#179517 Chk - Driveway Permit + Flyer 179571

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

ation for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

OVE 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 UMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED ... WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

Base. See attached @ 7.8.13

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 #	Alternate Phone #
Wilson Building, Inc.	P.O. Box 6658 Statesville NC	(704) 881-0071	(704) 880-8219
Owner Name: Same	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
503 Massey Deal Rd Statesville	Ponderosa Farms	Lot #6

Driving Directions: I-40 West to Exit 144 Old Mtn. Rd Turn Rt go 3 miles turn Rt on Massey Deal Rd Property 1 mile on Left

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 ___

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

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

Proposed Water Supply:

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

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

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

( ) Existing system--installed in ___ YEAR

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?

re read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of r to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification abeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Ray Wilson
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6-25-2013
DATE

$ PAID 577.25 6-28-13 rd