05-01-12 @ $125.00 MS

@ $125.00 @ Stove 04-13-12 MS

IREDELL COUNTY HEALTH DEPARTMENT (or office review)

Environmental Health Division

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: ___ 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 ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable

3. **Applicant Information:**
   Emily Reynolds — Applicant Name
   191 e Shady Cove Rd — Mailing Address
   (704) 288-0844 — Home Phone #
   Alternate Phone #
   Emily & Troy Reynolds — Owner Name
   191 e Shady Cove Rd — Mailing Address
   (704) 996-1617 — Home Phone #
   Troy Cell — Alternate Phone #

4. **Property Information:**
   191 e Shady Cove Rd — Street Address
   Troutman NC 28166 — Subdivision Name
   Section/Phase and Lot Number
   Driving Directions: down Perth Rd (Troutman) Past Skippers, Take (R) on Shady Cove.

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5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)* PER PHONE CON- WITH OWNER
   ( ) New, Single Family Residence
   ( ) New, Multi-Family Residence
   ( ) Expansion of Existing Septic System
   ( ) Repair To Failing Septic System
   (✓) Other Extending bedroom, over exsisting deck 12 x 30
   Maximum Number of Bedrooms 2
   Maximum Number of Occupants ___
   If Expansion, Current Number of Bedrooms ___
   ( ) Crawl Space Foundation?
   ( ) 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

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6. **Proposed Water Supply:**
   ( ) 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 ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

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8. **Please Answer The Following To The 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 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: Emily Reynolds — owner/legal representative signature (SIGNATURE REQUIRED) — 4-13-12 DATE