IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

OBTAINING PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT SHALL BE VALID FOR FIVE (5) YEARS OR BEYOND IF EXPIRATION DATE EXTENSION DOCUMENTATION SUBMITTED. APPLICATION WITH FEE TO BE CONSIDERED APPLICATION WITH COMPLETE, SCALED PLAT. SEE SEPTIC EVALUATION SECTION MAP AND LEGEND 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
Please 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 #
Jonathan Mathews	1714 Fearing Rd 28110	980-594-3641	704 361-1080

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
		9946-5203	980-594-3641

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
173 Albany Dr Mooresville 28115	Bellamy Place	Lot #6

Driving Directions: Hwy 21 to Shinville R turn Right to Albany Dr turn Left Johnson Left 173 Albany Dr

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(X) New, Single Family Residence	Maximum Number of Bedrooms 3	(X) Crawl Space Foundation?
( ) New, Multi-Family Residence	Maximum Number of Occupants ___	( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System	If Expansion, Current Number of Bedrooms ___	( ) Basement w/Plumbing?
( ) Repair To Failing Septic System due to ___		( ) Basement w/out Plumbing?
( ) Other ___		

If Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:
(X) 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 in ___ Year
( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) 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 agree to take all steps as necessary on that a complete site evaluation can be performed.

9. Signature: [signature] 2-9-13
Property owner or owner's legal representative signature. (SIGNATURE REQUIRED) DATE