IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

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

3. **Applicant Information:**

Donald Anderson — 135 Hickory Nut Dr — 906869-3052
Applicant Name — Mailing Address — Home Phone — Work Phone

Donald Anderson — 135 Hickory Nut Dr — 906-869-3052
Owner Name — Mailing Address — Home Phone — Work Phone

4. **Property Information:**

135 Hickory Nut Drive — Laurel Grove Subdivision — LOT 5
Street Address — Subdivision Name — Section/Phase and Lot Number

Driving Directions: From Statesville Take Hwy. 70E To Bethesda Rd. Then Turn Left on Hickory Nut - Home on Left

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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

Maximum Number of Bedrooms ___
Maximum Number of Occupants ___
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~~ Attached Garage 16X26
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

****

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 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:** Donald Anderson — 7-23-09
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEATLH DEPARTMENT

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:

- X — **Property Line measurements are clearly identified…**
- X — **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
- already existing → X — **Front and side setbacks from property line…**
- already existing → X — **Preferred driveway location and configuration, preferred well location…**
- X — **Area you prefer your septic system to be placed…**
- X — **North arrow, or other sufficient indicator of direction…**

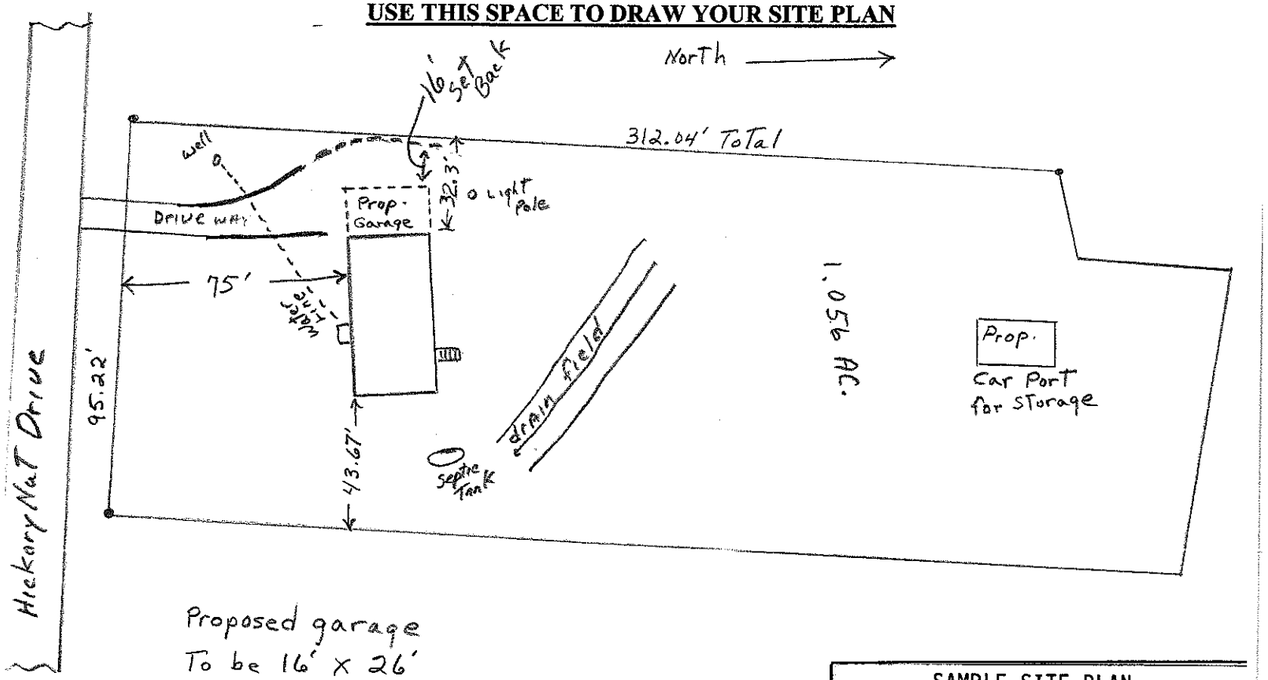
Circle N/A on the following if appropriate:

- ____ **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)

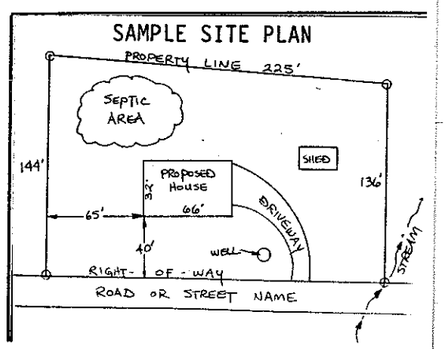
Signature: Donald Andersen
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7-26-09
DATE

