IREDELL COUNTY

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

APPLICATION NUMBER

201668

Issue Date: 02/11/2014

Permit Type: SEPTIC REPAIR APPLICATION

Parcel Number	Street Address	Jurisdiction
4756795330.000	395 BAYMOUNT DRIVE	STATESVILLE

Owner Information	Applicant Information	Contractor Information
Owner: MARSILIA CHRISTOPHER C+JEANINE V Address: 395 BAYMOUNT DR STATESVILLE, NC 28625 Phone:	Applicant: MADISON, MATT Address: 1812 E BROAD STREET STATESVILLE, NC 28677 Phone: 704-929-2701	Contractor: MADISON, MATT Address: 1812 E BROAD STREET STATESVILLE, NC 28677 Phone: License Type License Number

Project Description

REPAIR SEPTIC SYSTEM PERMIT

Scope of Work

REPAIR

Permit Details:

	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.

Signature of Owner/Contractor

Date: 02/11/2014

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	6255	TOTAL FEES:	$ 135.00