# IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

| APPLICATION NUMBER |
|---|
| 200170 |
| Issue Date: 11/13/2013 |

## Permit Type: SEPTIC REPAIR PERMIT

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4740897215.000 | 195 OSTWALT AMITY ROAD | TROUTMAN |

| Owner Information | Applicant Information | Contractor Information |
|---|---|---|
| Owner: MAYHEW LILLIE B<br>Address: 119 SHADYWOOD LN<br>MOORESVILLE, NC 28677<br>Phone: | Applicant: REEP, ALICE FAYE<br>Address: 195 OSTWALT AMITY RD<br>TROUTMAN, NC 28166<br>Phone: 704-508-1399 | Contractor: REEP, ALICE FAYE<br>Address: 195 OSTWALT AMITY RD<br>TROUTMAN, NC 28166<br>Phone:<br>License Type License Number |

**Project Description**

NEW SEPTIC SYSTEM PERMIT GRAVI

**Scope of Work**

REPAIR SEPTIC PER DAIVID HINSON

**Permit Details:**

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|---|---|---|---|
| | IMPROVEMENT PERMIT FEE | Amount: | 75.00 |
| | SEPTIC SYSTEM REPAIR EVALUATE | Amount: | 60.00 |
| | | Amount: | |
| | | Amount: | |
| | | Amount: | |
| | | Amount: | |
| | | Amount: | |

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Alice F Reep
Signature of Owner/Contractor

**Date:** 11/13/2013

***ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.***

| Permit Number | 640 | TOTAL FEES: | $ 135.00 |
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