IREDELL COUNTY HEALTH DEPARTMENT

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
J H BATTEN INC	PO BOX 879, WALKERTOWN NC 27051		336-595-8917
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
HARVEST BAPT. CHURCH	PO BOX 5395, STATESVILLE NC 28687		704-872-5182

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
193 Watermelon RD, STATESVILLE		

Driving Directions: I-40 WEST TO EXIT 146 (STAMEY FARM RD), TURN RIGHT TO WATERMELON RD, TURN LEFT, SITE IS 0.4 mile ON LEFT.

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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

Maximum Number of Bedrooms ____
Maximum Number of Occupants ____
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	CHURCH
Square Footage of Building	3500
Maximum Number of Employees	
Maximum Number of Seats	125

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6. Proposed Water Supply:

( ) New Well ( ) 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)*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

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8. 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?

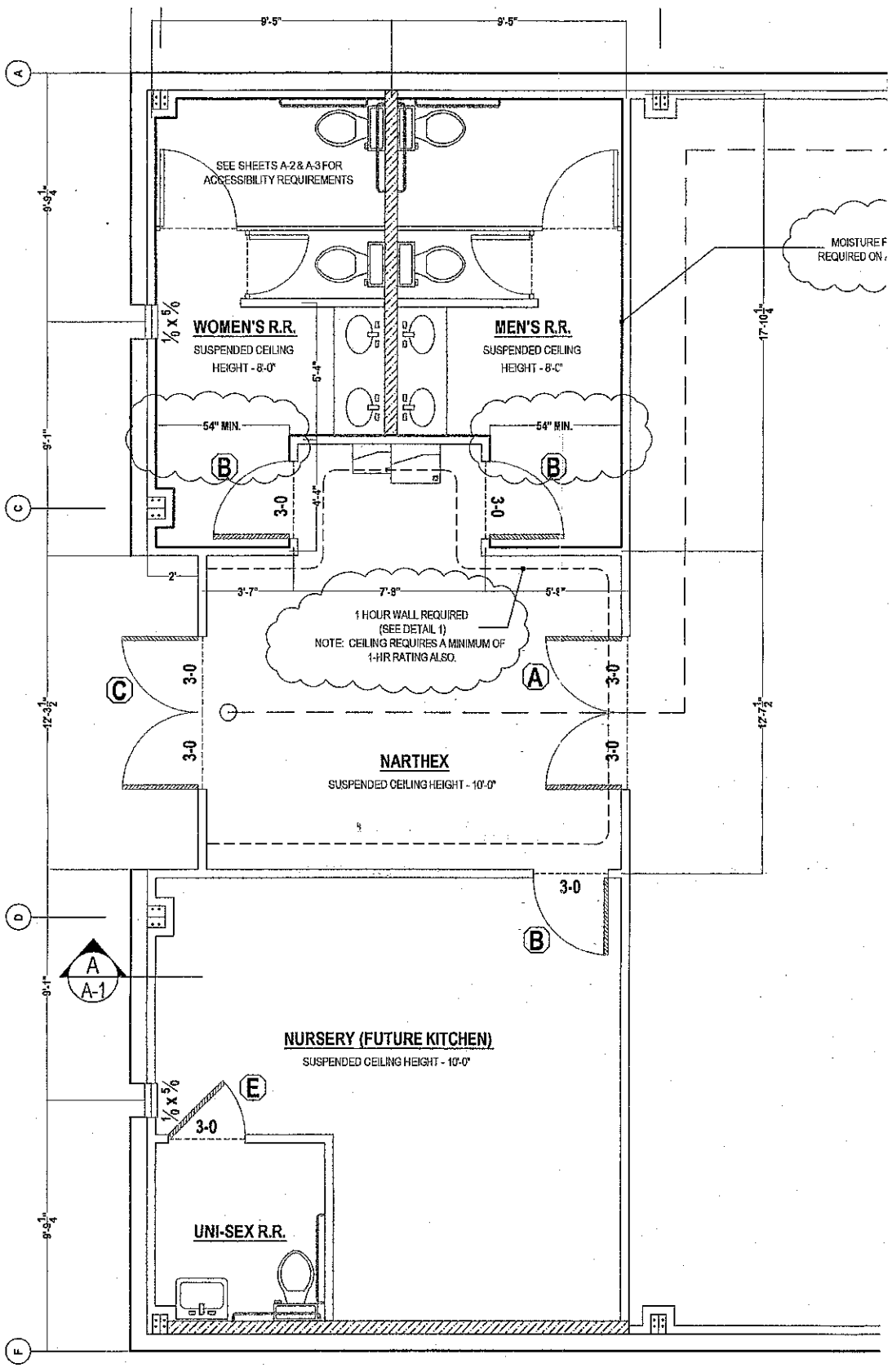
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I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable 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: J. Harold Batten 12-21-06

