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:

Young Builders | 704-947-7630 | 15669 Birkdale Comm. Pkwy | Huntersville | 28078
Applicant | Phone # | Mailing Address | City | State | Zip Code

Todd + Lisa Nichols | 15669 Birkdale Comm. Pkwy | Huntersville | NC | 28078
Current Property Owner | Mailing Address | City | State | Zip Code

PROPERTY INFORMATION:

POINT | 1145
(Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | State Road #

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

Specific Directions to Property Brawley thru traffic Circle to torrence Chapel (left) Melbourne place (left) Cape Cod Way (left) lot is on the Corner of Cape Cod Way + Quincy Court - lot 1145 Address is 21d Cape Cod Way

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

House √ Mobile Home ____ Commercial ____ No. Bedrooms 4 No. Baths 4.5

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

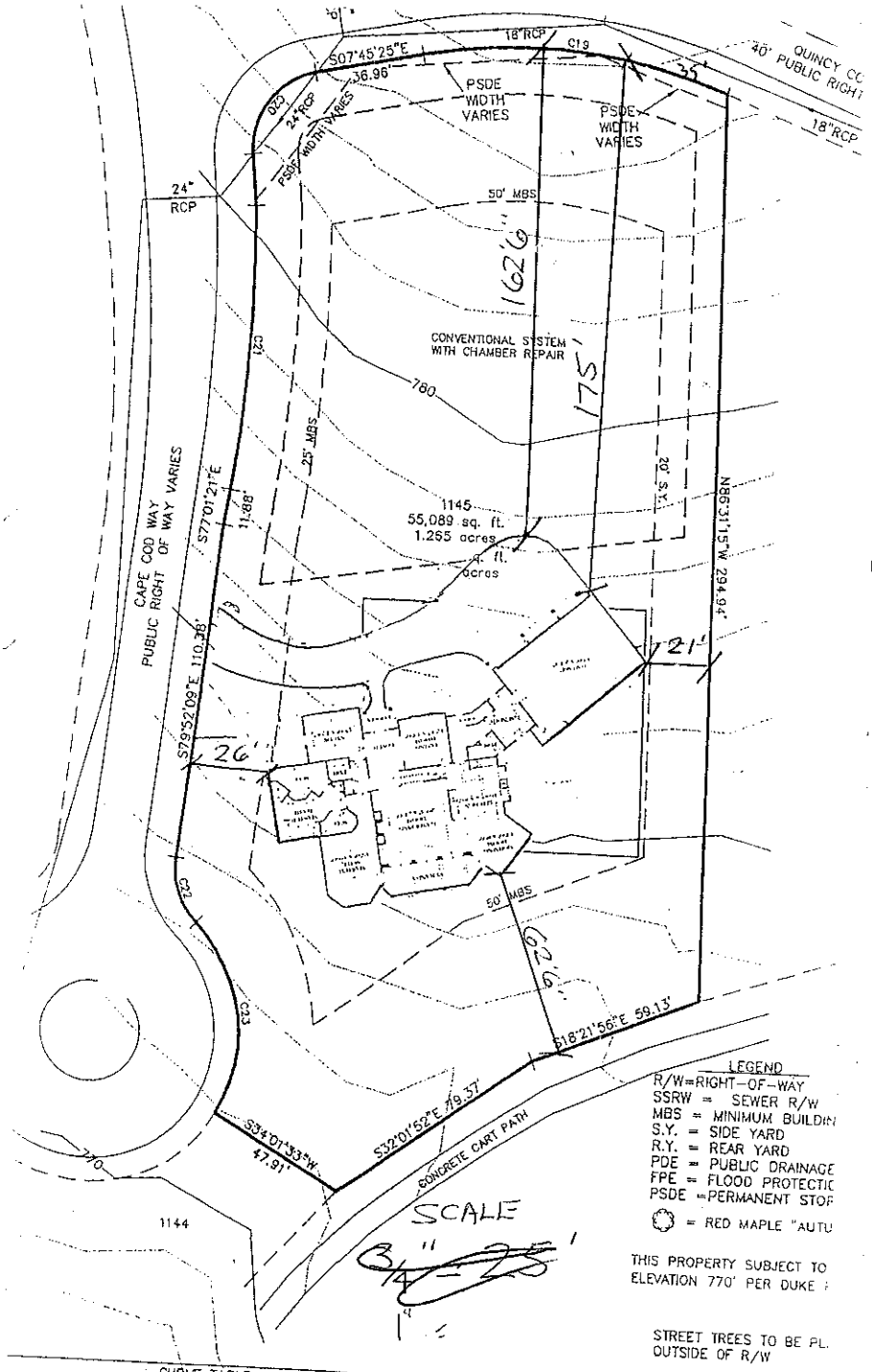
Crawl Space √ Concrete Slab ____ Garbage Disposal ____ Jaccuzi or spa √

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.

6-25-04 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT


S07°45'25"E
36.96'
18"RCP
C19
40' PUBLIC RIGHT
PSDE WIDTH VARIES
PSDE WIDTH VARIES
18"RCP
24" RCP
24"RCP
PSDE WIDTH VARIES
50' MBS
1626
CONVENTIONAL SYSTEM WITH CHAMBER REPAIR
780
175'
25' MBS
20' S.Y.
1145
55,089 sq. ft.
1.265 acres
N86°31'15"W 294.94'
CAPE COD WAY PUBLIC RIGHT OF WAY VARIES
S77°01'21"E
11.88'
S79°52'09"E 110.38'
26'
21'
50' MBS
623'
S18°21'56"E 59.13'
S32°01'52"E 79.37'
S34°01'33"W
47.91'
CONCRETE CART PATH
770
1144
SCALE
3/4" = 25'
1" =
LEGEND
R/W=RIGHT-OF-WAY
SSRW = SEWER R/W
MBS = MINIMUM BUILDIN
S.Y. = SIDE YARD
R.Y. = REAR YARD
PDE = PUBLIC DRAINAGE
FPE = FLOOD PROTECTIO
PSDE =PERMANENT STOR
= RED MAPLE "AUTU
THIS PROPERTY SUBJECT TO
ELEVATION 770' PER DUKE
STREET TREES TO BE PL.
OUTSIDE OF R/W
CURVE TABLE

1" = 60'