IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223205

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4761-36-5764

APPLICANT: MARTY TUCKER / CS&SC APPLICANT ADDRESS: PO BOX 1703 MOORESVILLE, NC 28115

SITE ADDRESS: 1042 BETHESDA RD, STATESVILLE, 28677 PHONE: 704-202-5791 ALT. PHONE:

SITE DIRECTIONS: 21N, TR OSTWALT AMITY, TL BETHESDA, ON L

SUBDIVISION: BETHESDA FARMS SECTION: — LOT # 6 LOT AREA: 1.5AC DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	>94	Date	1-6-18	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	25% REDUCTION	☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	PM - 25% REDUCTION	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft:	302'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	*18-24"*	Gravel Depth	—		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions:

≠ Trench exceeded more 24" in Pit Dig Soil Unified Suitable Soil to 58 inches See soil notes

* Lines checked 8/18 - B. Bates

+ Tank Still needs to be checked 8/18.

INITIAL SITE SKETCH

SEE PLAN FROM CS&SC

AS BUILT SKETCH

* Installed as shown *

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kelly Tucker Date: 1-6-16 Installed by: Marty Tucker

IMPROVEMENT PERMIT by: [signature] Date: 11-30-16 OPERATION PERMIT by: [signature] Date: 5-9-19

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 12/28/16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

APPROVED NOV 3 0 2016

BA

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

APPROVED NOV 3 0 2016

3A

PROPERTY ID #: 4761365764
COUNTY: Iredell

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: Marty Tucker
APPLICATION DATE
ADDRESS: 974 Bell Farm Rd, Statesville NC 28625
DATE EVALUATED: 11-2-16
PROPOSED FACILITY: 3 Brm
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: 1.506 Ac
LOCATION OF SITE: 1042 Bethesda Rd, Statesville Bethesda Farm 6
PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
B 1	LSS 5%	0-27	RBC WFSBK	Fr SS SP SEXP	N/A	38"	PS	N/A	PS
		27-38	RB CL WFSBK	Fr SS SP SEXP	-com/sap incl. many				0.3
		38-48	Var SL Sap M	Fr, SS, SP SEXP					
B 2	LSS 7%	0-3	Fill		N/A	39"	PS	N/A	PS
		3-14	RB C WFSBK	Fr SS SP SEXP	com/many sap				
		14-39	R CL WFSBK	Fr SS SP SEXP					0.325
		39-48	Var SL Sap M	Fr, NS NP NEXP					
B 3	LSS 5%	0-3	B CL WFSBK	Fr SS SP SEXP	N/A	40"	PS	N/A	PS
		3-13	BR C WFSBK	Fr SS SP SEXP	few sap				
		13-40	BR CL WFSBK	Fr SS SP SEXP	-com/many sap				0.325
		40-48	Var SL Sap M	Fr NS NP NEXP					
B 4	LSS 5%	0-3	B CL WFSBK	Fr SS SP SEXP	N/A	32"	PS	37"	PS
		3-12	RB C WFSBK	Fr SS SP SEXP	few/com sap				
		12-32	RB CL Var FSBK	Fr SS SP SEXP	-com/many sap				0.3 to 32"
		32-37	Var SL Sap M	Fr NS NP NEXP					
		37	Rock						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Gravity 25%	PM 25%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): None
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: SC
OTHER(S) PRESENT: None

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

EPARTMENT OF ENVIRONMENT
ND NATURAL RESOURCES
IVISION OF ENVIRONMENTAL HEALTH

APPROVED NOV 3 0 2016 BA

PROPERTY ID #: 4761365764
DATE OF EVALUATION: 11/2/16
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
BS	LSS 5%	0-9	RC. MFSBK	FR SSSP SEXP	N/A		PS	N/A	PS
		9-20	RCL WFSBK	FR SS SP SEXP	-Consapinc!.				0.325
		20-38	RCL VWFSBK	FR SS SP SEXP	many Sap	38"			
		38-48	VarSL Sap M	VFR NS NR NEXP					
	8/18.	0-10	C						
		10-58	CL						PS

COMMENTS:

Carolina Soil & Septic Consulting, PLLC

P.O. Box 1703, Mooresville, NC 28115

Phone: (704) 202-5791 Email: adrianpruett@yahoo.com

NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

**Proposed Design for a 25% Reduction Septic System
using Gravity distribution for a 3 bedroom single family residence
on Lot 6 of Bethesda Farms Subdivision, in
Statesville, Iredell County, North Carolina.**

