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 X 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
TBJ PROPERTIES	161 BARRINGER DRIVE	704-876-1984	704-902-4618
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
TBJ PROPERTIES	161 BARRINGER DRIVE	704-876-1984	704-902-4618

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
119 EDINBURGH CT W	CELTIC RIDGE	LOT # 34

Driving Directions: 115 NORTH, LEFT SCOTTS CREEK, LEFT CELTIC RIDGE, RIGHT EDINBURGH CT.

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

- (X) 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 ___
If Expansion, Current Number of Bedrooms ___

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

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

( ) Alternative (1) Conventional ( ) Innovative (2) 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: Jim Tuksan
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1/12/2005
DATE

I Lance D. Schamback, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description and/or Map Book: 41, Page 136. That the boundaries not surveyed are clearly indicated as drawn from information as shown survey; that the ratio of precision as calculated is 1: 10,000+ that this plat was prepared in accordance with G.S. 89-C as amended. Witness my original signature, registration number and seal this 7 day of March, A.D. 2007.

NORTH CAROLINA PROFESSIONAL SEAL L-4295 LICENSED SURVEYOR LANCE D. SCHAMBACK

Lance D. Schamback, PLS
LICENSE NUMBER: L-4295

Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.

2) Boundary information based on Map Book: 41 at Page: 136 as recorded in the Iredell County Register of Deeds.

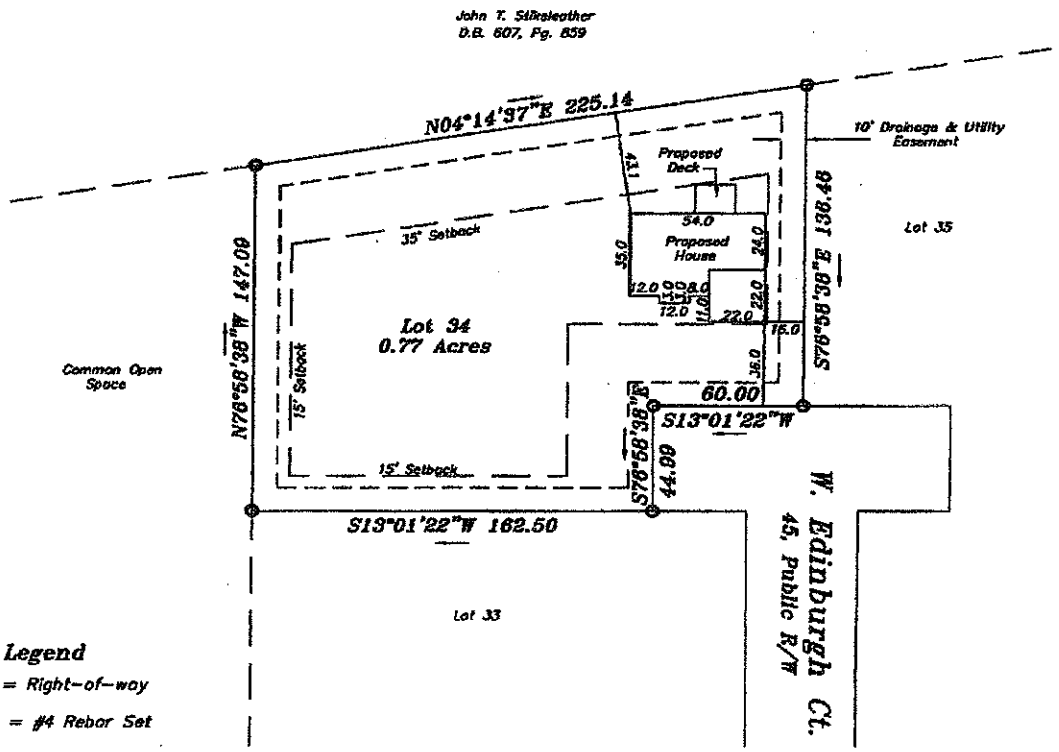
3) This Plat plan is not for recordation or conveyance.

4) This survey is of an existing parcel or parcels of land.

5) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.

6) Area by coordinate method.

P.B. 41, Pg. 136



Legend

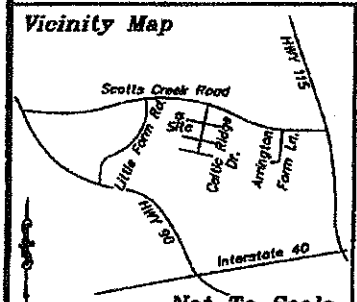
R/W = Right-of-way
I.P.S. = #4 Rebar Set
= Not to scale
= Telephone Pedestal
= Utility Pole
= Cable Pedestal
= Water Valve
= Sanitary Sewer Manhole
= Light Post

GRAPHIC SCALE

60 0 30 60 120 240

(IN FEET)
1 inch = 60 ft.

Vicinity Map



Not To Scale

Plot Plan

FOR

Standard Builders, Inc.

PROPERTY DESCRIPTION

LOT 34
Celtic Ridge

Concord Township
Iredell County, NC

SCALE: 1" = 60

FIELD BOOK:

FILE: 2007-21

TAX MAP NO:

Lance D. Schamback
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(704) 622-9915