Z13004

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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 ___ 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 #	Alternate Phone #
DAVID FRANKLIN	121 TOWN LOOP #105 MOORESVILLE NC, 28117	980 444 0491	585 643 0120
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
DAVID & TAMMY FRANKLIN	121 TOWN LOOP #105 MOORESVILLE NC 28117	980 444 0491	585 643-0120

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
126 SPRING OAKS DR	SPRING OAKS	LOT 2

Driving Directions: STATESVILLE TO TROUTMAN, IN TROUTMAN TURN RT. ON WAGNER ST WHICH TURNS INTO PERTH RD. TURN RT ONTO STATE PK RD, TURN LEFT ONTO LOCKHARD CIR, TURN RT ONTO SPRING OAKS DR AT THE BEND PROCEED UP THE HILL.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)* 4

(X) New, Single Family Residence — Maximum Number of Bedrooms 4 — ( ) 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 ___ — (X) Basement w/Plumbing?
(X) Repair To Failing Septic System due to _____ — (X) Basement w/out Plumbing?
( ) Other _____

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

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

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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?

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: I Dan Franklin — 8-19-15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

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