IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

$ PAID

(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:

Please call before go out. He would like to meet.

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
LARRY HILTON			
LARRY HILTON	223 HAMLET RD HARMONY	704-546-5463	704-902-2178
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
223 HAMLET RD HARMONY NC		

Driving Directions: HWY 21 N 28634 POWELL BRIDGE DR. R. ONTO HAMLET RD
2nd HOUSE ON L. 223 ON MAILBOX
Please Call

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 DRAIN FIELD OUT
( ) Other Has been inspected

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 ___
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 (CO. WATER)

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) Existing system--installed in ____ *YEAR*

( ) 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: Larry D Hilton
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

FEB 25 2013
DATE