6404 174031

23853

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or 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 #	Alternate Phone #
✓ Eric Scott Estes	144 Clark Cove Rd Statesville, NC 28677	(704) 528-6577	704-929-9120
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
✓ Eric Scott Estes	144 Clark Cove Rd Statesville, NC 28677	704-528-6577	704-929-9120

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
✓ 144 Clark Cove Rd Statesville, NC 28677	—	

Driving Directions: Hwy 21 South to Old Mtn Rd turn right go bout ½ mile to E. Monbo Rd turn left. Go bout 4 miles to ST. Johns Rd on left- turn on St. Johns go bout ¾ mi to Clark Cove Rd on Right 1st house on (R)

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
(✓) Other Converting 4/R to 3/R's(2) + adding on

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

( ) 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 ___

6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* See attached 4/0

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

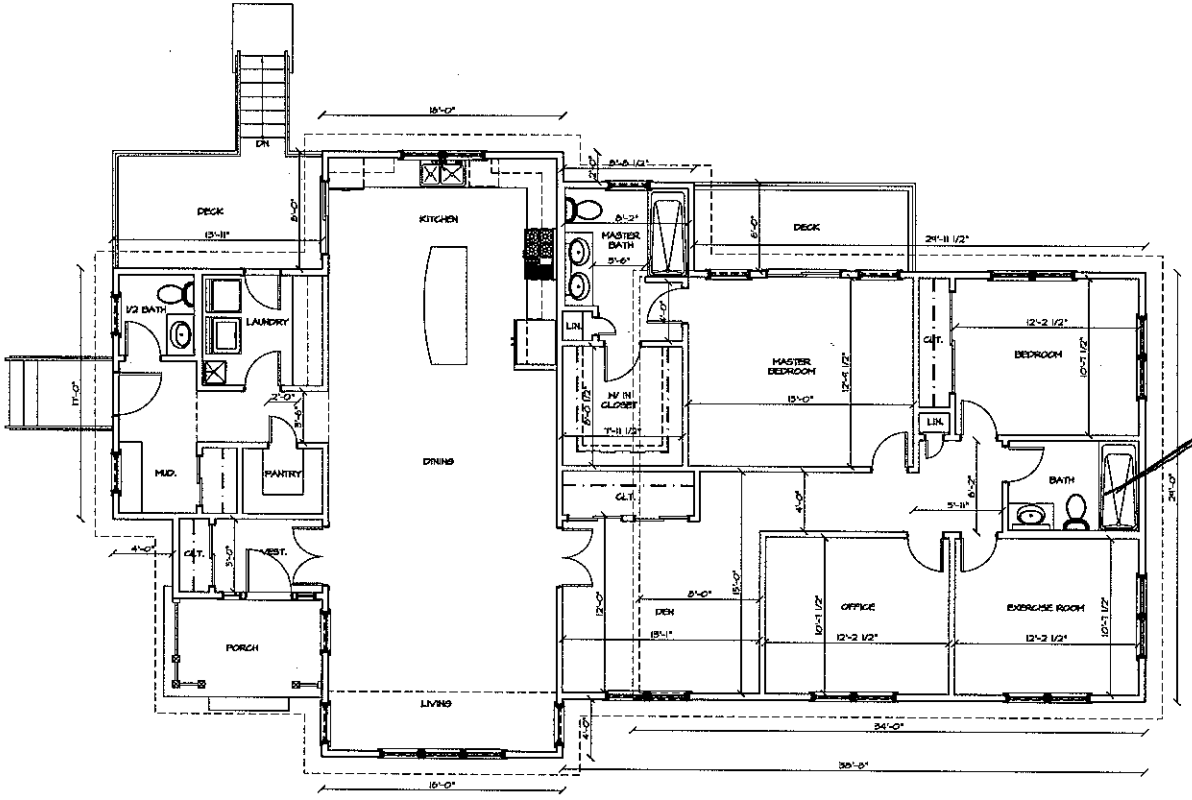
8. Please Answer The Following To The Best of Your Ability:

( ) 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?

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: Eric Scott Estes 6-28-12
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

PAID $227.25 CA 7-24-12



Half Bath ESE

1 SCHEMATIC FLOOR PLAN
SCALE 1/4"=1'-0"

7-31-12

7-31-12

DO NOT SCALE DRAWINGS, FIELD VERIFY ALL DIMENSIONS AND ALL CONDITIONS. REFER ALL QUESTIONS AND CLARIFICATIONS TO THE ARCHITECT.

Rodriguez Associates
Architects & Planners, LLC.
640 Clinton Avenue
Bridgeport, CT 06605
Phone: 203-366-0833
Fax: 203-366-1149
E-Mail: rrossi@sbcglobal.net

PRELIMINARY DOCUMENT

PRINTED 01-24-2012

RESIDENTIAL RENOVATION AND ADDITION

NORTH CAROLINA

SCHEMATIC FLOOR PLAN

SCALE: AS NOTED

REVISIONS

No.	DATE	DESCRIPTION

JULY 24, 2012

A-1.1

SHEET 2 OF 4