168066@

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

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
✓ Eric & Dawn Hellman	110 Kings Mountain Court	704-662-9095	

Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

✓ Street Address	Subdivision Name	Section/Phase and Lot Number
110 Kings Mountain Court	Georgia Mills	Lot #47

Driving Directions: 21 South Thru Troutman, Left on Houston Road Rt into Georgia Mills subdivision, Rt to 110 Kings Mountain Court

5. RESIDENTIAL Site Development Infor

( ) New, Single Family Residence — Maxin
( ) New, Multi-Family Residence — Maxin
( ) Expansion of Existing Septic System — If Exp
( ) Repair To Failing Septic System
(✓) Other In-ground pool

Crawl Space Foundation?
Concrete Slab Foundation?
Basement w/Plumbing?
Basement w/out Plumbing?

IF Non- Residential Site Development: Type of Bus
Square Foo
Maximum N
Maximum N

This has been interest in Mobile Hwy + will be counted in Stab's Neg. approvals. @

6. Proposed Water Supply:

( ) New Well (✓) Existing Well ( ) Other Public Water

7. Desired Septic System Type: *(You may ra*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other Existing ( ) No Preference

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?

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: [signature] 8-2-2011
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

PAID AUG 2 2011 $25.00 cash (ad)

Pd $305.00
3-4-11 pfw

IREDELL COUNTY HEALTH DEPARTMENT
Environmental Health Division
Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

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1. APPLICATION FOR: ___ Improvement Permit X Authorization To Construct ___ BOTH ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
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Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Adams Homes AEC, LLC	10115 Kincey Ave #160 Huntersville, NC 28078		704-947-6118
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
" "	3000 Gulfbreeze Pkwy Gulfbreeze FL 32563		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
110 Kings Mountain Ct.	Georgia Milk Plantation	lot 47

Driving Directions: exit 42 to Henstan Rd / Shepherd Rd.

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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
- ( ) Other ___

Maximum Number of Bedrooms 4/3
Maximum Number of Occupants ___
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 ___

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6. Proposed Water Supply:

(X) 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 ___ (X) 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?

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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: Rusty Calhoun — 3/4/11

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