IREDELL COUNTY HEALTH DEPARTMENT Permit #53646

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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 ___ 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
   Place 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	Work Phone
Ted Cowler	15812 Bayshore Drive	704-947-1957	704-526-9478
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
Curt Weedman	516 Lowrel cove Rd.	704-528-8888	704-695-5092

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
516 Lowrelcove Rd	—	Lot 13

Driving Directions: exit 42 off 77 head west to L on old mountain to left on buffalo shoals to left on lowrel cove, property on right.

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

( ) New, Single Family Residence — Addition to existing residence
( ) New, Multi-Family Residence — Maximum Number of Bedrooms 3 when complete
( ) Expansion of Existing Septic System — Maximum Number of Occupants ___
( ) Repair To Failing Septic System — 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 ___

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6. **Proposed Water Supply:**

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

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___ ( ) No Preference

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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?

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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: Ted Cowler — 11/14/08

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