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
Susan Fox	142 Fox Bottoms Rd Statesville NC 28625	7048761964	
Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

595 Friendship Church Rd. — Street Address
Statesville NC 28625 — Subdivision Name
Section/Phase and Lot Number

Driving Directions: turn left at Charles on Jennings Rd onto Friendship Church Rd. - brick house on left app. 2 m.

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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 6
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

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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: Susan McDargee Fox — Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8-11-08 — 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:

____	Property Line measurements are clearly identified...
____	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
____	Front and side setbacks from property line...
____	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:

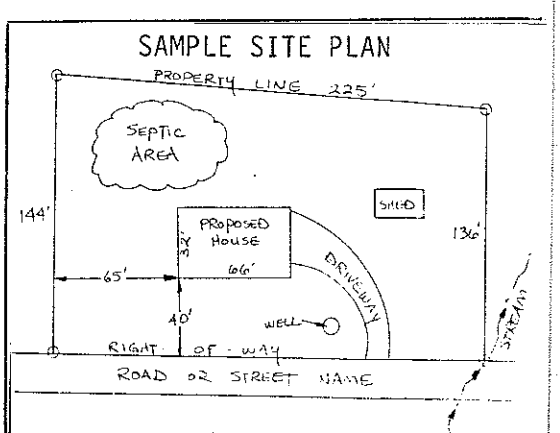
X	Location of septic systems and wells within 100' of your property...	N/A
____	Location of easements and rights of ways on your property...	N/A
____	Location of any designated wetlands on the property...	N/A

Signature: Susan M. Fox
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8-11-08
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

See attached



Iredell County, North Carolina

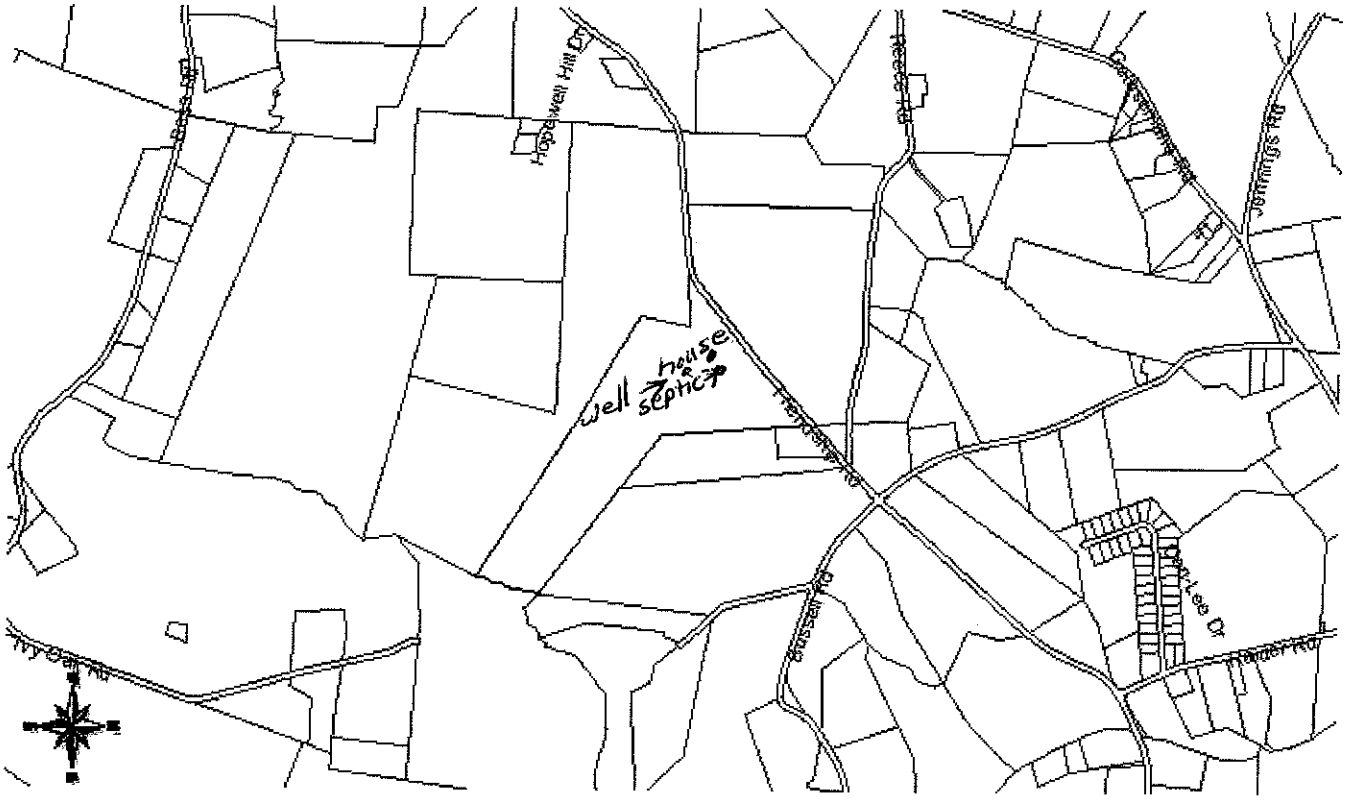
Parcel Number (PIN): 4840119461.000

Property Data

Inquiry Date: 8/11/2008

Disclaimer: While every effort is made to keep information provided over the internet accurate and up-to-date, the County does not certify the authenticity or accuracy of such information. No warranties, express or implied, are provided for the records and/or mapping data herein, or for their use or interpretation by the User.

Property Map



Owner/Property Information

Tax Account Number	000077412821
Old Parcel Number	0813M00000A052
Owner Name	MCHARGUE FAMILY LIMITED
Mailing Address	2147 DAVIE AVE, STATESVILLE, NC, 286250000
Property Address	
Lot Number	
Legal Description	HOME

Municipal Information

Township Code	08
City Code	00
Neighborhood Code	08000
Fire Code	0

COUNTY: (049)

FACILITY TYPE: (4) Pushcarts

FACILITY ID	Status	FACILITY NAME	Address	CITY	STATE	ZIP	Terr
02-049-04-0024	A	DAWGS TO GO	KEVIN BODENHEIMER	STATESVILLE	NC	28625	02
02-049-04-0027	A	THOMAS SNYDER JR	1737J WILKESBORO HWY	STATESVILLE	NC	28625	02
02-049-04-0028	A	SAMMSONS DAWG HOUSE	170 E MEMORIAL HWY	HARMONY	NC	28634	02