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IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

#221091

Application For:

(X) Septic Improvement Permit (X) Authorization to Construct ( ) New Well Permit ( ) Existing System Inspection ( ) Well Repair Permit ( ) Septic System Repair ( ) Well Abandonment

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.

Page 2: *Site Plan Worksheet* form MUST accompany this application Paid $350.00

The following optional attachments may also be submitted:

Place an (X) beside whichever is submitted if applicable

( ) Survey Plat, scaled no more than 1 inch = 60 feet

(X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: phil@mclainfarms.com Phillip McLain

Applicant Name: McLain Farms Inc **Address:** 832 Snow Creek Rd **Phone:** 704-871-6115

Owner Name: Same **Address:** Statesville, NC 28677 **Phone:**

Property Information:

Street Address: 134 Edgewood School Ln Statesville

Subdivision Name: — **Section/Phase:** — **Lot Number:** —

Driving Directions: I-5 N TR Adams Grove Rd TR Jerue Rd, TR Edgewood School Rd on Rt

Site Development Information: *(check or complete ALL that apply)*

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
X NEW SFS EX. HOUSE

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

(X) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** ?

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: 2SC

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. industrial) to be generated?
( ) Yes (X) 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.

Signature: [signature]

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8-15-16

DATE

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Phillip McLain / McLain Farms, Inc., am the legal owner(s) of the property located at 134 Edgewood School Ln., identified as PIN (Parcel Identification Number) 4729975169.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Paul Penninger, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	Date	Signature of Witness	Date
	8/15/16	Melissa S. Holland	8/15/16

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677