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:
   Place check ( ) beside whichever is submitted if applicable
   ✓ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone	Work Phone
William Allen	111-B Raceway DR.	(704)634-2310	(704)664-7029
Owner Name	Mailing Address	Home Phone	Work Phone
Shepherds Bluff LLC	111-B Raceway DR.	(704)634-2310	(704)664-7029

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
	Shepherds Bluff	Phase

Driving Directions: Shepherds Road Turn Left on Shepherds Bluff Dr. Cross over Creek Lot on Right.

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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

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6. Proposed Water Supply:

(X) New Well ( ) Existing Well ( ) Community Well ( ) City

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7. Desired Septic System Type: *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional

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8. Please Answer The Following To The Best of Your Ability:

( ) Yes (✓) No Does the site co
( ) Yes (✓) No Is any non-dom
( ) Yes (✓) No Is the site subje

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I have read this application and certify that the information provided herein is true, complete, and correct. entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understan and labeling of all property lines and corners and making the site accessible so that a complete site evaluatio

9. Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)