RECEIVED APR 29 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

16TH Following Mon.

(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)

$ 250.00

1. APPLICATION FOR: ___Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

Please CALL prior to inspection

212175

2. Page 2: *Site Plan Worksheet* Form M

The following optional attachments a

Place check ( ) beside whichever is submitted if app

Name: John 631-889-0653

Kim 631-889-0651

caled no more than 1 Inch = 60 Feet

Scaled no more than 1 Inch = 60 Feet

Number:

3. Applicant Information:

John Schlie	184 Albany DR Mooresville	6318890653	631 8890651
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
John+Kim Schlie	Same	631 8890653	631 889 0651
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

184 Albany DR	Bethany Place	
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: 115 To Shinnville Rd Make Left on Albany Drive

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 due to _____
(✓) Other Garage

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)* ( ) EXISTING SYSTEM installed _____ Year

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

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: John D Schlie 4/29/16

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

E-MAILED John re: fee 5-19-16 Moneymaker396@aol.com