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

24391

PROPERTY DESCRIPTION

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

Proposed Use: SF Home

Location: SR 1100, TR Bay Harbour, TR Hunt Rd, 2nd Lot on Rt.

TAX MAP NO. _____

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

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Tall Harbour Ph 2	56	16,000	( ) yes ( ) no

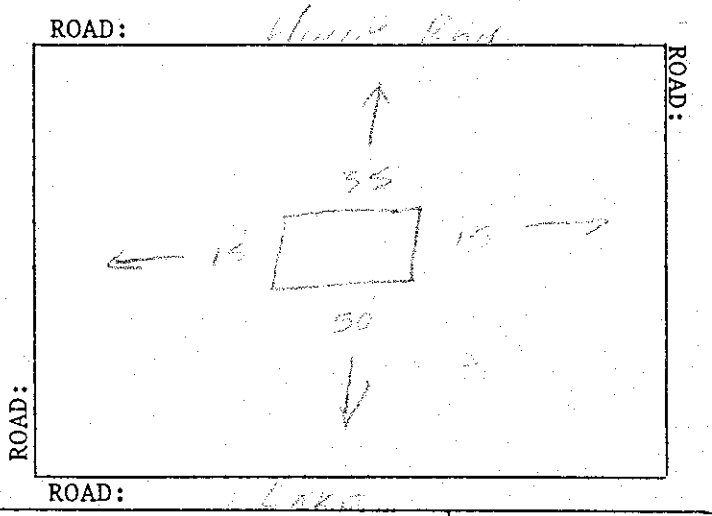
Approx. Area to be disturbed	Street Address	Phone	Watershed
			WSIV-CA

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.
Fleetwood Homes, Inc.	PO Box 1005, Cullman, AL 35201	205-604-7

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 C Yoder CPSS — 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 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 Bldg Permit until Plat is Recorded

ZONING ADMINISTRATION DIVISION

Willie Allen — 7-11-96

Approved by — Date

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

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:

Greg Fisher	704 502 3711	PO Box 3302	Mooresville	NC	28117
Applicant	Phone #	Mailing Address	City	State	Zip Code

DK Industries, Inc	PO Box 3302	Mooresville	NC	28117
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

Harbour	56	Phase 5	
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

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

Specific Directions to Property Brawley School Rd to Bay Harbour Rd, Turn Right, go 1¼ mile, Turn Right on Windy Run Lane. Lot on Right Hand Side

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

House X Mobile Home ____ Commercial ____ No. Bedrooms 4 No. Baths 4½

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

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

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.

5/18/03 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

DAS DON ALLEN & ASSOCIATES, P. A.

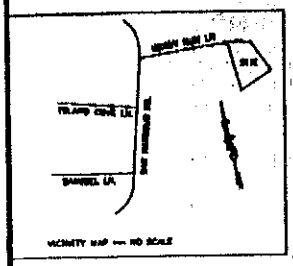
"Since 1971"

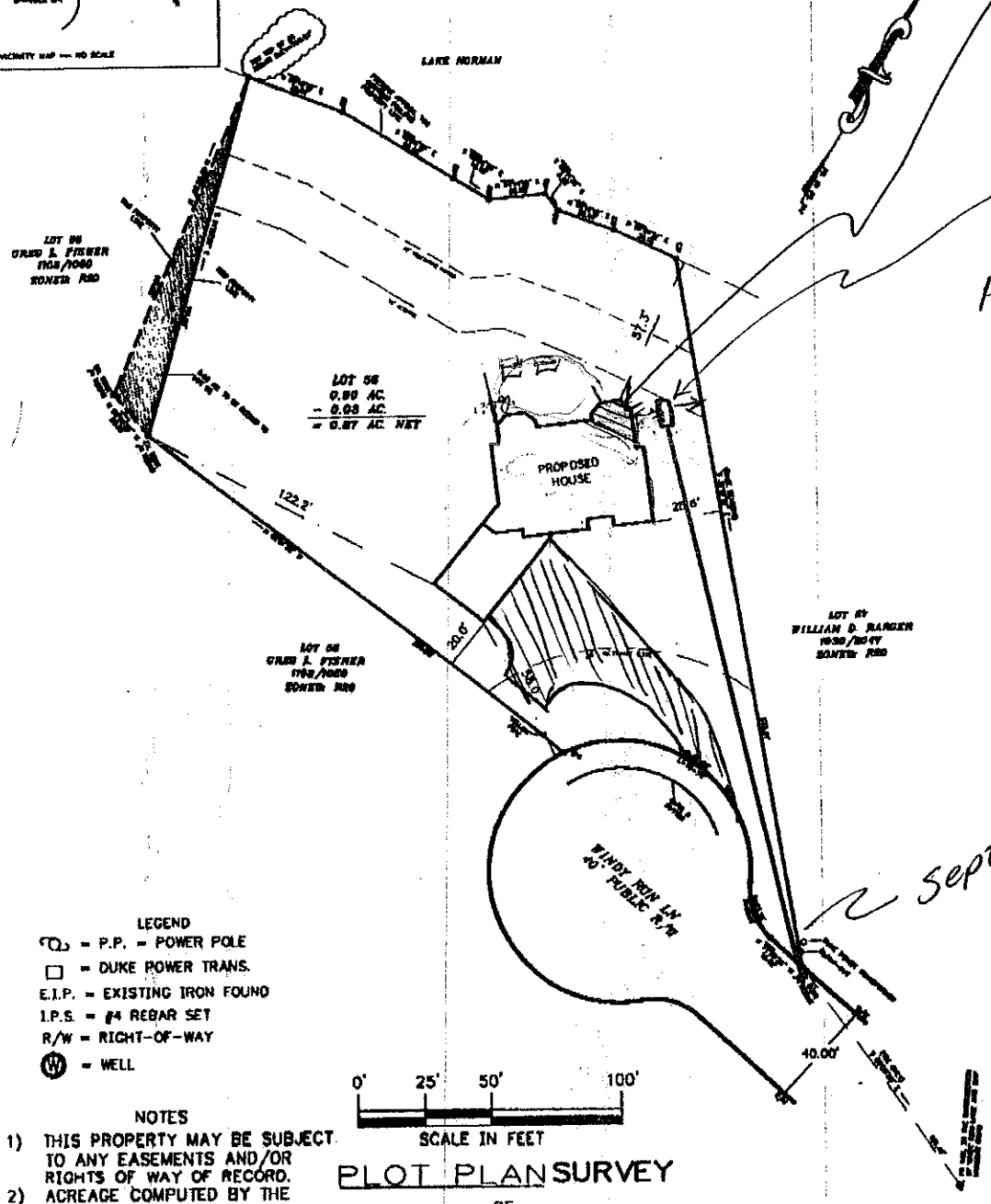
Commercial • Residential • Mortgage Surveys • Multi-Family
Construction Staking • Subdivision Design • Topographical

(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 1377, page 936, and/or plat book 27, page 144, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 31, day of MARCH, A.D. 20 03

WILLIAM M. ALLEN, PLS





BASEMENT FLOOR LEVEL 3' ABOVE GRADE SHADED AREA

TANK AREA 15' 10' HOUSE 13'6"

PROPERTY LINE

Septic line connect

NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER

PLOT PLAN SURVEY

OF

A PORTION OF LOT 56 THE HARBOUR, PH. 5 (SUNSET POINTE)

SCALE 1" = 50' DAVIDSON TWSP., IREDELL CO., N.C.

ACQUIRED BY; D.K. INDUSTRIES OF LAKE NORMAN

FIELD BOOK:
FILE: B668PHY
DC FILE:
TAX MAP NO: 4625298033