IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, 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	Work Phone
Ronnie Broome	PO Box 248 Troutman NC	704-528-6837	704-702-2057
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
Mike DAgostino	6549 77 Place M.d. Village NY 11379	718-894-0810	347-739-2204

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
169 Shady Stream Suite	Country Woods	56 & 57

Driving Directions: 64 E to TR River Hill TR Oak Haven to end TL Shady Stream property on R. ch

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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 3
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 ___
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 (County Water)

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7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___ ( ) No Preference

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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?

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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 E Broome — 7/25/04

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
- X — Front and side setbacks from property line…
- X — Preferred driveway location and configuration, preferred well location…
- X — Area you prefer your septic system to be placed…
- ___ — North arrow, or other sufficient indicator of direction…

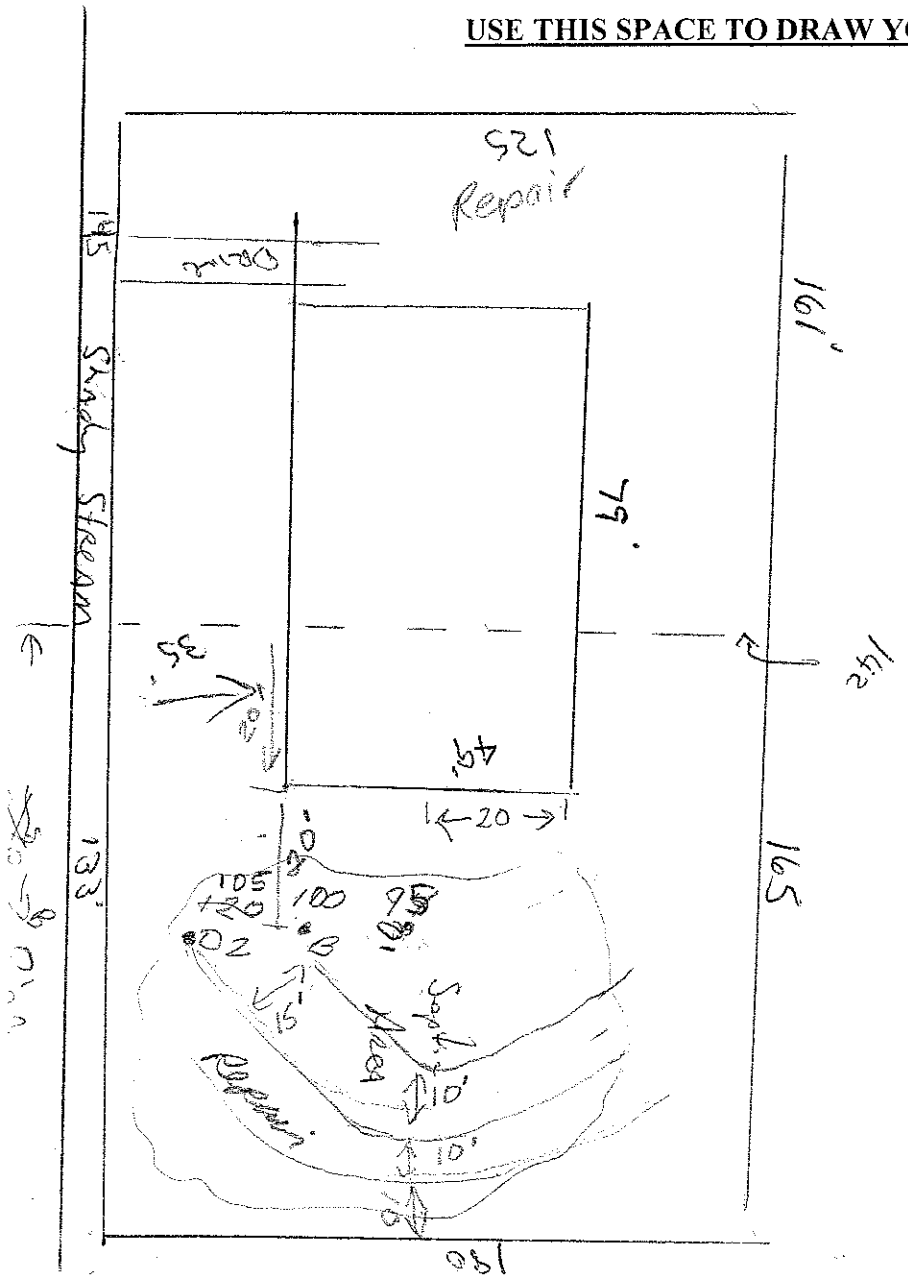
Circle N/A on the following if appropriate:

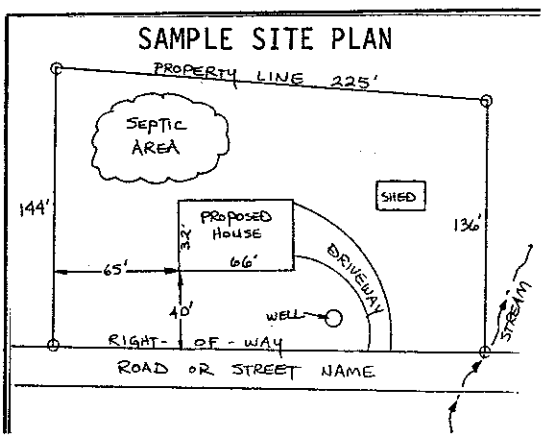
- ___ — Location of septic systems and wells within 100' of your property… N/A
- X — Location of easements and rights of ways on your property… N/A
- N/A — Location of any designated wetlands on the property… N/A

