IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or 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:
Place check ( ) beside whichever is submitted if applicable
___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Nancy L Peacock	PO Box 161 Harmony NC 28634	704 880 0499	

Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
115 Paul Jr Ln		

Driving Directions: Hwy 21 N to 901 Rt on 901 Rt on Cranfill Rd go 2 mi. left in Drive Paul JR LN (DB Wide white) on left of drive

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 10x16 accessory building

Maximum Number of Bedrooms 3
Maximum Number of Occupants 3
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

. Proposed Water Supply:

) New Well ( ) Existing Well ( ) Community Well (X) City Water (✓) Other Public Water Iredell Water

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

) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ (✓) Existing system--installed in 1990 YEAR ( ) No Preference

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?

ve read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of y to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Nancy L Peacock
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

PAID Cash 8-14-13 CK

8/14/13
DATE