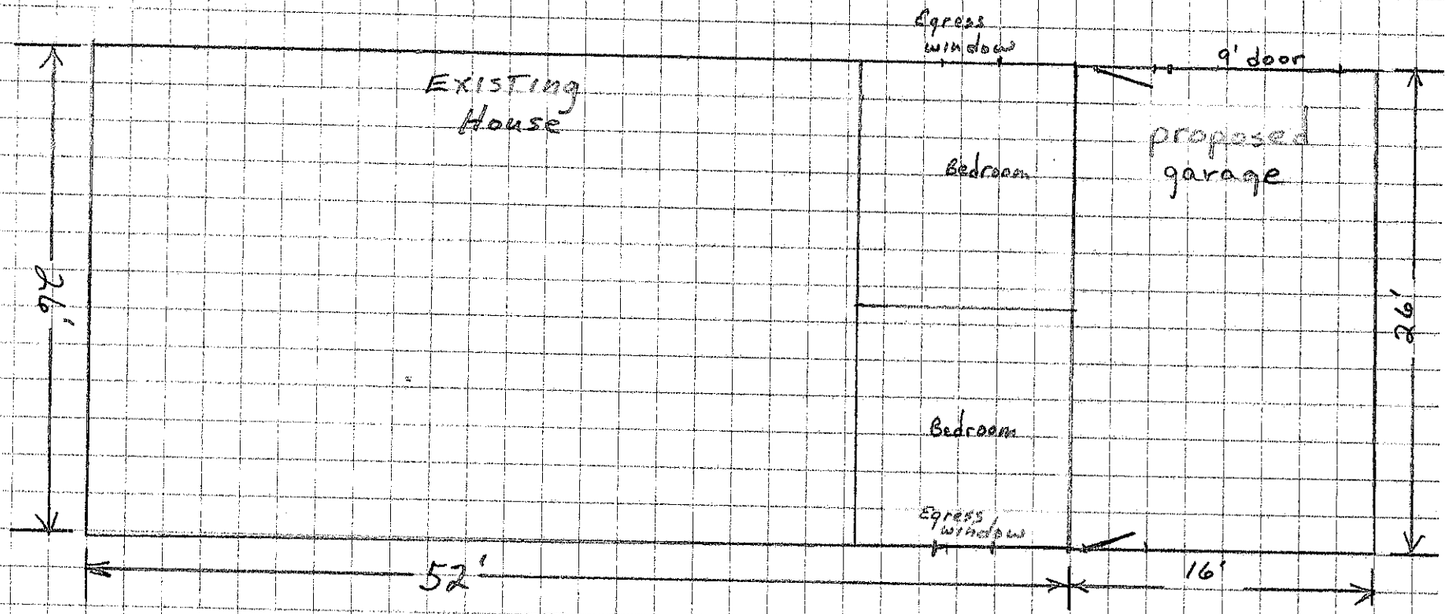
USE THIS SPACE TO DRAW YOUR SITE PLAN



Proposed garage
To be 16' x 26'
at end of House
(West End)



135 Hickory Nut Drive
Don Anderson



Survey For:

Donald Anderson

Date: 03-31-09	Deed Reference: 1869-1979	Drawn by:	A.N.B.
Scale: 1" = 50'	Tax PIN: 4762-42-5726	Job:	200927

Lot 5 "Laurel Grove Subdivision" P.B. 31, Pg. 117

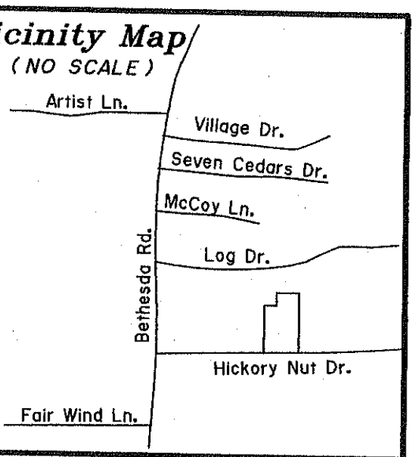
Chambersburg Twsp., Iredell Co., N.C.

