IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Ronnie W. Kennerly	704-662-3672	159 Elm St.	Mooresville	N.C.	28115
Applicant	Phone #	Mailing Address	City	State	Zip Code

Ronnie W. Kennerly	159 Elm Street	Mooresville	N.C.	28115
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property From Mooresville Go To 115/21 State Rd. Tro Toward Troutman. Take Right on Shennville Rd. Go About 3 or 4 miles Properterty Beside Green Block House on Right Hand side of Rd. Before you get to Perry Lane Trailer Park.

TYPE OF FACILITY: (use check (X) or number as appropriate)

House ____ Mobile Home ____ Commercial ____ No. Bedrooms 3 No. Baths 2

No. Persons or Employees (commercial only) ____ Basement ____ Basement with Plumbing ____

Crawl Space 1 Concrete Slab ____ Garbage Disposal ____ Jaccuzi or spa 1

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

4-23-97 DATE Ronnie W. Kennerly SIGNATURE OF OWNER/AUTHORIZED AGENT

06-17-13

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

P @ $40.00 @ Staff

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 #
Ronnie Kennedy	1082 Shannonville Rd Cleveland N.C	704-360-4343	704-699-0746
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Ronnie Kennedy	SAME AS ABOVE	SAME	SAME

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
1082 Shannonville Rd Cleveland N.C	NO	NONE

Driving Directions: _____

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 ___ — ( ) Basement w/Plumbing?

( ) Repair To Failing Septic System due to: — ( ) Basement w/out Plumbing?

X Other GARAGE 30x30 attached by breezeway

IF Non- Residential Site Development: Type of Business ___

Square Footage of Building ___

Maximum Number of Employees ___

Maximum Number of Seats ___

6. Proposed Water Supply:

( ) 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 ___ ( ) 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: Ronnie W Kennedy — 6-17-13

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