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:**

William Czerkie	171 Grose St, Harmony,	704-546-2660	704-838-3488
Applicant Name	Mailing Address	Home Phone	Work Phone
William Czerkie	171 Grose st Harmony NC 28634	704-546-2660	704-838-3488
Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

171 Grose st.		Lot #16
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Hwy 21 north to Harmony, Left on 901, 1st road to right (Grose st), Last House on Left.

****

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 ___
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 ___

****

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:**

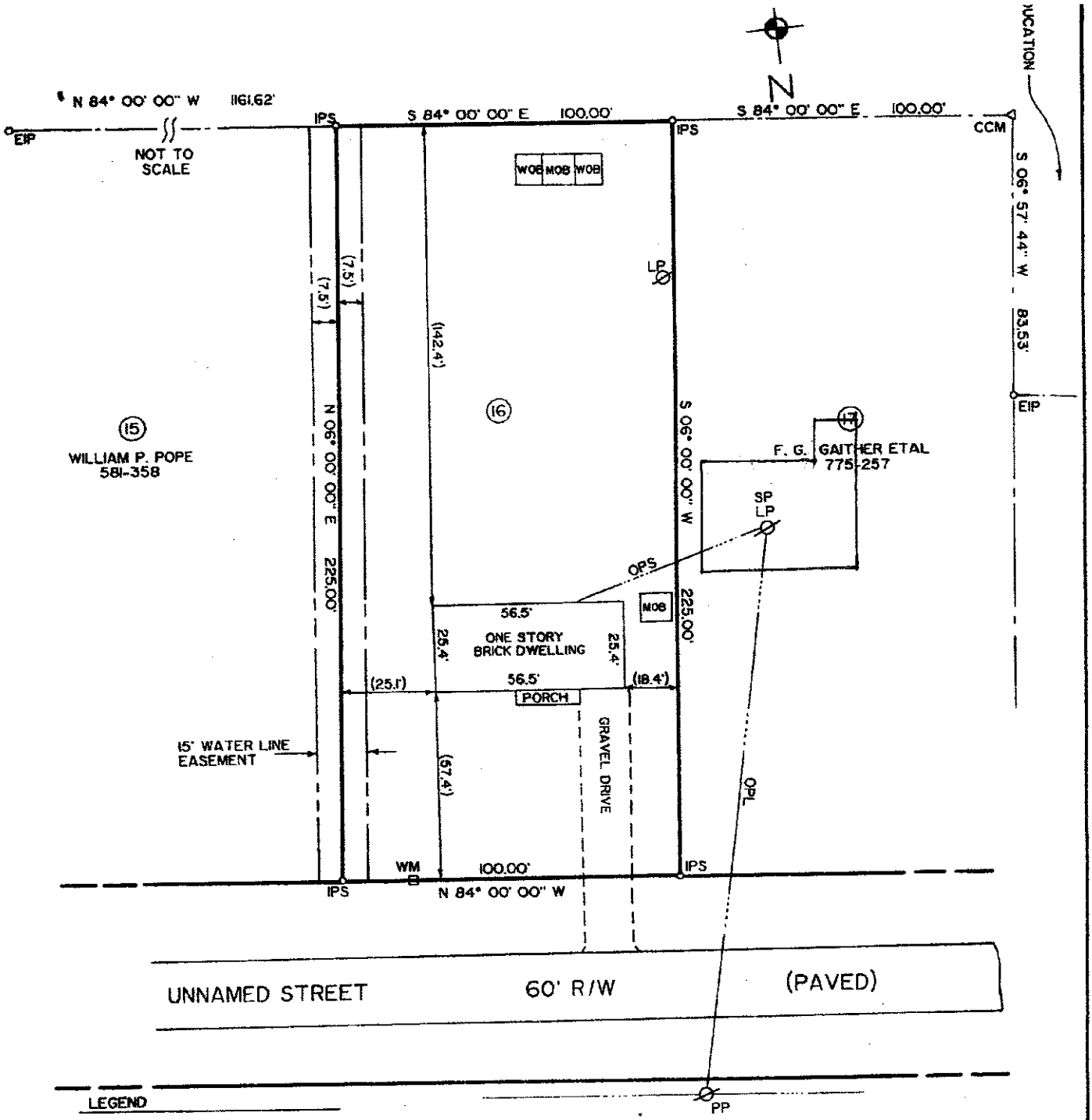
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

****

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: William I Czerkie — 3-3-2006

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE



LEGEND

EIP---EXISTING IRON PIN
IPS---IRON PIN SET
CCM--CONCRETE MONUMENT
WOB--WOODEN OUTBUILDING
MOB--METAL OUTBUILDING
WM---WATER METER
LP----LIGHT POLE
PP----POWER POLE
SP----SERVICE POLE
OPL--OVERHEAD POWER LINE
OPS--OVERHEAD POWER SERVICE

NORTH CAROLINA REGISTERED SEAL L-2960 LAND SURVEYOR TEDDY E SHARPE

PHYSICAL SURVEY FOR

WILLIAM L. CZERKIE & WIFE WENDY PULLIAM CZERKIE

LOT 16, IREDELL BUILDING CO. PROPERTY (UNRECORDED)		P.B. PG.	DATE: 12-13-90
TOWNSHIP: TURNERSBURG	COUNTY: IREDELL		NORTH CAROLINA
DEED REF.: 612-531	TAX MAP REF.: 12N-A-108		SCALE: 1" = 40'
AREA: 0.517 ACRE	DRAWN BY: SDP		DRAWING NO.: 379E

SHARPE SURVEYING COMPANY