RECEIVED JUL 2 2 2015

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

#212235

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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.

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 an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: Ryan 828-244-0968

Applicant Name: MADISON HOMEBUILDERS Address: 800-J CLANTON ROAD CHARLOTTE NC 28217 Phone: 704-523-5157

Owner Name: BRANDI STEWART Address: 170 DEER VALLEY DR CLEVELAND NC 27013 Phone: 740-747-0464

Property Information:

Street Address: 184 FAIR HAVEN LANE CLEVELAND NC 27013

Subdivision Name: FAIRHAVEN Section/Phase: _____ Lot Number: 18

Driving Directions: HWY 21 TOWARD TROUTMAN, RT OSWALT AMITY, RT BRAWLEY, LEFT FAIRHAVEN LOT AT END ON RIGHT

Site Development Information: *(check or complete ALL that apply)*

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____

(✓) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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. industrial) 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.

Signature: _____ 7-22-15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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Applicant Information:

Applicant Name: Brandi Stewart Address: ~~184 Fairhaven Ln Cleveland NC 27013~~ 170 Deer Valley Dr Cleveland NC 27013 Phone: 740-747-0464

Owner Name: Brandi Stewart / Daniel Young Address: " Phone: "

Property Information:

Street Address: 184 Fairhaven Ln Cleveland NC 27013

Subdivision Name: Fairhaven Section/Phase: _____ Lot Number: _____

Driving Directions: Exit 42 off 77 to Shiloville make left. To Brawley Rd make left Fairhaven on Right

Site Development Information: *(check or complete ALL that apply)*

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____

(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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Signature: Daniel Young
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4/20/15
DATE

RECEIVED OCT 2 2 2014

IREDELL COUNTY HEALTH DEPARTMENT

Paid $500.00

ENVIRONMENTAL HEALTH DIVISION

11-20-14 #206549 $100.00

PAGE 1: *APPLICATION FORM*

Paid $710.00 + Site Revisit Fee

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Place an (X) beside whichever is submitted if applicable (✓) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: FREEDOM HOMES ERIC WARD Address: 1124 Charlotte Hwy, Troutman 28166 Phone: 704-885-6148

Owner Name: PATRICK PRICCHIONE Address: _____ Phone: _____

Property Information:

Street Address: 184 FAIRHAVEN LN, CLEVELAND NC

Subdivision Name: FAIRHAVEN Section/Phase: 1 Lot Number: 18

Driving Directions: HWY 21/115 TOWARDS TROUTMAN TR ON OSTWALT AMITY RD THEN RIGHT ON CRAWLEY THEN LEFT ON FAIR HAVEN GO TO END OF CULDSAC LOT ON RIGHT.

Site Development Information: *(check or complete ALL that apply)*

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____

( ) No Preference ( ) Alternative ( ) Conventional (4) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
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Signature: _____ 10-16-14

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