IREDELL COUNTY HEALTH DEPARTMENT

Robert L. Bell
Bob Bell

Environmental Health Division

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) changes → 9/1/1990 ~~74-75~~

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 #
JAMES R. STEWART	384 CHURCHLAKE ROAD, STATESVILLE, NC 28625	(704) 546-7783	N/A
SAME AS ABOVE (Owner Name)	SAME AS ABOVE	↑	N/A

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
384 Churchlake Road, Statesville, NC 28625		

Driving Directions: TAKE US 21 NORTH APPROXIMATELY 10 MILES, TURN RIGHT ON CHURCHLAKE ROAD, GO ABOUT 2 MILES, WE ARE THE 6th HOUSE ON THE RIGHT. (GRAY HOUSE WITH BURGENDY SHUTTERS.

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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
(✓) Other UTILITY BLDG. for LAWNMOWER + YARD EQUIPMENT.

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	N/A
Square Footage of Building	16 X 18
Maximum Number of Employees	N/A
Maximum Number of Seats	N/A

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6. **Proposed Water Supply:** (NONE)

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

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7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* (NOT APPLICABLE) Existing

( ) 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: James R Stewart — 10-26-10

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