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 __X__ 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	Work Phone
Ted Thompson	9606 Caldwell Commons Ct Cornelius NC 28031		892-8426
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
Direct Custom Homes	"		"

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
106 Greyfriars Rd., Mooresville NC	Point	

Driving Directions: Brawley School Rd (into Point), left on Greyfriars Rd., Lot 1743

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

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms 4½

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business N/A
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

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6. **Proposed Water Supply:**

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

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

( ) Alternative ( ) Conventional (X) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

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

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

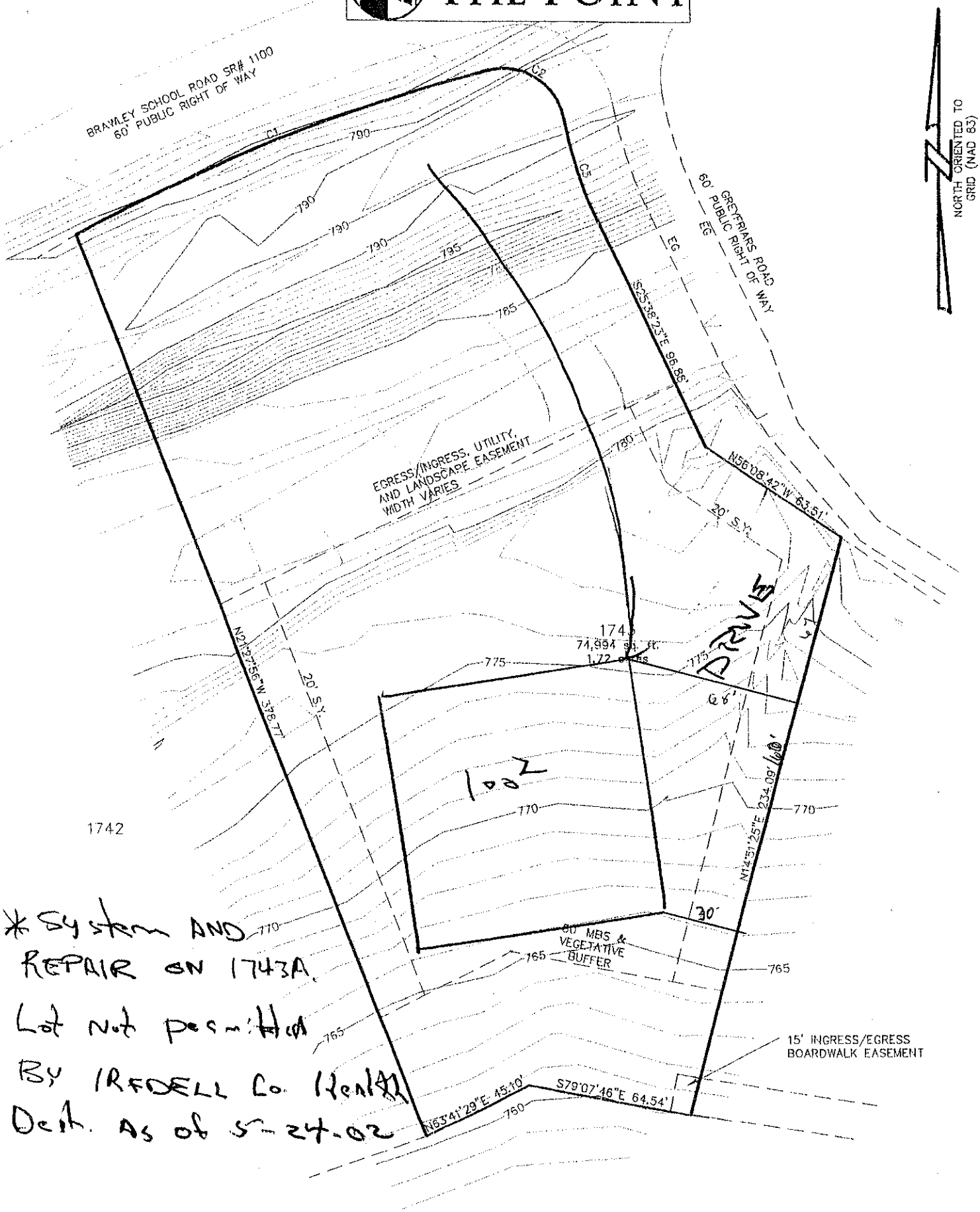
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I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable 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:** _____ 6/24/05
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

THE POINT

RECORDATION, SALES OR CONVEYANCES



* System AND REPAIR ON 1743A. Lot Not permitted By IREDELL Co. Health Dept. As of 5-24-02

CURVE TABLE					
CURVE	RADIUS	LENGTH	BEARING	CHORD	DELTA
C1	695.00'	176.04'	S67°48'14"W	175.56'	14°30'44"
C2	25.00'	40.88'	N58°05'59"W	36.47'	93°40'50"
C3	180.00'	45.18'	S18°26'58"E	45.06'	14°22'49"

LEGEND
R/W=RIGHT-OF-WAY

THIS PROPERTY SUBJECT TO A 10' FLOOD EASEMENT TO ELEVATION 770' PER DUKE POWER.

STREET TREES TO BE PLANTED OUTSIDE OF R/W

"Prior to constructing any pier, structure or other improvement within any pier zone shown on this plat, a permit must be obtained by the applicable lot owner from Duke Energy Corporation in accordance with the terms of the applicable Lot Purchase and Sale agreement and the Declaration of