IREDELL COUNTY HEALTH DEPARTMENT

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 X 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:** Clarendon Hills IL 60514

Applicant Name	Mailing Address	Home Phone	Work Phone
Brock Gabler	2694 Concord Lane Apt 14	630-682-2694	

Owner Name	Mailing Address	Home Phone	Work Phone
Howard Hudgins	186 Friendship Rd Statesville 28625	704-876-6885	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
119 Bradford Lane	Bradford Acres	Lot #2

Driving Directions: Highway 21 North. Left on Jennings Road ~~Left on Rt~~ Left on Friendship Road. Right on Bradford Lane. 2nd on left.

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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

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(X) 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 (X) Other Public Water

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

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

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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?

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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: Susan B. Lewis, Agent — 12/22/04

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

IREDELL COUNTY HEATLH DEPARTMENT

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE SAMPLE SITE PLAN BELOW. INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!

Place an (X) by each item as you complete the site plan:

- ___ Property Line measurements are clearly identified…
- ___ All proposed structures are indicated…
- ___ *SHOW: proposed house or business footprint, wells, water lines, patios, porches and decks, and any other item that will occupy space on the site*
- ___ Front and side setbacks from property line…
- ___ Preferred driveway location and configuration, preferred well location…
- ___ Area you prefer your septic system to be placed…
- ___ North arrow, or other sufficient indicator of direction…

Circle N/A for the following if appropriate:

- ___ Location of septic systems and wells within 100' of your property… N/A
- ___ Location of easements and rights of ways on your property… N/A
- ___ Location of any designated wetlands on the property… N/A

Signature: _____ DATE _____

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

USE THIS SPACE TO DRAW YOUR SITE PLAN