Contents: **Page**

Information for the Installer---------- 1

Design Information
Design Specifications---------- 2
Layout Specifications---------- 3

Site Plan/System Plan---------- 4-6

Dosing Calculations---------- 7

Soil Profile Descriptions---------- 8-9

November 16, 2016
Job Number: 2016-077
Design By: Adrian L. Pruett



INFORMATION FOR INSTALLER:

- The permit should be read very carefully prior to submitting bid. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- If septic tank risers are used they should be a minimum of 6" above finished grade or within 6" of final grade if buried.
- Design precludes use of foundation drains on the residence.
- System is specified as an Accepted 25% Reduction Gravity installation.
- Repair is specified as Pressure Manifold 25% reduction installation.
- Trench width is specified as 36" wide, rake and lime all trench sidewalls
- **If grading for slab foundation is utilized do not grade/create greater than 2 ft of elevation difference within 15 ft of any component of the septic or repair. If back filling do not backfill over any initial or repair septic line.**

APPROVED NOV 3 0 2016

OWNER INFORMATION

Owner:	Marty Tucker
Address:	974 Bell Farm Rd Statesville, NC 28625
Client:	Marty Tucker
Address:	974 Bell Farm Rd Statesville, NC 28625
Contact:	Marty Tucker
Phone:	704-902-0630
County:	Iredell
Location:	BETHESDA FARMS, LOT 6
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	360
System Flow:	360

25% GRAVITY DESIGN INFORMATION

Drainfield Design Flow (gpd):	360
Loading/Soil Application Rate (gpd/ft.^{2}):	0.300
Depth of Gravel in Trench:	NA
Gravel Size:	NA (25% reduction)
Total Lateral Length From Layout:	302
Total Lateral Length Required:	300
Trench Depth:	18"-24" Low side
Trench Width:	36 in.
TOTAL AREA TRENCH BOTTOM:	906
Trench Spacing on Center:	9 ft.
Repair Trench Spacing:	9 ft.
Repair Trench Depth:	18-24" Low side
Septic Tank Size:	1000 gal.
Estimated Supply Line Length:	5
Supply Line Diameter:	3 in. SCH 40 PVC
Supply Line Volume:	1.80
Dosing Volume:	NA
Supply Manifold:	SERIAL DISTRIBUTION
Additional Comments:	Soil suitability was performed by CS&SC

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BETHESDA FARMS, LOT 6
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 3 BEDROOM RESIDENCE — November 16, 2016

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	RED	NA	NA	52	52
2	BLUE	NA	NA	90	90
3	ORANGE	NA	NA	114	114
4	BLUE	NA	NA	*82*	*82*
5	***ORANGE***	***NA***	***NA***	***150***	***130***
6	***RED***	***NA***	***NA***	***119***	***118***
7	***BLUE***	***NA***	***NA***	***56***	***54***
			Total	**663**	**640**

