

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:

Place check () beside whichever is submitted if applicable

☐ Survey Plat, Scaled no more than 1 Inch = 60 Feet

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

3. Applicant Information:

Traditional Southern
Homes LLC

P.O. Box 4083 Mooresville, NC

Fax/Phone

704-992-5560

980-721-5434

Applicant Name

Mailing Address

Home Phone

Work Phone

Margaret Warlick

5312 Princess St. Charlotte

Same as Above

Owner Name

Mailing Address

Home Phone

Work Phone

4. Property Information:

119 Trollingwood

Spring Acres

23

Street Address

Subdivision Name

Section/Phase and Lot Number

Driving Directions: Hwy 150 West TL ON Quiet Cough TL on

Trollingwood Lot on Left

5. RESIDENTIAL Site Development Information: (Check or Complete ALL that apply)

☒ New, Single Family Residence

Maximum Number of Bedrooms 4

☒ Crawl Space Foundation?

☐ New, Multi-Family Residence

Maximum Number of Occupants 6

☐ Concrete Slab Foundation?

☐ Expansion of Existing Septic System

If Expansion, Current Number of Bedrooms

☐ Basement w/Plumbing?

☐ Repair To Failing Septic System

☐ 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:

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

DATE

11-14-2005