woods Dr. Suite I 28216	704-398-0085	Trevor Tillman 980-722-6641
Applicant Name	Mailing Address Charlotte, NC	Home Phone #	Alternate Phone #
Miller, Edward	1875 Charlotte Hwy. Mooresville, NC. 28115	704-663-1233	704-877-7673
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

1875 Charlotte Hwy.		PB4-15
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: I77 North to exit 33. Take right onto US-21 for 5.4 miles. Turn right onto US-21 N/Ericlor. Then turn left onto NC-115 for .5 mile, house is on the right.

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
(X) Other Septic check for sunroom on the rear of home (15' x 27')

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 (X) 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 ___ (X) No Preference

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?

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: _____ 1-16-14 2/6/14 AD
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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Project Description

ADDITION - IREDELL

Scope of Work

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Permit Details:

	AUTHORIZATION CONSTRUCT	Amount:	350.00
	EXISTING SYSTEM INSP REG SCHED	Amount:	150.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

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Permit Number	6102	TOTAL FEES:	$ 500.00