IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER

200600

Issue Date: 12/04/2013

Permit Type: EXIST SEPTIC APPLICATION

Parcel Number	Street Address	Jurisdiction
4726524438.000	126 DEERCROFT DRIVE	STATESVILLE

Owner Information	Applicant Information	Contractor Information
Owner: HAMMONDS JAMES T JR+ANGELA R Address: 126 DEERCROFT DRIVE STATEVILLE, NC 28625 Phone:	Applicant: DREAM SPACE SUN ROOMS Address: 615 CHERRY ST UNKNOWN N WILKESBORO, NC 28659 Phone:	Contractor: DREAM SPACE SUN ROOMS Address: 615 CHERRY ST UNKNOWN N WILKESBORO, NC 28659 Phone: License Type License Number UNLI

Project Description

ADDITION - IREDELL

Scope of Work

REMOVING OLD DECK AND ADDING 12' X 16' SUNROOM IN PLACE
MOVING NEW STRUCTURE TO RIGHT DUE TO SEPTIC SYS

Permit Details:

	IN OFFICE SEPTIC PLAN APPROVAL	Amount:	40.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Signature of Owner/Contractor

Date: 12/04/2013

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	2402	TOTAL FEES:	$ 40.00