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

24390

PROPERTY DESCRIPTION

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

Proposed Use: SF Home

Location: SR 1102, Tk Rd Harmony, TR Hwy 21 Run, 47 Left

Tax Map No.	Township	Jurisdiction	Zoning
2C-A-3 Part of	Davidson	Troutman	R-20 Cnl

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Tall Harbour Ph. 5	55	11,570	( ) yes (✓) no

Approx. Area to be disturbed	Street Address	Phone	Watershed
			MSIV-CA

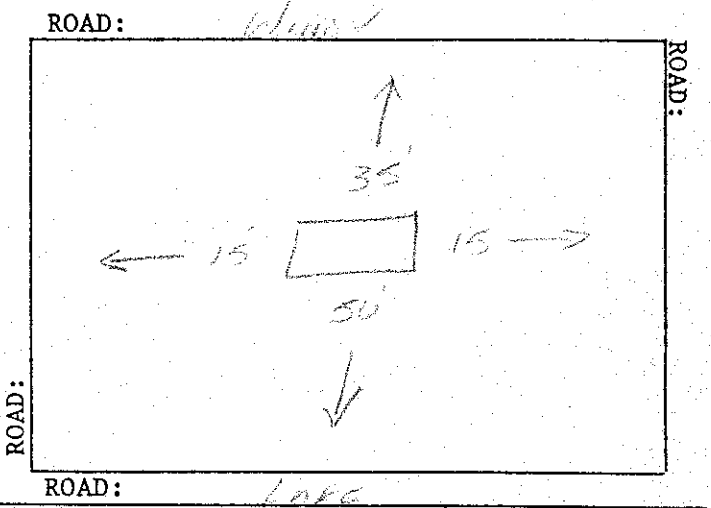
TAX MAP NO. _____

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
F65.00



OWNER	ADDRESS	PHONE NO.
Crescent Res. Inc.	PO Box 1003, Cham 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.

Tom Carroll CRES (AR) — Signature of Owner or Authorized Agent

7-11-96 — 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 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: Lo Not Issue Until Permit with Plat is Recorded

ZONING ADMINISTRATION DIVISION

Approved by — Date 7-11-96

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

pd 24390

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	Mailing Address	City	State	Zip Code
	As above			

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
The Harbour	55	phase II	Off Bay Harbour

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
(Public)	Spring '96	Part of 2C-A-3

Specific Directions to Property South Brawley School
right Bay Harbor
St. Windy Run Cir
at end

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 ✓ Jaccuzi or spa ✓ residential / hot

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 Wheeler, CPSS SIGNATURE OF OWNER/AUTHORIZED AGENT