24381

PROPERTY DESCRIPTION

Call Sanitarian Between 8 a.m. and 9 a.m. 664-5281 / 878-5305

APPLICATION FOR- (Not a Permit) (✓) Improvements Permit (✓) Zoning Permit ( ) Special Use ( ) Subdivision Approval ( ) Other

Proposed Use: S.F. House

Location: SR 1100, Jr Ray Harbour, Jr Harris - Power, Jr Power Harbour

TAX MAP NO. N. Cor of Cal-Lk-Sub

Tax Map No.	Township	Jurisdiction	Zoning
2C-A-3 Pt of	Lawsonn	Troutdell	R-20 CUD

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
The Harbour Pt 5	38	37,902	( ) yes (✓) no

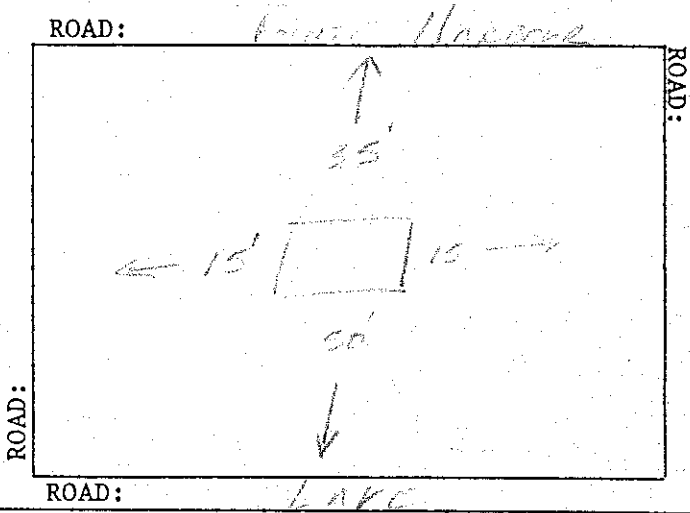
Approx. Area to be disturbed	Street Address	Phone	Watershed
			NSW. CA

REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

SKETCH MAP

On the lot to be built on or to be used, show the property lines and the actual dimensions of the lot, the size and shape of any and all buildings located or to be located on the lot showing the distances from lot lines. Show setback of main building on adjacent lot and their use.

15.00
50.00
65.00



OWNER	ADDRESS	PHONE NO.
Crescent Res. Inc.	PO Box 1003, Cornelius NC 28201	525-6024

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Terry C. Jacobs CPSS/B — 7-11-96

Signature of Owner or Authorized Agent — Application Date

If permitted, the following minimum zoning requirements must be met, unless the Health Department requires more land area or other qualifications are indicated in the remarks.

Lot area ~~21,780~~ 25,000 sq. ft. Front yard depth 35 ft. Corner yard depth — ft.

Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 50 ft.

LAND USE INDICATED (is) (is not) PERMITTED IN THE ZONING DISTRICT.

REMARKS: Do Not Issue Improvements until Road is Recorded

ZONING ADMINISTRATION DIVISION

Approved by — Date 7-12-96

WHITE: Original CANARY: Inspection Copy PINK: Health Dept. GOLD: Owner

pd 24381

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
Crescent Resources Inc.	663-6905	PO Box 1003	Charlotte	NC	28201-1003
Current Property Owner		As Above			

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
The Harbour	38	phase II	Off Bay Harbour

(Proposed) Water Supply: (Public), Private Well

Preliminary Plat Approval Date (DEVELOPERS ONLY): Spring '96

Tax Map #: Part of 2C-A-3

Specific Directions to Property: South Brawley School
right Bay Harbour
1st. Hunter Rd.
1st. Rt. Harbour
cul-de-sac

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

House ✓ Mobile Home ____ Commercial ____ No. Bedrooms 4 No. Baths 4

No. Persons or Employees (commercial only) 8 Basement Partial Basement with Plumbing ✓

Crawl Space ____ Concrete Slab ____ Garbage Disposal ✓ Jacuzzi or spa ✓

residential / lot

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.

7/12/96 DATE Tommy Upchurch, CPSS SIGNATURE OF OWNER/AUTHORIZED AGENT

Harbour V
Lot 38

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.

See Attachment - 1"=50' lot w/topo (USGS)

I hereby convenant that the above representation is correct to the best of my knowledge and ability.

7/12/96 Date [signature] SIGNATURE OF OWNER/AUTHORIZED AGENT