Bedroom # Amended per Fax on 12-14-15

RECEIVED NOV 16 2015

Paid $250.00

214708

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 ___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 ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

David Warden	155 Dupree Ln Mooresville NC 28115	704-360-2739	704 500 1707
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
David Warden	155 Dupree Ln Mooresville NC 28115	704-360-2739	704 500 1707
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

155 Dupree Lane	Dupree Estates	Lot 8
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: From I-77 head East on Hwy 150 to Hwy 801 N turn left on Hwy 801 N for Approx. 3.5 miles Turn left on Dupree LN. Last House at the end of Dupree LN.

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 In Ground Pool Installation

Maximum Number of Bedrooms: 5 ← Amended to 4 [See faxed application received 12-14-15]
Maximum Number of Occupants: 8
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 2006 Year

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

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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: David Warden
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11/10/15
DATE