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: ___ 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 #
Brawley Const.	PO Box 1067 Mooresville, NC 28115	704-663-5270	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
NC DC LLC	9815-J Sam Furr Rd		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
1465 Memorial Hwy	Harmony NC	

Driving Directions: North on 77 to 109 Exit go west site .5 miles

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 ___
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	Merchandise
Square Footage of Building	9100
Maximum Number of Employees	5
Maximum Number of Seats	N/A

6. Proposed Water Supply:

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

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

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

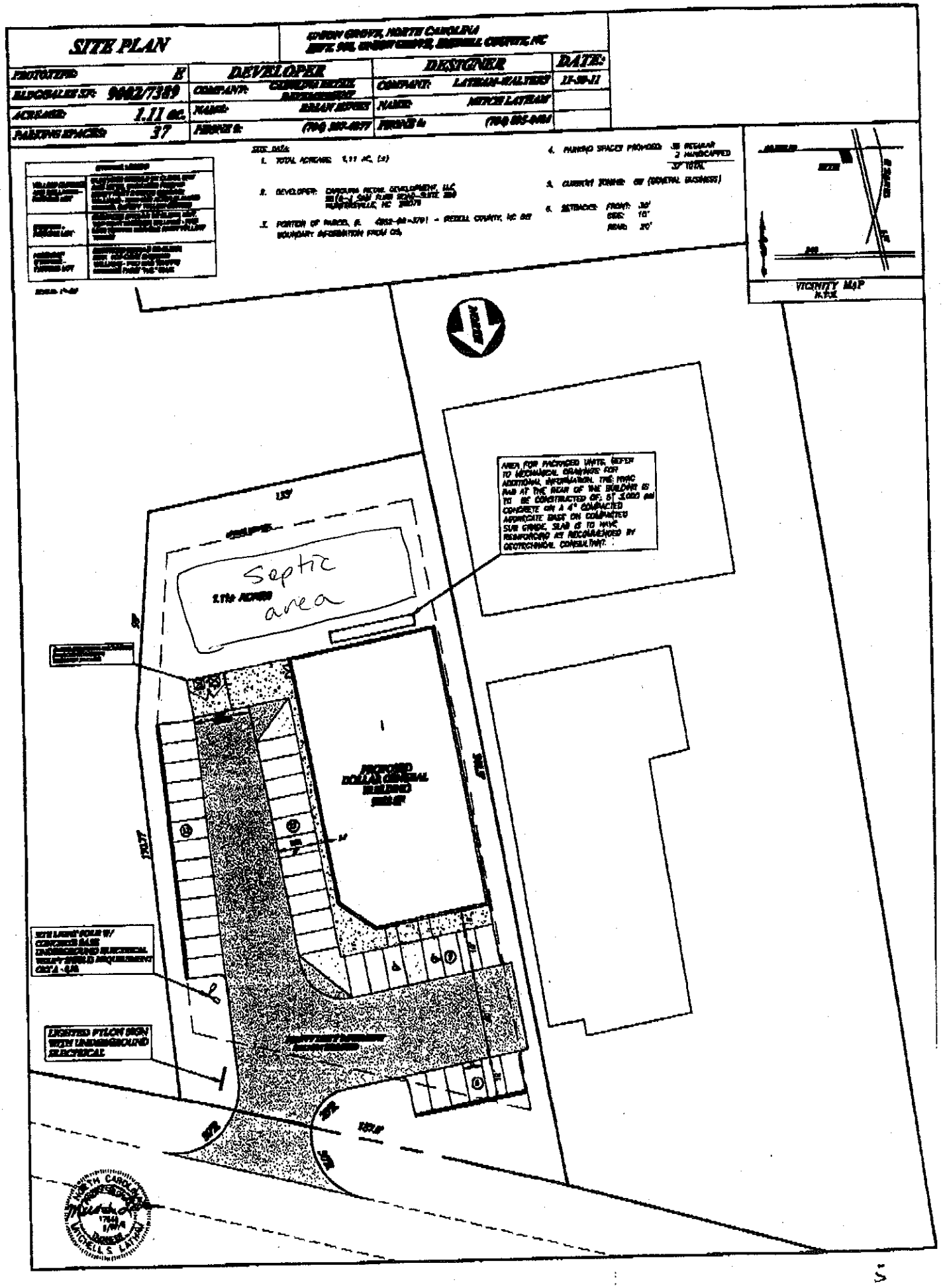
8. Please Answer The Following To The Best of Your Ability:

( ) 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?

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: Allen A. Brawley PAID $ Ck# 42 8-2-12 (ad) Aug 2, 2012
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Need Pump System instead of gravity system already laid out.


SITE PLAN
DEVELOPER
DESIGNER
DATE:
11-30-11
Septic area
AREA FOR PACKAGED UNITS, REFER TO MECHANICAL DRAWINGS FOR ADDITIONAL INFORMATION. THE HVAC PAD AT THE REAR OF THE BUILDING IS TO BE CONSTRUCTED OF: 5" 3,000 psi CONCRETE ON A 4" COMPACTED AGGREGATE BASE ON COMPACTED SUB GRADE. SLAB IS TO HAVE REINFORCING AS RECOMMENDED BY GEOTECHNICAL CONSULTANT.
LIGHTED PYLON SIGN WITH UNDERGROUND ELECTRICAL
VICINITY MAP