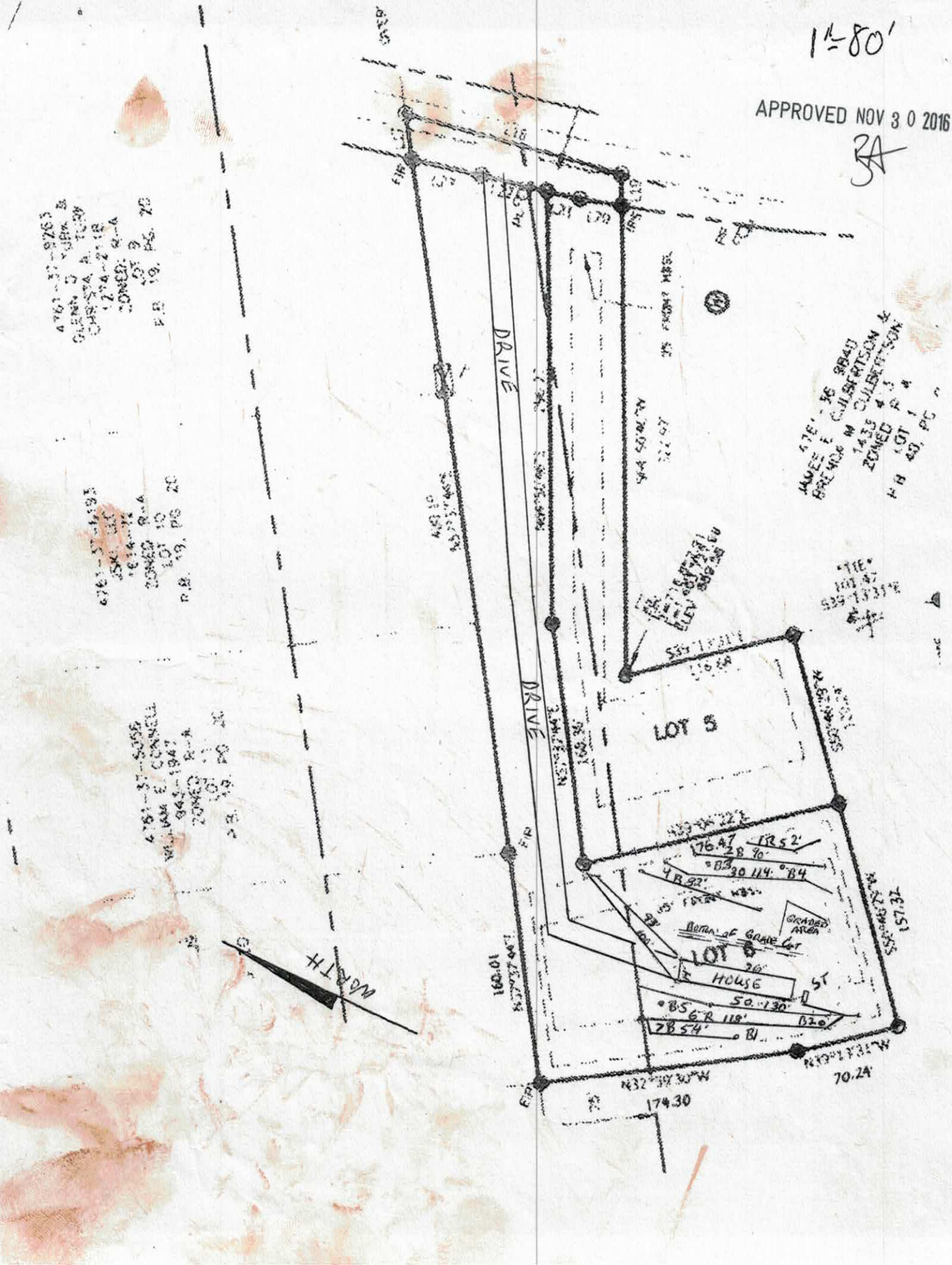
	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
System	***302***	***ACCEPT.***	***0.300***	***25% RED.***	***GRAVITY***
Repair	338	*ACCEPT.*	0.300	25% RED.	PRESSURE MANIFOLD