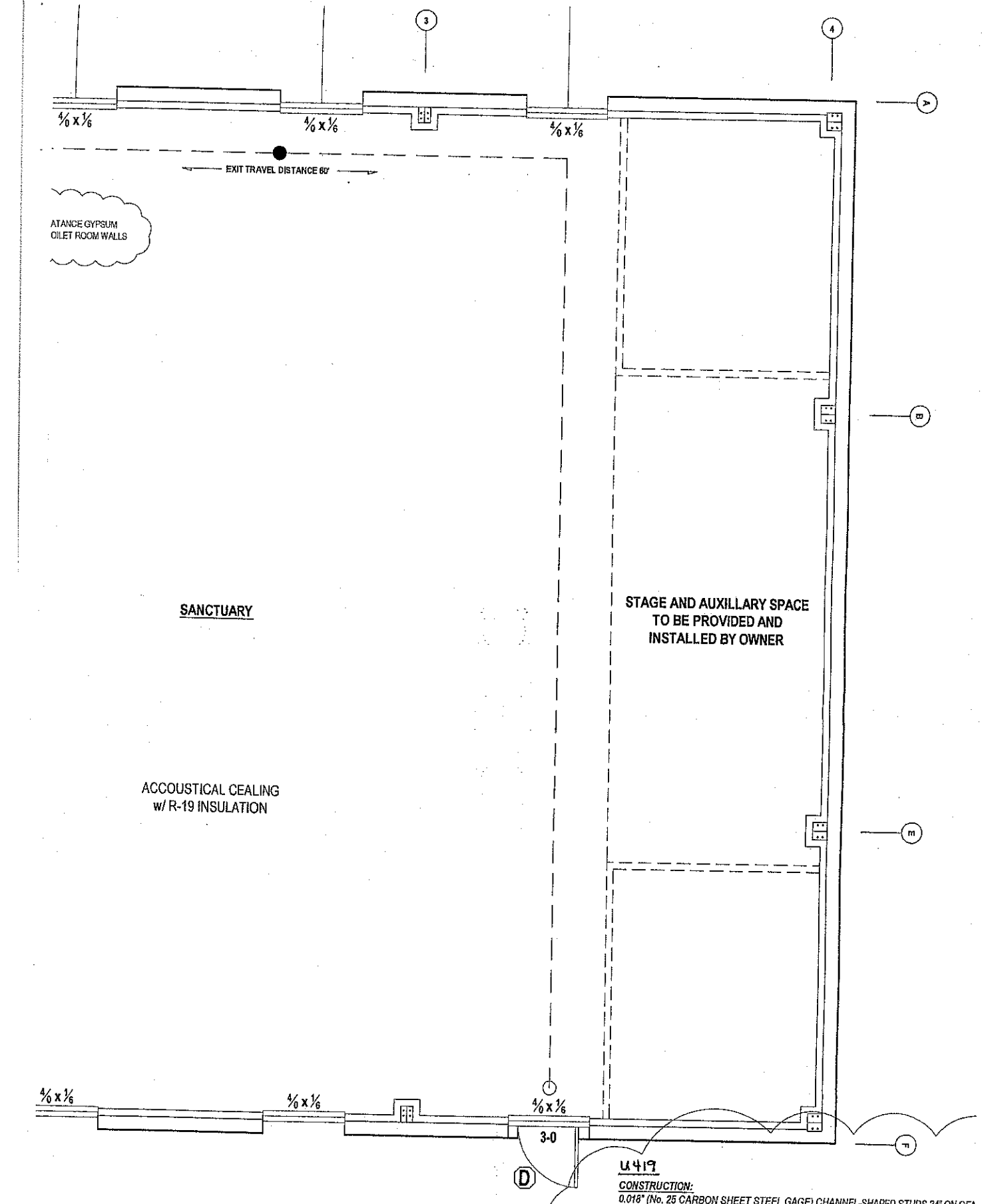
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

FRONT ELEVATION



WALL CONSTRUCTION (FINISH MATERIAL ½" PAINTED GYPSUM)	
2 x 6 STEEL STUDS @ 2' OC (25 GAGE)	
2 x 4 STEEL STUDS @ 2' OC (25 GAGE)	

