271 Clanton Rd

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

271 Clanton Rd

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:**

Kevin & Nicki Weber 1296 Old Mtn. Rd Statesville 704-902-4180 Deena 704-239-3693
Applicant Name — Mailing Address — Home Phone # — Alternate Phone #

Robin Killgo 277 Clanton Rd. Statesville
Owner Name — Mailing Address — Home Phone # — Alternate Phone #

4. **Property Information:**

Clanton Rd
Street Address — Subdivision Name — Section/Phase and Lot Number

Driving Directions: 115 S - L Mountain View Rd. L Clanton Rd. property on R in front of 277

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

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
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 ( ) City Water ( ) Other Public Water

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

Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ (✓) 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?

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

Signature: Deena Abee
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11/21/13
DATE

Time Nov. 22. 2013 11:43AM No. 2050