2133611

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: [X] 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: [X] Survey Plat, Scaled no more than 1 Inch = 60 Feet [ ] Custom Site Plan, Scaled no more than 1 Inch = 60 Feet
Place check ( ) beside whichever is submitted if applicable

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Rose Presnell	2201 Buck Shoals Rd. Hamptonville, NC 27020	(336) 473-4703	

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Same ↑	Same as above ↑	(336) 473-4703	

4. Property Information:

801 Harris Bridge Rd Stony Point, NC. 28678 — Street Address
Michael Sackosky, jr — Subdivision Name
Tract #2 — Section/Phase and Lot Number

Driving Directions: From US-64 W/90 for 6½ miles; (R) onto Midway Rd for 1 mile; (L) onto Harris Bridge for 2½ miles. House (Crack, Circle Drive) is on (L)

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
[X] Repair To Failing Septic System due to Crack in tank @ inspection
( ) Other NOTE: Tax Card indicates 3BR; there is currently 4. Call Rose to discuss # of BR need to specify on App.

Maximum Number of Bedrooms 3
Maximum Number of Occupants 7
If Expansion, Current Number of Bedrooms

[X] Crawl Space Foundation?
[X] Concrete Slab Foundation?
[X] Basement w/Plumbing?
( ) Basement w/out Plumbing?

Place septic

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 [X] City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* [X] EXISTING SYSTEM installed 1950 Year

( ) Alternative [X] Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes [X] No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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 making the site accessible so that a complete site evaluation can be performed.

9. Signature: Rose Presnell
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8/26/15
DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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:

_____ 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 items that will occupy space on the site

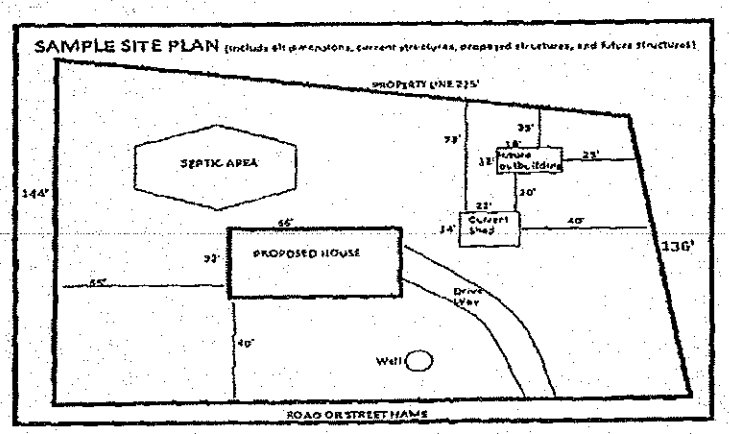
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ Area you prefer your septic system to be placed... **_____ North arrow, or other sufficient indicator of direction...**

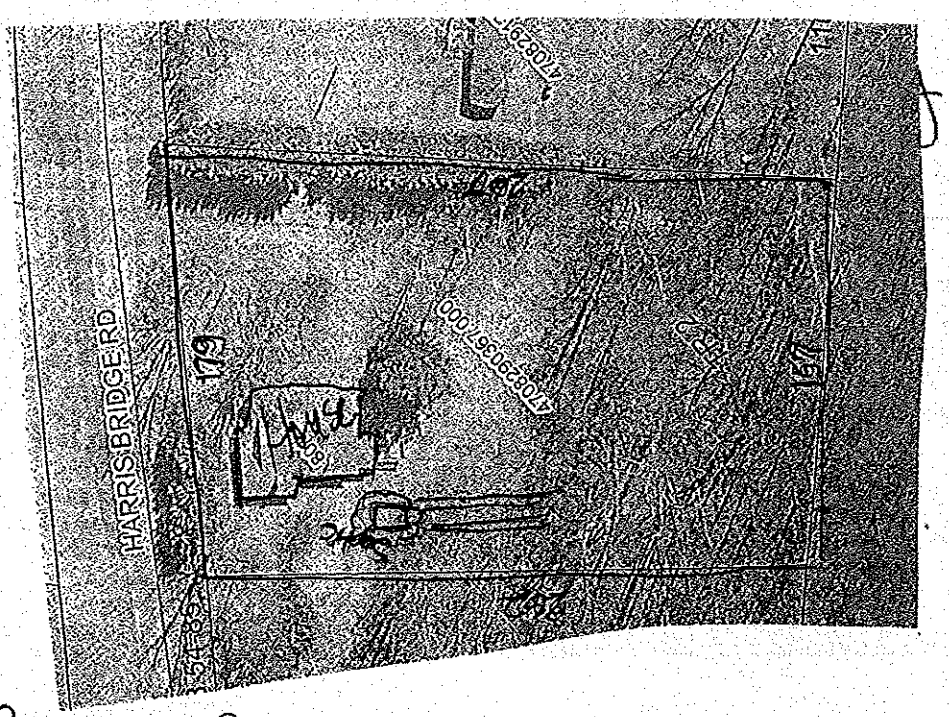
Circle N/A on the following if appropriate:

_____ 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**



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: _____ 8/26/15

REQUIRED **property owner or owner's legal representative signature.** **DATE**

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Rose Presnell/Allen Presnell am the legal owner(s) of the property located at 801 Harris Bridge Rd; Stony Point, NC, 28678, identified as PIN (Parcel Identification Number) 4708290367.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Rose Presnell 8/26/15
Allen Presnell 8/26/15 — Signature of Owner(s) — Date

Kim Smith 8/26/15 — Signature of Witness — Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677