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 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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Adams Homes AEC, LLC	10115 Kincey Ave #160 Huntersville NC 28078		704-947-6018
Adams Homes AEC, LLC (Owner)	3000 Gulfbreeze Pkwy Gulfbreeze FL 32563		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
Shepherds Rd.	Georgia Mills Plantation	63

Driving Directions: _____

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 4
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 _____

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 ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____ (X) 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: _____ _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

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1. **APPLICATION FOR:** (✓) Improvement Permit ( ) 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	Work Phone
Edwards Construction	2419 Henry Bowman Rd Monroe, NC 28110		Contact Kathleen Saunders @ STME, 704-942-1250
Owner Name: Same	Mailing Address	Home Phone	Work Phone: 704-662-8625

4. **Property Information:**

Street Address: _____ Subdivision Name: GA Mills Plantation Section/Phase and Lot Number: Lot 63

Driving Directions: Hwy 115 N, (R) on Shepherd Rd, Con Houston

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5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
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 _____
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6. **Proposed Water Supply:**

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(4) Alternative ( ) Conventional (2) Innovative (3) Modified Conventional ( ) Other_____ ( ) No Preference

****

8. **Please Answer The Following To The Best of Your Ability:**

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
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9. **Signature:** Sharee D. Wallace
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11/8/07
DATE

IREDELL COUNTY HEATLH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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) beside 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, pools 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 on 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: Mindy Calhoun 8/2/12
REQUIRED property owner or owner's legal representative signature. DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

please see attached

IREDELL COUNTY HEATLH DEPARTMENT

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- ✓ 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 on 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: Karen D. Wallace
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11/8/07
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

