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

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
America's Home Place	1206 Greenbriar Drive	704-872-4400	704-746-7094
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Ray Pinion	P.O. Box 1096 Troutman, NC	704-491-9266	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
215 Lytton Farm Rd	NA	NA

Driving Directions: 21 South Troutman Valley Rd TL onto Lytton Farm Rd Lot on left at corner of Pinion Bnd Drive

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 due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
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:

(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 in _____ *YEAR*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) 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: Chad K Hall
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11/1/12
DATE

$ PAID Part of #15559

60' R/W
PIMMOW POND DRIVE
"CONTROL CORNER"
(PRIVATE)
EIP
EIR
C1
C2
C3
C4
SD
N31°10'04"E
250.16'
TIE
N58°49'56"W
200.10'
N58°51'35"W
151.69'
S22°10'23"E
206.00'
S55°22'20"E
260.30'
N46°44'46"W
113.81'
N46°44'46"W
100.31'
N46°44'46"W
329.19'
S12°42'39"E
245.68'
N31°15'39"E
59.90'
TIE
25' FRONT MBSL
25' REAR MBSL
20' SIDE MBSL
BRANCH
5 acres
CONTRACT 3
4731-30-3355
CRT CRISP
NN CRISP &
-682
4731-30-6424
LOUIS M. PARADISO &
DONNA L. PARADISO
1949-323
LOT 1
42, PG. 18
P.B.
4731-30-4587
DELBERT
JO ANN CRISP &
726-682
4731-40-2142
RAY LEE PINION &
DONNA
1044-64
55, PG. 40
P.B.