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 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:**

BOT VIOREL — 125 SAPPHIRE DR. — 980-722-5345
Applicant Name — Mailing Address — Home Phone — Work Phone

Owner Name — MOORESVILLE NC 28117 — Mailing Address — Home Phone — Work Phone

4. **Property Information:**

Street Address — Subdivision Name — Section/Phase and Lot Number

Driving Directions:

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

( ) New, Single Family Residence — Maximum Number of Bedrooms ___
( ) New, Multi-Family Residence — Maximum Number of Occupants ___
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___
( ) Repair To Failing Septic System

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

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

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roposed Water Supply:

w Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

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

ıative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ( ) No Preference

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Answer The Following
Best of Your Ability:

( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
( ) Yes ( ) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes ( ) No Is the site subject to approval by any other public agen-

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pplication and certify that the information provided herein is true, complete, and correct. Authorized county and state officials ecessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible fo roperty lines and corners and making the site accessible so that a complete site evaluation can be performed.

X
roperty owner or owner's legal representative signature (SIGNATURE REQUIRED)