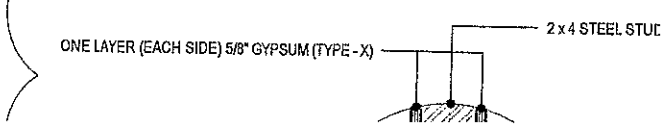
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CONSTRUCTION:

0.018" (No. 25 CARBON SHEET STEEL GAGE) CHANNEL-SHAPED STUDS 24" ON CEN
LENGTH LAYER OF 5/8" TYPE GYPSUM WALLBOARD APPLIED VERTICALLY ATTACH
DRYWALL SCREWS TO EACH STUD. SCREWS ARE 8" ON CENTER AROUND THE PE
CENTER ON THE INTERMEDIATE STUD. THE WALLBOARD MAY BE APPLIED HORIZ
TO 3-5/8" STUDS AND THE HORIZONTAL JOINTS ARE STAGGERED WITH THOSE ON
SCREWS FOR HORIZONTAL APPLICATION SHALL BE 8" ON CENTER AT VERTICAL EI
AT INTERMEDIATE SUPPORTS.



HT ELEVATION

SHAFTS -EXIT	0						
SHAFTS -OTHER	NA						
CORRIDOR SEPARATION	NA						
OCCUPANCY SEPARATION	NA						
PARTY/FIRE WALL SEPARA.	NA						
SMOKE BARRIER SEPARA.	NA						
TENANT SEPARATION	NA						

* INDICATE SECTION NUMBER PERMITTING REDUCTION

LIFE SAFETY SYSTEM REQUIREMENTS

EMERGENCY LIGHTING:	☐ NO	☒ YES
EXIT SIGNS:	☐ NO	☒ YES
FIRE ALARM:	☒ NO	☐ YES
SMOKE DETECTION SYSTEMS:	☒ NO	☐ YES
PANIC HARDWARE:	☒ NO	☐ YES

EXIT REQUIREMENTS

NUMBER AND ARRANGEMENT OF EXITS

FLOOR, ROOM OR SPACE DESIGNATION	MINIMUM [2] NUMBER OF EXITS		TRAVEL DISTANCE		ARRANGEMENT MEANS OF EGRESS [1,3]	
	REQUIRED	SHOWN ON PLANS	ALLOWABLE TRAVEL DISTANCE (FT)	ACTUAL TRAVEL DISTANCE (FT) SHOWN ON PLANS	REQUIRED DISTANCE BETWEEN EXIT DOORS	ACTUAL DISTANCE SHOWN ON PLANS
ASSEMBLY (A-3)	1	2	200	60	43	NA

1 - CORRIDOR DEAD ENDS (SECTION 1004.3.2.2)
2 - SINGLE EXITS (TABLE 1005.2.2)
3 - COMMON PATH OF TRAVEL (SECTION 1004.2.5)

EXIT WIDTHS

USE GROUP OR SPACE DESCRIPTION	(A)	(B)	(C)		EXIT WIDTH (IN.) [2,3,4,5,6]			
	AREA [1] SQ. FT.	AREA PER OCCUPANT [1]	EGRESS WIDTH PER OCCUPANT		REQUIRED WIDTH (SECTION 1003.2.3) (A / B) x (C)		ACTUAL WIDTH SHOWN ON PLANS	
			STAIR	LEVEL	STAIR	LEVEL	STAIR	LEVEL
ASSEMBLY (A-3)	3500	NA (125 TOTAL OCCUPANTS)	NA	0.2	NA	25	NA	108

1 - SEE TABLE 1003.1.2 TO DETERMINE WHETHER NET AREA OR GROSS AREA IS APPLICABLE. SEE DEFINITION "AREA, GROSS" AND "AREA, NET" (SECTION 1002).
2 - MINIMUM STAIRWAY WIDTH (SECTION 1003.3.3); MIN. CORRIDOR WIDTH (SECTION 1004.3.2.2); MIN. DOOR WIDTH (SECTION 1003.3.1).
3 - MINIMUM WIDTH OF EXIT PASSAGEWAY (SECTION 1005.3.3)
4 - SEE SECTION 1003.2.2.7 FOR CONVERGING EXITS.
5 - THE LOSS OF ONE MEANS OF EGRESS SHALL NOT REDUCE THE AVAILABLE CAPACITY TO LESS THAN 50 PERCENT OF THE TOTAL REQUIRED (SECTION 1003.2.3)
6 - ASSEMBLY OCCUPANCIES (SECTION 1008).