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:

GM Helms Const. (704)8959000 18518 Statesville Rd Cornelius NC 28031
Applicant | Phone # | Mailing Address | City | State | Zip Code

GM Helms Const., Inc 18518 Statesville Rd Cornelius NC 28031
Current Property Owner | Mailing Address | City | State | Zip Code

PROPERTY INFORMATION:

The Point 829 111 Thurstons Way
(Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | State Road #

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

Specific Directions to Property Brawley School Road (R) on Lightship Dr. (L) on Swayne St. (R) on Thurstons Way

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

House ✓ Mobile Home ____ Commercial ____ No. Bedrooms 4 No. Baths 4 1/2

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

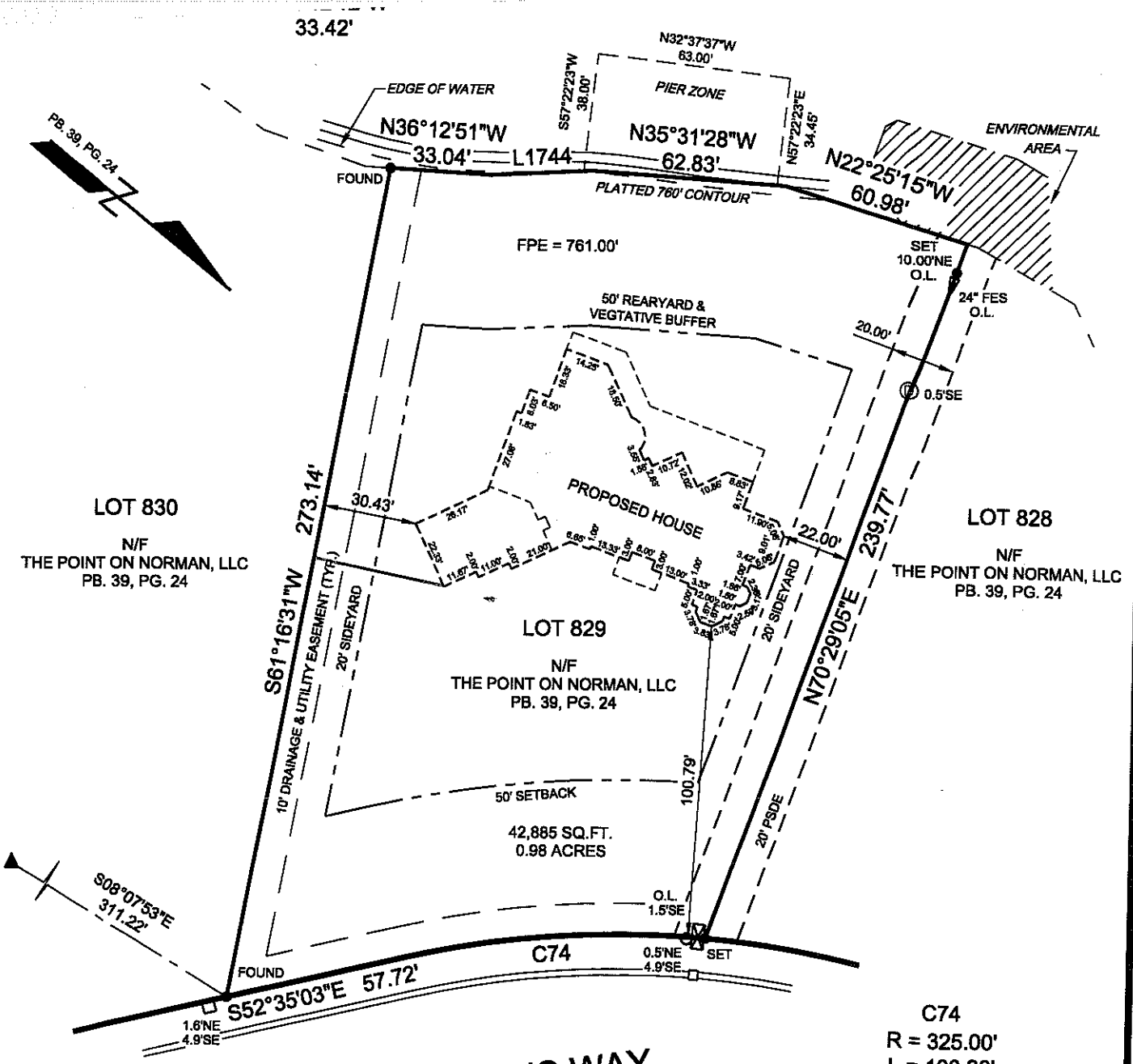
Crawl Space ____ Concrete Slab ____ Garbage Disposal ____ Jaccuzi or spa ____

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.

_____ DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT



THURSTONS WAY
50' PUBLIC R/W

C74
R = 325.00'
L = 100.90'
CH BRG = S43°41'24"E
CH = 100.50'

GENERAL NOTES:

1. APPARENT SOURCE OF TITLE: PLAT BOOK 39, PAGE 24.
2. PROPERTY SHOWN IS AN EXISTING PARCEL OF LAND.
3. LINEAR ERROR OF CLOSURE EXCEEDS 1:20,000.
4. AREA CALCULATED BY COORDINATE GEOMETRY METHOD.
5. N.C.G.S. MONUMENT NOT LOCATED WITHIN 2000 FEET OF THIS SITE.
6. THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT AND IS SUBJECT TO FACTS THAT SUCH MAY REVEAL.
7. UNLESS SIGNED AND SEALED THIS MAP IS PRELIMINARY.

NORTH CAROLINA PROFESSIONAL SEAL L-3888 LAND SURVEYOR JOHN W. BALZER

I, JOHN W. BALZER, CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL FIELD SURVEY PERFORMED UNDER MY DIRECT SUPERVISION, IS CORRECT TO THE BEST OF MY KNOWLEDGE.

JOHN W. BALZER
NCPLS L-3888

SUMMIT
LAND SURVEYING COMPANY
18716 W. CATAWBA AVENUE
CORNELIUS, NC 28031
(704) 895-0955

PREPARED FOR

BROOKSHIRE CONSTRUCTION CO.

LOT 829 THURSTONS WAY
DAVIDSON TOWNSHIP IREDELL COUNTY
NORTH CAROLINA
MAY 12, 2003

GRAPHIC SCALE
0' 25' 50'
1" = 50'

JOB NO. 03-0500
DWG NO. 39-24-829