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:**

Earl L Anderson | 130 Blue Jayway | 704 881 2953 |
Applicant Name | Mailing Address | Home Phone | Work Phone

Earl Anderson | " | 704 878 0333 |
Owner Name | Mailing Address | Home Phone | Work Phone

4. **Property Information:**

130 Blue Jayway | Audubon Acres | # 15
Street Address | Subdivision Name | Section/Phase and Lot Number

Driving Directions: Off Monticello Dr. Stat.

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

(✓) New, Single Family Residence | Maximum Number of Bedrooms ____ | ( ) Crawl Space Foundation?
( ) New, Multi-Family Residence | Maximum Number of Occupants ____ | ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System | If Expansion, Current Number of Bedrooms ____ | ( ) Basement w/Plumbing?
( ) Repair To Failing Septic System | | ( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business
Square Footage of Building 20 X 20 400 sf.
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)*

( ) 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: Earl L Anderson | 11-6-08
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) | DATE

PAID NOV 06 2008