IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or 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 ___ 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 #	Alternate Phone #
RAYMOND L. MAY	2388 CAPES COVE DR, SHERRILLS FORD, NC 28673	828-478-9500	704-634-1171

Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

147 DRIFTWOOD COVE DR. TROUTMAN, NC. 28166 (Street Address) | Subdivision Name | Section/Phase and Lot Number

Driving Directions: PERTH RD South (R) on DRIFTWOOD Hse ON (L)

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System
(X) Other ADDITION

Maximum Number of Bedrooms 2
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
(X) Concrete Slab Foundation?
( ) 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 ___

6. Proposed Water Supply:

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

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ (X) No Preference

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?

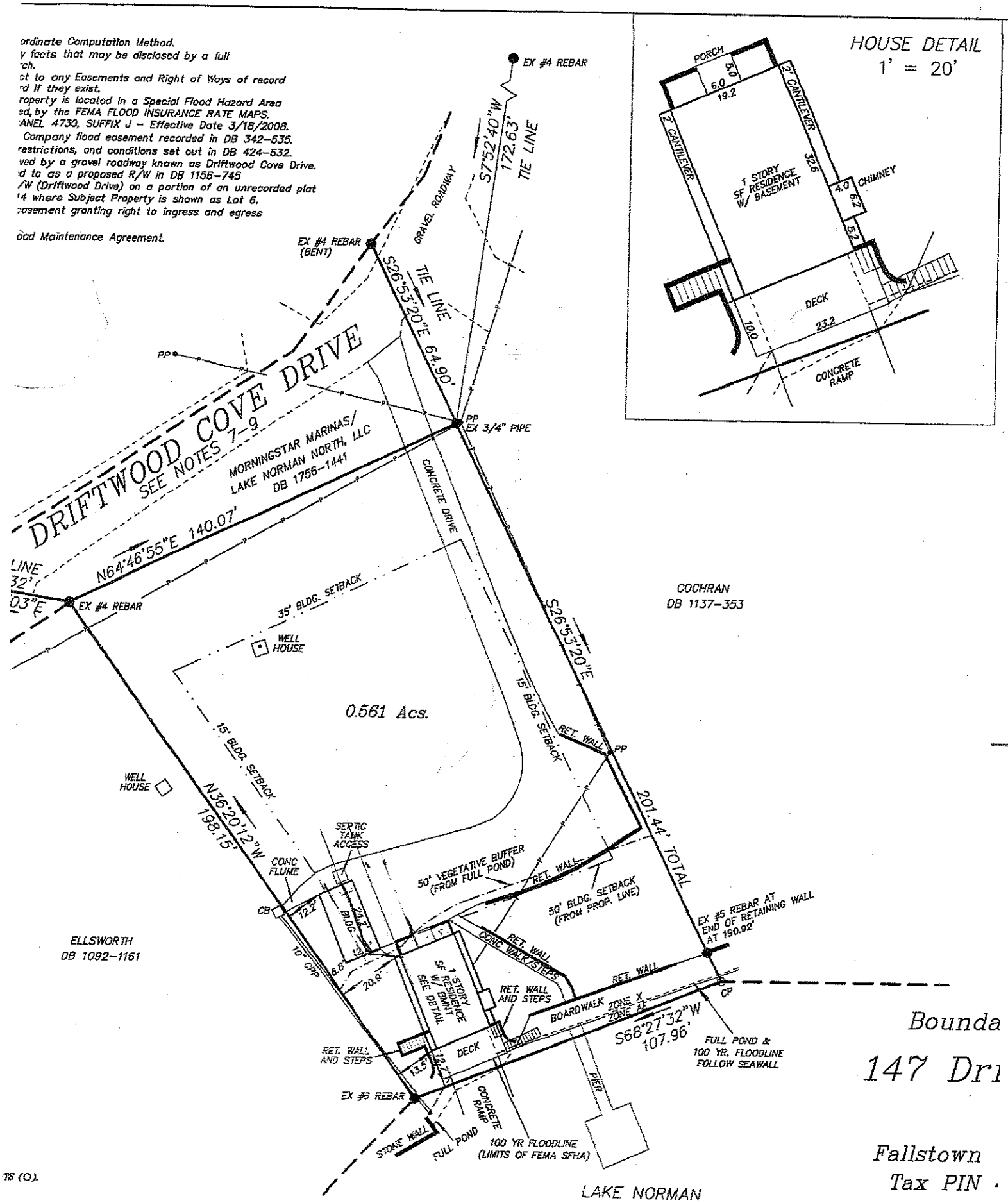
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Raymond L. May — 1-12-12

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

ordinate Computation Method.
y facts that may be disclosed by a full
ch.
ct to any Easements and Right of Ways of record
nd if they exist.
roperty is located in a Special Flood Hazard Area
ed by the FEMA FLOOD INSURANCE RATE MAPS.
ANEL 4730, SUFFIX J – Effective Date 3/18/2008.
Company flood easement recorded in DB 342–535.
restrictions, and conditions set out in DB 424–532.
ved by a gravel roadway known as Driftwood Cove Drive.
d to as a proposed R/W in DB 1156–745
/W (Driftwood Drive) on a portion of an unrecorded plat
4 where Subject Property is shown as Lot 6.
easement granting right to ingress and egress

oad Maintenance Agreement.



Bounda

147 Dri

Fallstown

Tax PIN

Property of:

TS (O).