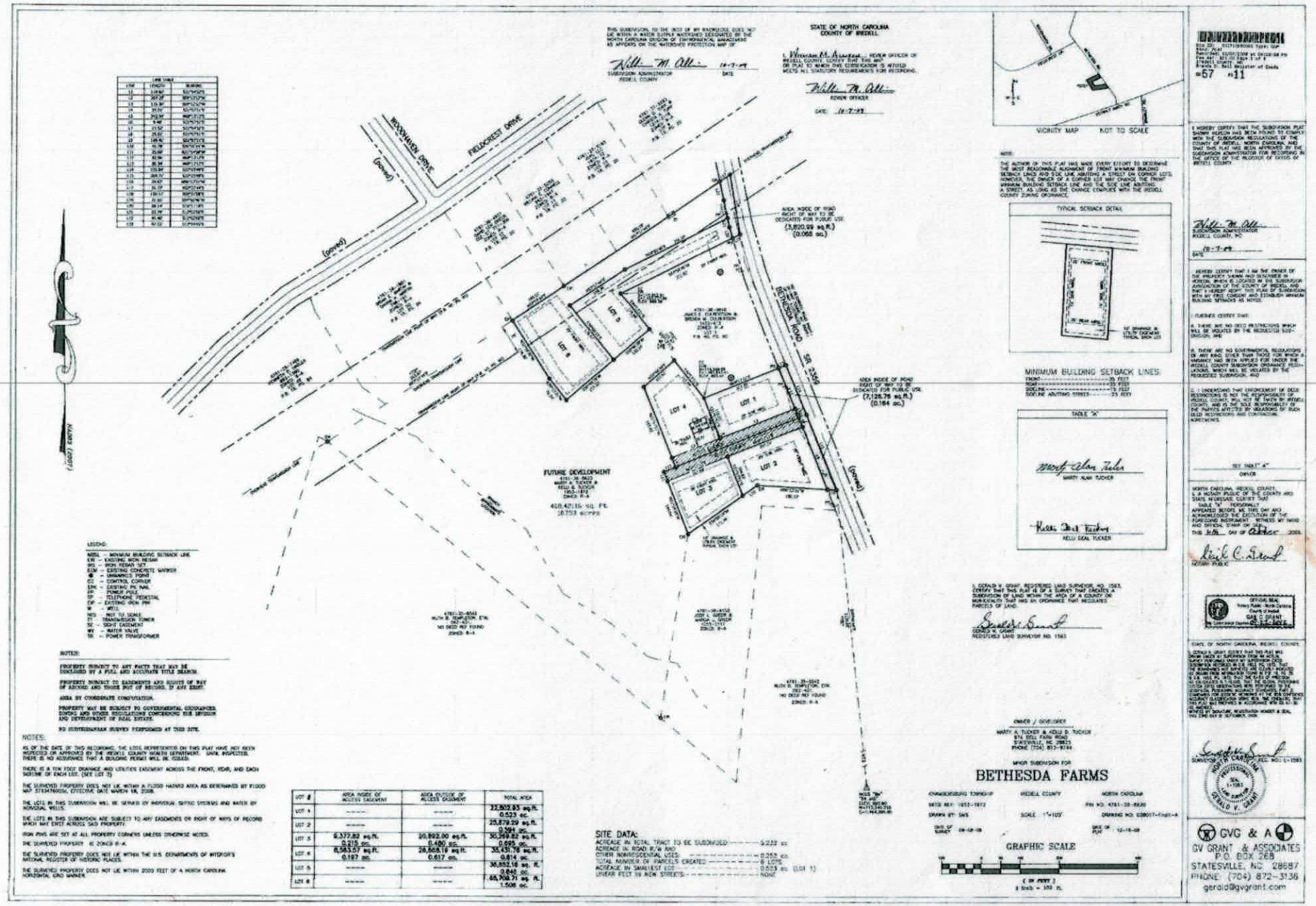
Notes:
** TBM Is Not Required.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: **Fill graded area below repair area to make at least 15' of seperation from proposed drainfield**
Remove any fill dirt from septic areas.
Iredell County has CS&SC's permission to change septic tank location and distribution type

1"=80'

APPROVED NOV 30 2016




BETHESDA FARMS
MINOR SUBDIVISION FOR
OWNER / DEVELOPER
MARY A. TUCKER & KELLI D. TUCKER
874 BELL FORK ROAD
STATESVILLE, NC 28625
PHONE (704) 873-8744
SITE DATA:
ACREAGE IN TOTAL TRACT TO BE SUBDIVIDED ---------- 5.222 ac
ACREAGE IN ROAD R/W AND ---------- 0.253 ac
OTHER NONRESIDENTIAL USES ---------- 0 ac
TOTAL NUMBER OF PARCELS CREATED ---------- 6 LOTS
ACREAGE IN SMALLEST LOT ---------- 0.523 ac (LOT 1)
LINEAR FEET IN NEW STREETS ---------- NONE
MINIMUM BUILDING SETBACK LINES:
FRONT ---------- 35 FEET
REAR ---------- 35 FEET
SIDE/INT ---------- 15 FEET
SIDE/INT ADJOINING STREETS ---------- 25 FEET
FUTURE DEVELOPMENT
408,421.16 SQ. FT.
9.3733 ACRES
AREA INSIDE OF ROAD RIGHT OF WAY TO BE DEDICATED FOR PUBLIC USE. (3,820.09 sq.ft.) (0.088 ac.)
AREA INSIDE OF ROAD RIGHT OF WAY TO BE DEDICATED FOR PUBLIC USE. (7,125.76 sq.ft.) (0.164 ac.)
FIELDCREST DRIVE
WOODHAVEN DRIVE
BETHESDA ROAD
SR 2359
LOT 1
LOT 2
LOT 3
LOT 4
LOT 5
LOT 6
VICINITY MAP NOT TO SCALE
TYPICAL SETBACK DETAIL
GRAPHIC SCALE
(IN FEET)
1 inch = 100 ft.
GVG & A
GV GRANT & ASSOCIATES
P.O. BOX 268
STATESVILLE, NC 28687
PHONE: (704) 872-3136
gerald@gvgrant.com

APPROVED NOV 3 0 2016

DOSING CALCULATIONS

Location	Bethesda Farms	
Lot No:	6	
Address:		
No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.300	$^{gal}/_{ft^2\ day}$
25% RED. Expansion? (YES OR NO)	YES	
Supply Line Length	5	ft.
Supply Line Volume	1.8	gal.
Required Feet of 25% RED. Line	300	ft.
Amount of Line from Layout	302	ft.
Gallons per Minute	NA	$^{gal}/_{min}$
Septic Tank Capacity	1000	gal.
Minimum Septic Tank Capacity	1000	gal.
Lateral Line Volume	197.206	gal.

