IREDELL COUNTY HEALTH DEPARTMENT 176037

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 _X_ 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
_X_ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Cal Cochran, Architect	111 W. Market St., Elkin 28621	336-835-9980	336-468-0591
Applicant Name	Mailing Address	ofc. ~~Home~~ Phone #	Alternate Phone #
Union Grove VFD	1869 W. Memorial Hwy 901		
Nolan Shoemaker	Union Grove, NC 28689	704-902-0815	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information: (New address)

1994 1869 W. Memorial Hwy 901 — Street Address

Subdivision Name

Section/Phase and Lot Number

Driving Directions: W. on Hwy 901 1½ mile ± on R corner

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 ___

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: VFD
Square Footage of Building: 11,500 SQ FT
Maximum Number of Employees: unknow
Maximum Number of Seats: 35

6. Proposed Water Supply:

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

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

(3) Alternative (2) Conventional ( ) Innovative (1) Modified Conventional ( ) Other ___ ( ) No Preference ( ) Existing system--installed in ___ YEAR

8. Please Answer The Following To The Best of Your Ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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: Calvin H. Cochran
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11-20-12
DATE

PAID