IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

Called lot

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	663-6905	POBox 1003	Char	NC	28201

Current Property Owner	Mailing Address	City	State	Zip Code
Same				

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Harbour Phase VI	29		

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
		PIN 4625941684

Specific Directions to Property Bay Harbour Rd
Shipyard
1ft Cedar Bluff
1st on rt

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

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

No. Persons or Employees (commercial only) _____ Basement ✓ 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.

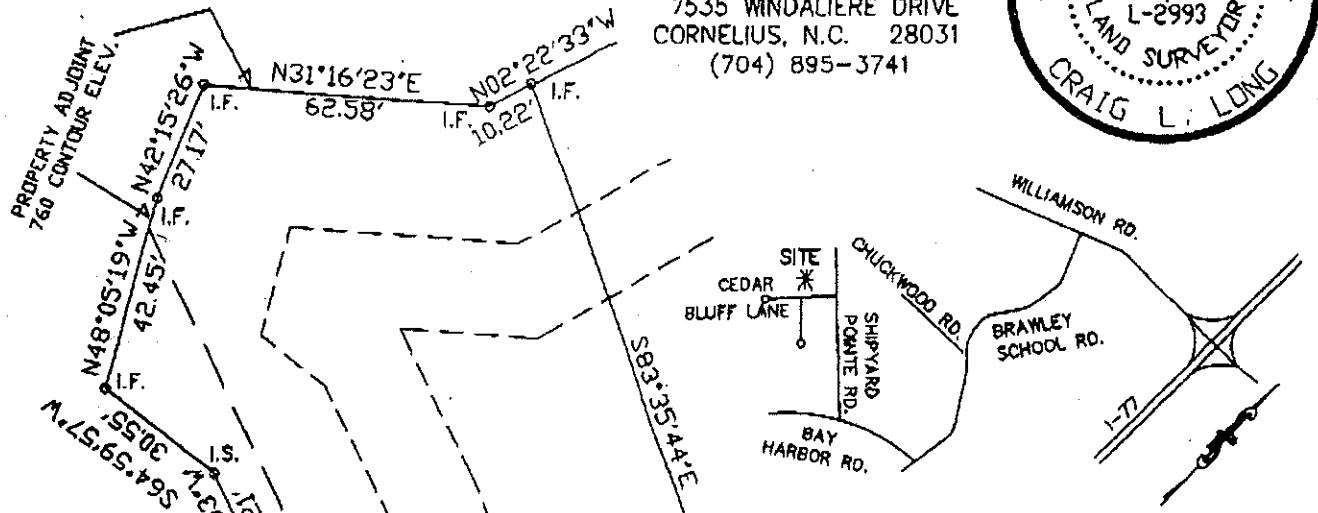
I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

3-31-97 DATE Tonya C Jacobs SIGNATURE OF OWNER/AUTHORIZED AGENT

LAKE NORMAN

CRAIG L. LONG R.L.S.
7535 WINDALIERE DRIVE
CORNELIUS, N.C. 28031
(704) 895-3741

NORTH CAROLINA REGISTERED SEAL L-2993 LAND SURVEYOR CRAIG L. LONG



LOCATION MAP
NO SCALE

PROPERTY ADJOINT 760 CONTOUR ELEV.

N31°16'23"E 62.58'

N02°22'33"W 10.22'

N42°15'26"W 27.17'

N48°05'19"W 42.45'

S64°59'57"W 30.55'

N89°12'53"W 26.21'

S83°35'44"E

30' VEGETATIVE BUFFER

50' LAKE BLDG. LINE

I.F. = IRON FOUND
I.S. = IRON SET

W.H. LAZEAR
1040-1118

PROPOSED STONE & STUCCO RES.

PORCH

BLOCK 6
LOT 29

J.P. DIBBINI
1042-1770

CENTER LINE 20' DRAINAGE ESMT.

N90°18'89"W

S16°51'26"W 35.49'

S61°23'54"E 96.43'

CRESCENT RESOURCES, INC.
994-629

NORTH PER M.B. 29 PAGE 6

35' MIN SETBACK LINE

PROP 12' DRIVEWAY

S28°27'07"W 100.00'

2' VALLEY GUTTER

50' R/W CEDAR BLUFF LANE 24 B.C. / B.C.

PROPOSED SITE PLAN AND BOUNDARY SURVEY OF