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:** X 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
Rick & Dena Jaggers	PO Box 244 Elkin, NC 28621	336-468-4948	336-
Owner Name	Mailing Address	Home Phone	Work Phone
Jessica Goodwin & Kim Eady	133 Parkstone Drive, Troutman, NC 28166		

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
117 Parkstone Drive, Troutman, NC 28166		2

Driving Directions: _____

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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 4 (M)
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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:**

(X) 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 (X) Conventional ( ) Innovative ( ) 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: Fredrick L Jaggers / Jessica Ruby Goodwin 01/07/2009
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

JAGGERS JOB

BUILDER TO SHOW THE FOLLOWING ITEMS ON SITE SKETCH BELOW FROM THE HOMESITE INSPECTION

1. Front Set Back
2. Rear Set Back
3. Right Set Back
4. Left Set Back
5. Driveway/Sidewalks
6. ~~Existing Structures~~
7. AC or Heat Pump
8. Septic Location
9. ~~Sewer Tap~~
10. Sewer/Septic Stub
11. Well Location
12. ~~Water Tap~~
13. Water Entry
14. Well Pressure Tank
15. Nearest Transformer
16. Electric Meter Base
17. Breaker Panel
18. Temp Power Pole
19. Propane Tank ?
20. Gas Line Stub ?
21. Dumpster
22. Lumber Drop
23. Truss Drop
24. Portable Toilet
25. Natural Drain
26. Sump Crocks
27. Foundation Door
28. Identify Bench Mark
29. Hose Bibs
30. Shoot Existing Grade Elevations
31. Identify High Corner
32. Approximate distance top of foundation will be above existing grade at high corner: 2'

