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:

Crescent Resources	663-6905	POBox 1003	Char	NC	28201
Applicant	Phone #	Mailing Address	City	State	Zip Code

Same				
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

Harbour Phase VI	48		
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

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

Specific Directions to Property Bay Harbour Rd
Shipyard
Lft Cedar Bluff
Lft Tranquil

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 Partial ✓ Basement with Plumbing _____

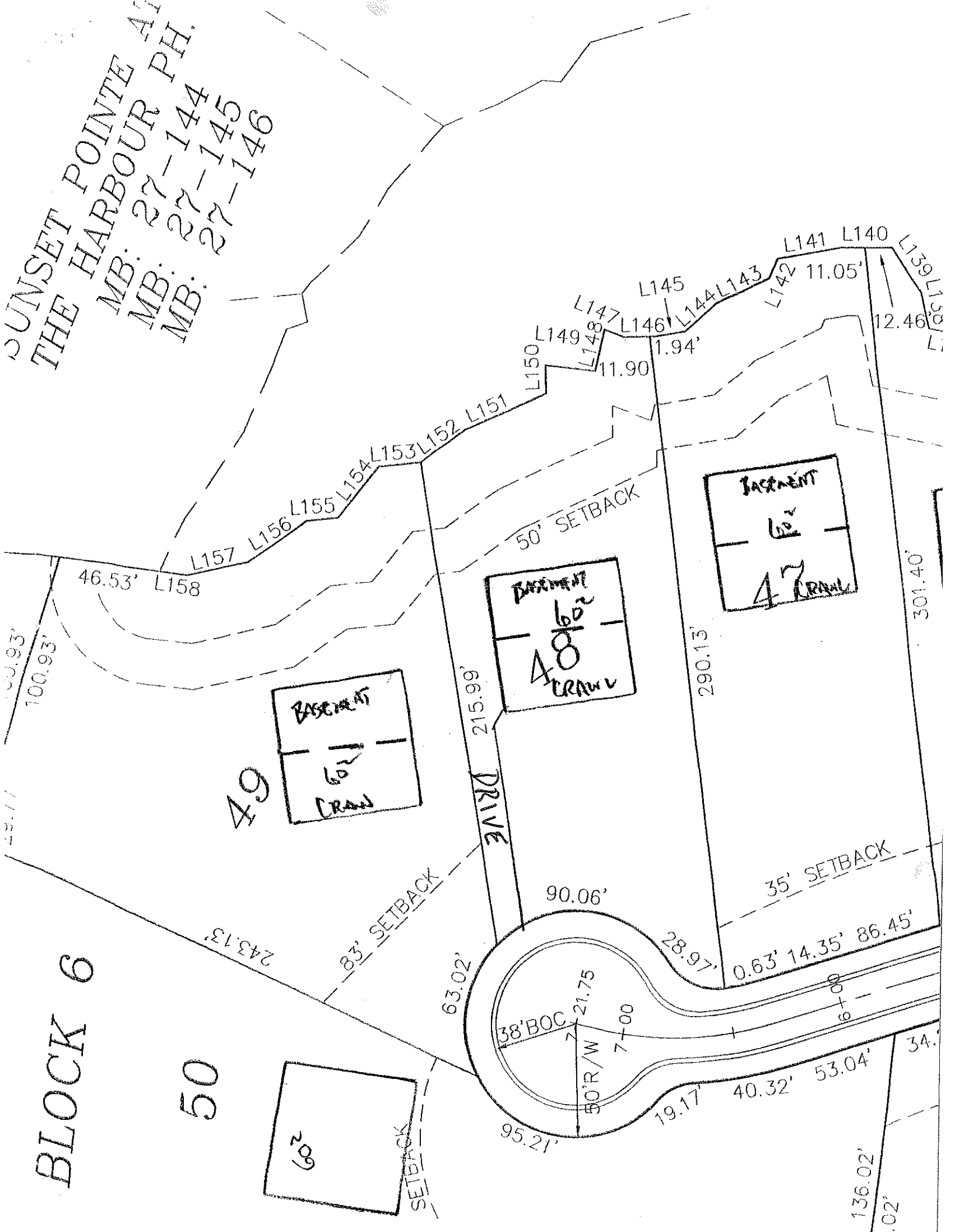
Crawl Space ✓ Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

