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

**3. Applicant Information:**

Gregg Redmon
138 Central Ave Jersey City NJ 07306
Applicant Name Mailing Address Home Phone # Alternate Phone #
201-222-0078 Cell- 646-512-1620
Gregg Redmon 138 Central Ave JC NJ 07306
Owner Name Mailing Address Home Phone # Alternate Phone #

**4. Property Information:**

113 Bethany Rd. Statesville N.C. 28625
Street Address Subdivision Name
Section/Phase and Lot Number

Driving Directions: 77 to Ex 154 21 N To Bethany Rd.

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

( ) New, Single Family Residence Maximum Number of Bedrooms ____
( ) Crawl Space Foundation?
( ) New, Multi-Family Residence Maximum Number of Occupants ____

( ) Concrete Slab Foundation?
(✓) Expansion of Existing Septic System If Expansion, Current Number of Bedrooms 4
(✓) Basement w/Plumbing?
(✓) Repair To Failing Septic System
( ) Basement w/out Plumbing?
( ) Other

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**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
(✓) 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_____ ( ) No Preference

**********

**8. Please Answer The Following** ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?

**To The Best of Your Ability:** ( ) 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:** Gregg Redmon

Wade Hard-prop mgt.

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

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...

indicated...

____ All proposed structures are

*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: your property... N/A

____ Location of septic systems and wells within 100' of

property... N/A

____ Location of easements and rights of ways on your

property... N/A

____ Location of any designated wetlands on the

**Signature:** Gregg Redmon

Water Stand Prob Mgt.

*REQUIRED* property owner or owner's legal representative signature.

DATE

## USE THIS SPACE TO DRAW YOUR SITE PLAN

