REDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR: _X_ AUTHORIZATION TO CONSTRUCT

(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: X 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:

BRAZOS DEVELOPMENT II	*PO BOX 1159 TROUTMAN NC 28116*	*(704) 201-6532*	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
BRAZOS DEVELOPMENT II	*PO BOX 1159 TROUTMAN NC 28116*	*(704) 201-6532*	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

108 Wheatfield Dr. *476-413-7937.000*	*WHEATFIELD*	*PHASE 1* *Lots #1 & #2*
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: *I-77 TO EXIT 42 GO NORTH 3.1 MILES ON OSWALT AMITY ROAD. WHEAT FIELD IS ON THE RIGHT HAND SIDE. LOT 2 IS THE FIRST LOT ON THE RIGHT AS YOU ENTER THE NEIGHBORHOOD.*

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

(X) New, Single Family Residence — Maximum Number of Bedrooms 3 — (X) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants 6 — ( ) 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?
( ) Other _____

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 _____ *Year*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

8. 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. industry) to be generated?
( ) Yes (X) 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: Agent for Brazos Dev. II — 8-27-2012
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

PAID $ Ck. #1773 8-27-12 dd