RECEIVED NOV 17 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

#223205

1. **APPLICATION FOR:** ✓ **Improvement Permit** ___ **Authorization To Construct** ___ **Existing System Inspection**

****

2. **Page 2: *Site Plan Worksheet* Form MUST Accompany This Application** Paid $350.00

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:**

Marty Tucker/CS&SC	PO Box 1703 Mooresville NC 28115	704-202-5791	
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Marty Tucker	974 Bell Farm Rd Statesville NC 28625		704-902-0630
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

****

4. **Property Information:**

1042 Bethesda Rd	Bethesda Farms	6
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: Hwy 70 E, TR on Bethesda Rd, Pass Northlake Subdivision, first driveway after crossing under large powerlines on R.

****

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

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** _____ *Year*

(✓) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

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:** _____ 11-17-16

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Marty Tucker, am the legal owner(s) of the property located at Bethesda Farms Lot 6, identified as PIN (Parcel Identification Number) 4761-36-5764, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Adrian Pruett, Carolina Soil & Septic Consulting, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Marty Tucker 11/16/16

Signature of Owner(s) Date

Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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:

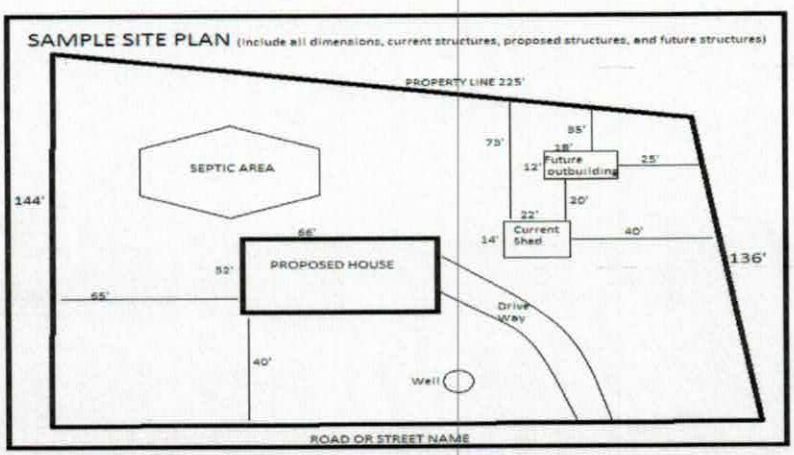
- ✓ **Property Line measurements are clearly identified…**
- ✓ **All proposed structures are indicated…**

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:

- **Location of septic systems and wells within 100' of your property… N/A**
- ✓ **Location of easements and rights of ways on your property… N/A**
- **Location of any designated wetlands on the property… N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached Design

Signature: _____

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

11-17-16

DATE

14X17 OAK WOOD 1448

1042 Bethesda

Acknowledgement Of
Plans Submittal ONLY!

Date 12-27-16

Date 12/27/16

IREDELL COUNTY

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

APPLICATION NUMBER
223205
Issue Date: 11/16/2016

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4761365764.000	1042 BETHESDA ROAD	

Owner Information	Applicant Information	Contractor Information
Owner: TUCKER MARTY ALAN+KELLI DEAL Address: 0 IREDELL CO, NC 28625 Phone:	Applicant: CAROLINA SOIL SEPTIC C Address: 162 WEST B ST KANNAPOLIS, NC 28081 Phone: 704-202-5791	Contractor: CAROLINA SOIL SEPTIC C Address: 162 WEST B ST KANNAPOLIS, NC 28081 Phone: 704-202-5791 License Type: License Number UNLI

Project Description

MOBILE HOME NEW - IREDELL

Scope of Work

SINGLEWIDE

Permit Details:

EFT	IMPROVEMENT PERMIT FEE	Amount:	350.00
		Amount:	
		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.

Date: 11/16/2016

Signature of Owner/Contractor

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	85906	TOTAL FEES:	$ 350.00