AMERICAN PLANNING & SURVEYING

216 W. Broad Street
Statesville, N.C. 28677
Phone (704) 871-9197
Fax (704) 873-6353

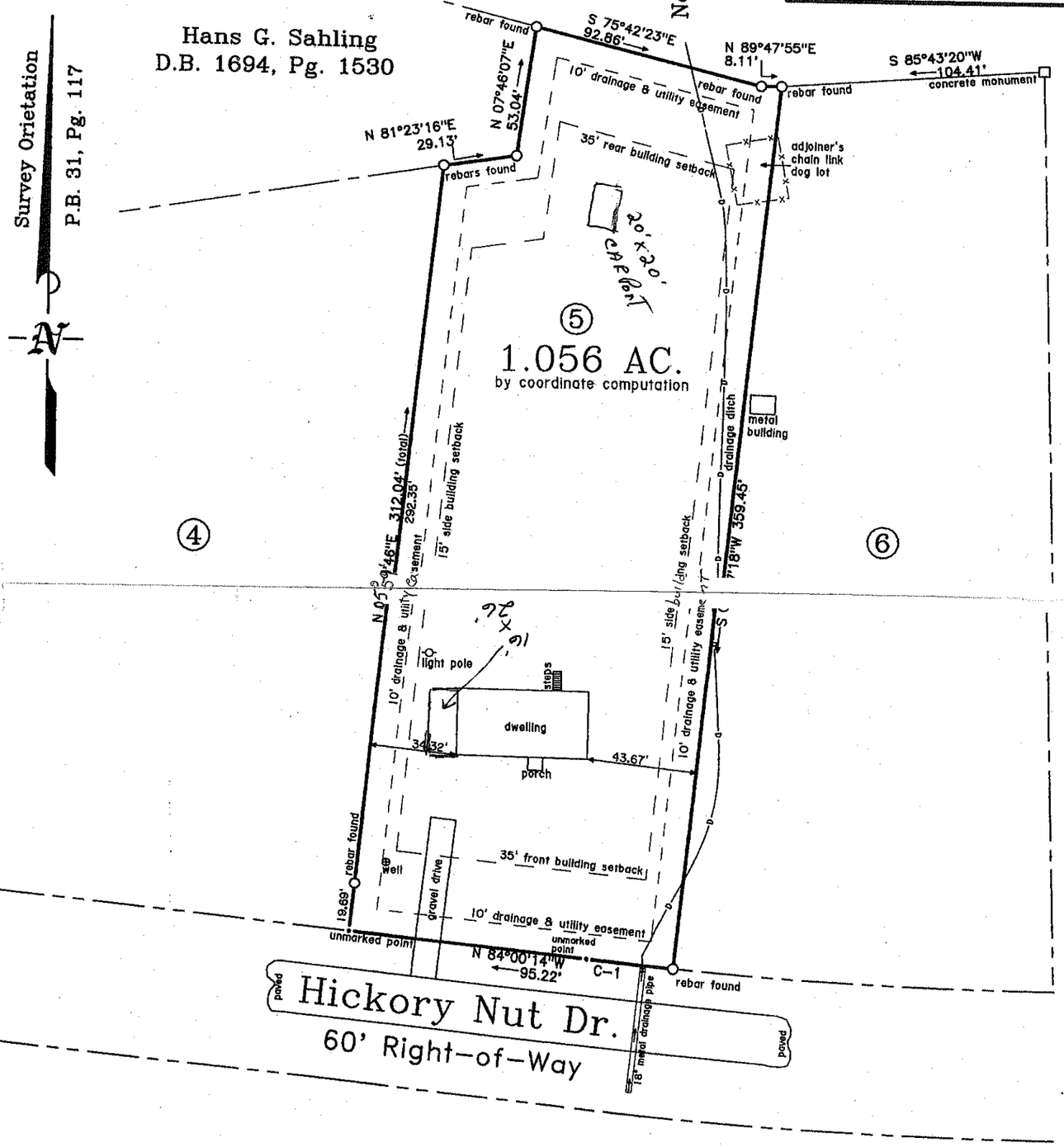
Neighborhoods at Harman LLC.
D.B. 1896, Pg. 1892

Vicinity Map
(NO SCALE)



Hans G. Sahling
D.B. 1694, Pg. 1530

Survey Orietation
P.B. 31, Pg. 117



Notice:

This survey was prepared without the benefit of a title abstract and is made subject to any discrepancies which may be disclosed by a thorough and accurate title search.

I, W. Matthew Jordan, Professional Land Surveyor, hereby certify that this plat was drawn under my supervision from an actual survey made under my supervision with a precision ratio of 1: 10,000+.

Witness my seal and signature this April 2nd, 2009.

NORTH CAROLINA PROFESSIONAL SEAL L-4414 LAND SURVEYOR W. MATTHEW JORDAN

CURVE	RADIUS	LENGTH	CHORD	CH.BEARING
C-1	1862.78'	34.82'	34.82'	N 84°42'08"W

W. Matthew Jordan, P.L.S. License #4414

50 0 50 100 150

GRAPHIC SCALE – FEET