IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
Simonini Builders	358-9940	817 E Morehead St	Chas	NC	28202
Current Property Owner		Mailing Address	City	State	Zip Code
Simonini					

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Point	985		

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Public		

Specific Directions to Property _____

TYPE OF FACILITY: (use check (X) or number as appropriate)

House X Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 4

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing _____

Crawl Space X Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

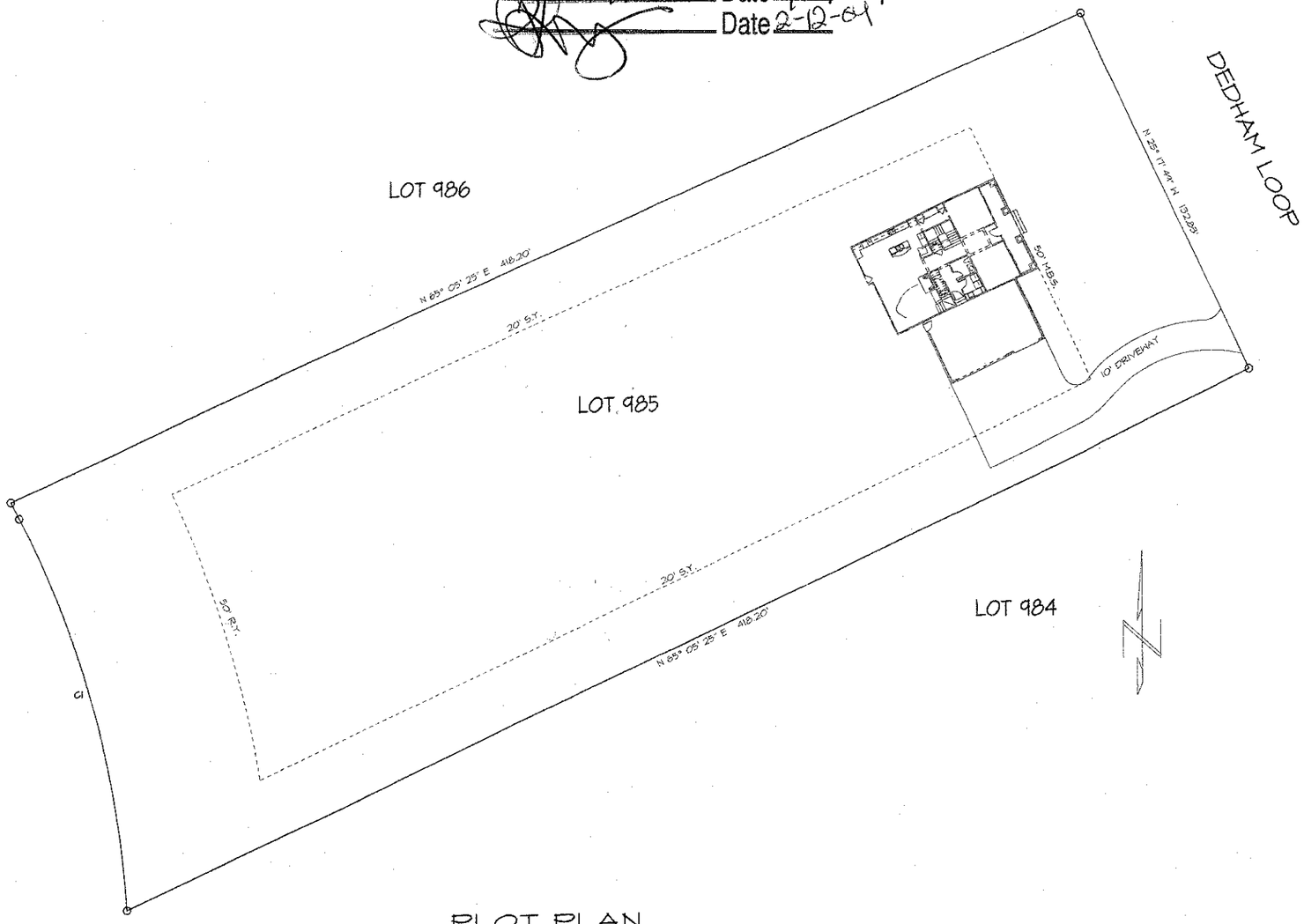
I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

2-12-04 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

Acknowledgement Of
Plans Submittal ONLY!

Date 2/12/04

Date 2-12-04



PLOT PLAN

SCALE: 1" = 20'-0"

LOCATION OF HOUSE AND IMPROVEMENTS ON LOT MAY BE ALTERED DUE TO TOPOGRAPHICAL, ENVIRONMENTAL AND OTHER CONSIDERATIONS.

CURVE TABLE					
CURVE	RADIUS	LENGTH	BEARING	CHORD	DELTA
C1	325.00'	136.12'	N 15° 28' 37" W	135.13'	23° 59' 52"

985

LEGEND

R/W = RIGHT-OF-WAY
SSRW = SEWER R/W
MBS = MINIMUM BUILDING SETBACK
S.Y. = SIDE YARD
R.Y. = REAR YARD
PSE = PUBLIC DRAINAGE EASEMENT
FPE = FLOOD PROTECTION ELEVATION
PSDE = PERMANENT STORM DRAINAGE EASEMENT

LOT 985 THE POINT

THE EDGEWATER

ELEVATION - A

SIMONINI BUILDERS
817 E. MOREHEAD ST., SUITE 100
CHARLOTTE, NORTH CAROLINA 28202-2705
OFFICE (704) 358-1940 FAX (704) 358-9718
www.simoninibuilders.com

REVISIONS

JOB NO. SIMONINI
DATE 12/03
DRAWN BY DG
CHK'D BY CAD
SHEET NO. SP-1 OF 1

I:\JOBS\2003\The Point\Elevations\Edgewater\Working\Edgewater-A-Working.dwg Plot: 1:20 Thursday, December 11, 2003 3:57:31 pm