pd 21356

off site

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	POBox 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	4	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
left Island Cove
on left

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 / lot

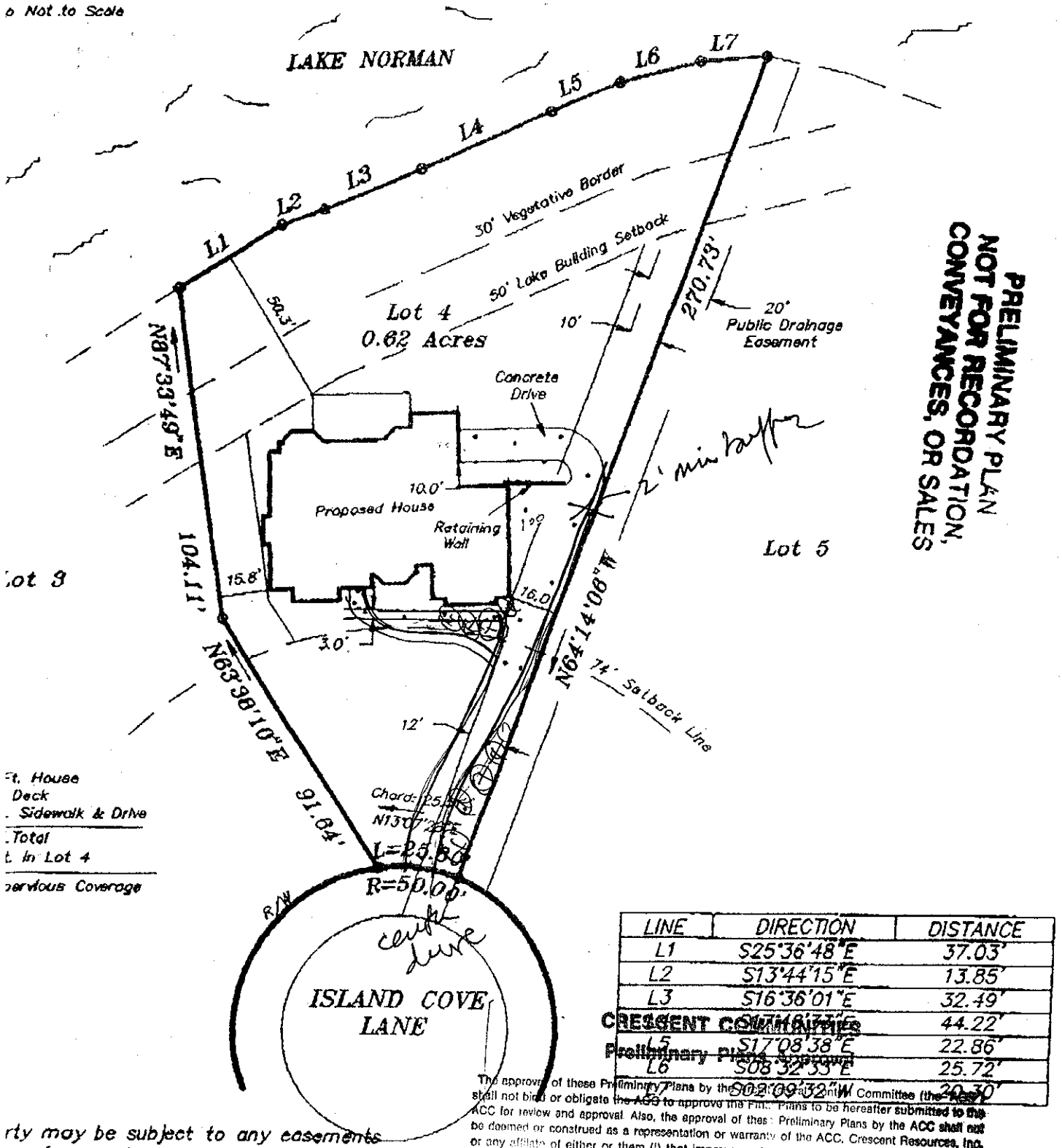
COVENANT AND SIGNATURE:

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 Thurston, CPSS SIGNATURE OF OWNER/AUTHORIZED AGENT

o Not to Scale



Ft. House
Deck
. Sidewalk & Drive
. Total
t. In Lot 4
ervious Coverage

LINE	DIRECTION	DISTANCE
L1	S25°36'48"E	37.03'
L2	S13°44'15"E	13.85'
L3	S16°36'01"E	32.49'
L4	S17°18'33"E	44.22'
L5	S17°08'38"E	22.86'
L6	S08°32'39"E	25.72'
L7	S02°09'32"W	20.30'

CRESCENT COMMUNITIES
Preliminary Plans Approval

The approval of these Preliminary Plans by the Architectural Control Committee (the "ACC") shall not bind or obligate the ACC to approve the Final Plans to be hereafter submitted to the ACC for review and approval. Also, the approval of these Preliminary Plans by the ACC shall not be deemed or construed as a representation or warranty of the ACC, Crescent Resources, Inc. or any affiliate of either or them (i) that improvements constructed in accordance with these Preliminary Plans will comply with applicable zoning ordinances, building codes or other governmental or quasi-governmental laws, ordinances, rules and regulations or (ii) as to the structural soundness, quality, durability, suitability, fitness or proper functioning of any such improvements, and any responsibility of liability therefor is hereby disclaimed.

PRELIMINARY PLANS APPROVAL

Approved as submitted:

Approved as noted:

ARCHITECTURAL CONTROL COMMITTEE

LEGEND

R/W = Right-of-way
P.S. = #4 Rebar Set
= Not to scale
= Telephone Pedestal

rty may be subject to any easements
s-of-way of record.
nformation based on Map Book 27 at
recorded in the Iredell County Register of

is of an existing parcel or parcels of

or U.S.G.S. Monuments
ed within 2000'.

PLOT PLAN SURVEY

OF

LOT 4 "THE HARBOUR PHASE 5 (SUNSET POINTE)

Davidson Township, Iredell Co., NC

1" = 50'

BY: Chuck Hilton

9-30-97

FIELD BOOK:
FILE: 57797
TAX MAP NO: 4625388809