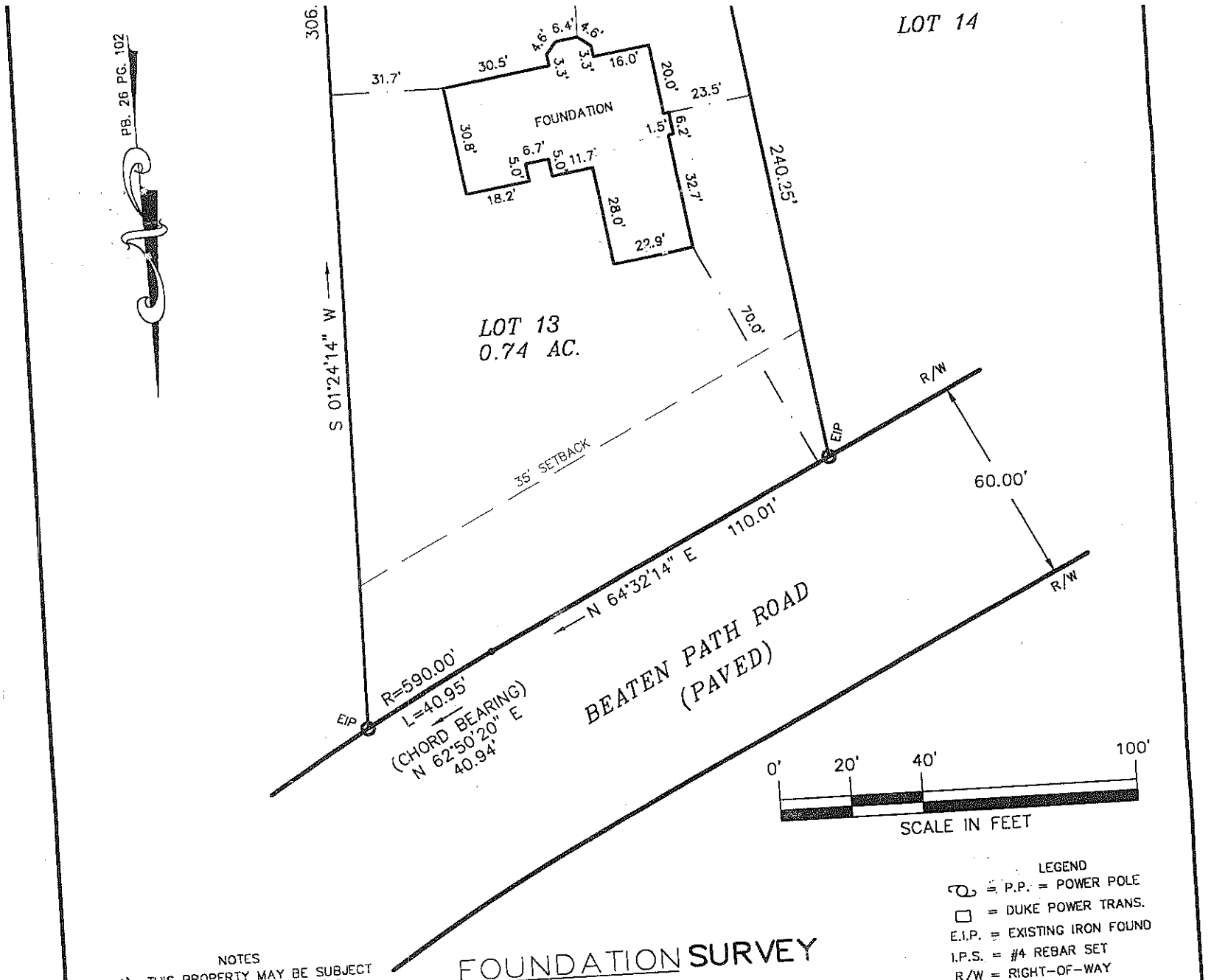
COVENANT AND SIGNATURE:

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


SUNSET POINTE AT THE HARBOUR PH. 1
MB: 27-144
MB: 27-145
MB: 27-146
L141 L140 L139
L145
L144 L143 L142
11.05'
12.46'
L147 L146
L149 L148
1.94'
11.90
L150
L157 L156 L155 L154 L153 L152 L151
50' SETBACK
46.53' L158
100.93'
BASEMENT
60'
47
CRAWL
BASEMENT
60'
48
CRAWL
BASEMENT
60'
49
CRAWL
215.99'
290.13'
301.40'
DRIVE
35' SETBACK
83' SETBACK
243.13'
90.06'
63.02'
28.97'
0.63' 14.35' 86.45'
38'BOC
21.75
70.00
60'R/W
19.17'
40.32'
53.04'
95.21'
BLOCK 6
50
SETBACK
136.02'



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

SCALE 1" = 40'

ACQUIRED BY:

FOUNDATION SURVEY

OF

LOT 13 SHAVENDERS BLUFF

DAVISON TWSP., IREDELL CO., N.C.

BONN-A CUSTOM HOMES

LEGEND

P.P. = POWER POLE
= DUKE POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
(W) = WELL

FIELD BOOK:

FILE: 5763904

TAX MAP NO: