IREDELL COUNTY

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

APPLICATION NUMBER
201054
Issue Date: 01/06/2014

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4746273862.000	141 KINGSWOOD DRIVE	STATESVILLE

Owner Information	Applicant Information	Contractor Information
Owner: WATSON GREGORY V+KATHLEEN M	Applicant: WATSON, KATHLEEN	Contractor: WATSON, KATHLEEN
Address: 141 KINGSWOOD DR STATESVILLE, NC 28625	Address: 141 KINGSWOOD DRIVE STATESVILLE, NC 28625	Address: 141 KINGSWOOD DRIVE STATESVILLE, NC 28625
Phone:	Phone: 704-876-0151	Phone: License Type License Number

Project Description

NEW SEPTIC SYSTEM PERMIT GRAVI

Scope of Work

REPLACE SYSTEM

Permit Details:

	IMPROVEMENT PERMIT FEE	Amount:	500.00
		Amount:	
		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.

Signature of Owner/Contractor

Date: 01/06/2014

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	4171	TOTAL FEES:	$ 500.00