27357-5817

# 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:**

| | | | |
|---|---|---|---|
| Larry McCourt (Applicant Name) | 159 Clark Cove Rd. Statesville, NC 28677 (Mailing Address) | 704-508-1870 (Home Phone) | 704-929-6813 cell ph. (Work Phone) |
| Larry McCourt (Owner Name) | Same (Mailing Address) | Same (Home Phone) | (Work Phone) |

4. **Property Information:**

159 Clark Cove Rd. (Street Address) ____ (Subdivision Name) ____ (Section/Phase and Lot Number)

Driving Directions: St. Johns Rd. to Clark Cove Rd, lot on left .25 mi

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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 3
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

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

Relay out of system - house lower than expected.

**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 ( ) 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)* See attached A/C.

( ) 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: Larry McCourt (Jamie)
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1-8-13
DATE

$ PAID # C.Card 105.00