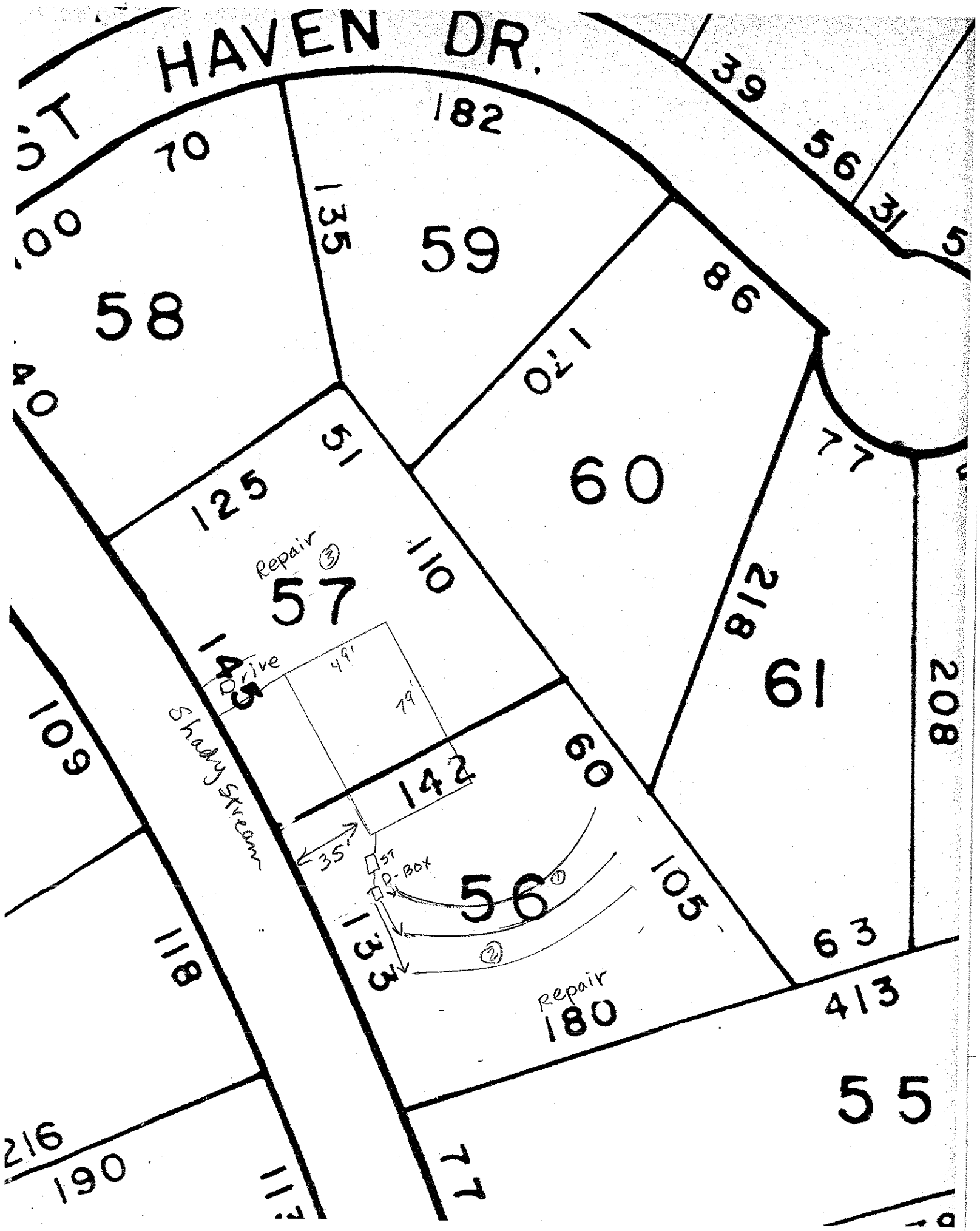
Signature: Rachel E Browne
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7/25/05
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN






HAVEN DR.
182
70
135
59
58
86
211
60
125
51
Repair ③
57
110
218
61
208
Drive
49'
79'
142
60
Shady Stream
109
35'
ST
P-BOX
56 ①
105
133
②
63
118
Repair
180
413
55
216
190
77

Plan Specifications for J-92100 (Contd.)

Detailed Specifications

Home Plan	J-92100
Title	Upscale Charm
Style(s) / Influences	Country, Southern
Home Type	Adaptable, Indoor/Outdoor
Exterior Wall Framing	2x4
Available Foundation(s)	Crawlspace, Full Basement, Slab
Exterior Materials	Brick
Dwelling Type	Single Family
Bedrooms	3 actual, 4 possible
Baths	2 full, 0 half
Floors	1

Living Area (Sq. Ft.)

Level	Finished	Unfinished
Basement	0	1877
First	1877	0
Second	0	1500
Total Living Area	**1877**	

Dimensions	79' x 49' x 24' (width x depth x height)
Laundry Floor	First
Master Suite Floor	First
Fireplaces	1
Kitchen Features	Island, Nook, Snack
Extra Features	Deck, Porch, Skylight(s)
Roof Style	Gable
Roof Construction	

Garages

Style	Stalls	Area (sq. ft.)
Attached	Two Car	478

Room Information

Room	Floor	Ceiling Height
Bonus/Future Area		0'

Similar Plans

More by this designer
More by any designer

Acknowledgement Of
Plans Submittal ONLY!
Judy McHill Date 7-25-05
Rome Brock Date 8-16-05