# IREDELL COUNTY HEALTH DEPARTMENT

## *ENVIRONMENTAL HEALTH DIVISION*

**PAGE 1: *APPLICATION FORM***

**Application For:** (✓) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

***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.***

**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 an (X) beside whichever is submitted if applicable* (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

**Applicant Information:**

**Applicant Name:** SHEA BUILDERS **Address:** 8008 CORPORATE CENTER **Phone:** 704 3013229

**Owner Name:** SAME **Address:** " **Phone:** "

**Property Information:**

**Street Address:** 178 TIMBERSIDE DRIVE

**Subdivision Name:** ANNISTON **Section/Phase:** 1 **Lot Number:** 110

**Driving Directions:** NORTH on GOOSE CREEK / LEFT on JOHNSON DAIRY / SITE on LEFT

**Site Development Information:** *(check or complete ALL that apply)*

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

**Maximum Number of Bedrooms:** 4
**Maximum Number of Occupants:** 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

**Non-Residential Site Development:**
**Type of Business:** _____
**Square Footage of Building:** _____
**Maximum Number of Employee:** _____
**Maximum Number of Seats/Beds/Other:** _____

**Water Supply:**

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

**Desired Septic System Type:** *(you may rank in order of preference)* **Year existing system installed:** _____
( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative (✓) Modified Conventional ( ) Other: _____

**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. industrial) 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.*

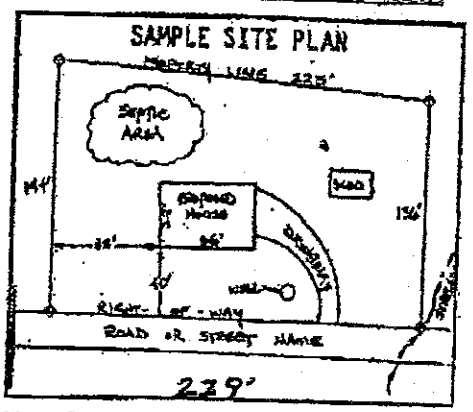
**Signature:** Stan W. Cuny 10/18/14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

# IREDELL COUNTY HEALTH DEPARTMENT
## *ENVIRONMENTAL HEALTH DIVISION*
**PAGE 2: *SITE PLAN WORKSHEET***

**SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator of direction

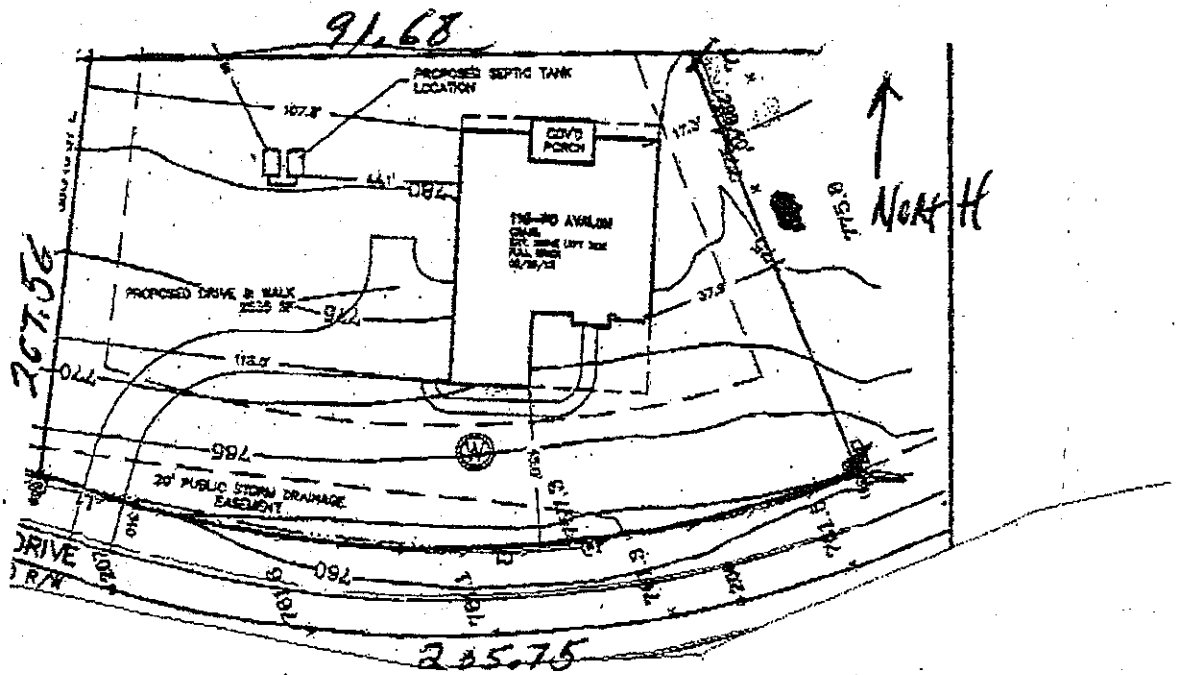



Circle N/A on the following if appropriate:

- Location of septic systems and wells within 100' of your property (N/A)
- Location of easements and rights of ways on your property (N/A)
- Location of any designated wetlands on the property (N/A)

## USE THIS SPACE TO DRAW YOUR SITE PLAN

*Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site*




178 TIMBERSIDE DR.
LOT-110

**Signature:** S. Tan W. Purdy
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10/18/14
DATE

$155 overpayment applied to #205177 RECEIVED SEP 5 2014

# IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00 Comprehensive Redraw #204453

*ENVIRONMENTAL HEALTH DIVISION* Fee $195.00

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*Place an (X) beside whichever is submitted if applicable* ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

**Applicant Information:**

**Applicant Name:** Shea Homes **Address:** 8808 Corp. Center Dr ste 300 Charlotte NC **Phone:**_____

**Owner Name:** Same **Address:**_____ **Phone:**_____

**Property Information:**

**Street Address:** 178 ~~Timberline~~ Timberside Drive

**Subdivision Name:** Anniston **Section/Phase:**_____ **Lot Number:** 110

**Driving Directions:** Shearers, TL Anniston Way, TL Timberline on Rt

**Site Development Information:** *(check or complete ALL that apply)*

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

**Maximum Number of Bedrooms:** 4
**Maximum Number of Occupants:**_____
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**Signature:**_____ 9/4/2014

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

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## *ENVIRONMENTAL HEALTH DIVISION*
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Place an (X) beside each item as you complete the site plan:

____ Property Line measurements are clearly identified...
____ All proposed structures are indicated...
*SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site*
____ Front and side setbacks from property line...
____ Preferred driveway location and configuration, preferred well location...
____ Area you prefer your septic system to be placed...
____ North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

____ Location of septic systems and wells within 100' of your property... N/A
____ Location of easements and rights of ways on your property... N/A
____ Location of any designated wetlands on the property... N/A

**Signature:** _____ 9/4/2014
*REQUIRED* property owner or owner's legal representative signature. DATE

## USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached Plan