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: 663-6905

Applicant	Phone #	Mailing Address	City	State	Zip Code
CRESCENT RESC. INC.		P.O. Box 1003	CHARLOTTE	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 PH. 4	28		

(Proposed) Water Supply: (Public) Private Well

Preliminary Plat Approval Date
(DEVELOPERS ONLY)

Tax Map # Pt. of ZC-A-3

Specific Directions to Property
BRAWLEY School Rd
TR BAY HARBOUR
TL LAKE MIST. Dr; TR Silver EAGLE
Lot at end of cul-de-sac to left

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

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

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

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.

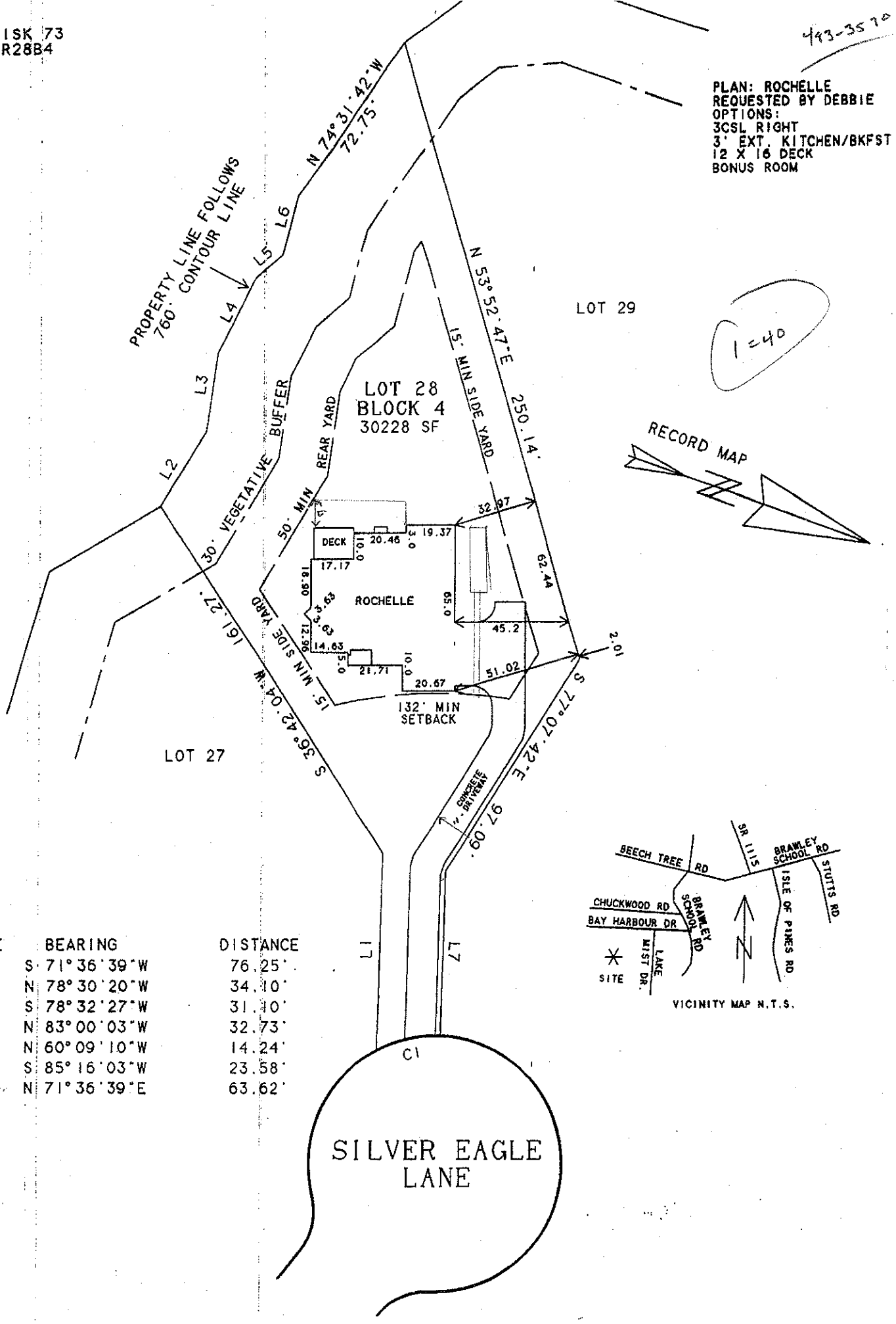
I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

1-10-97 DATE Paul G. Pennington SIGNATURE OF OWNER/AUTHORIZED AGENT

DISK 73
HR2884

493-3570

PLAN: ROCHELLE
REQUESTED BY DEBBIE
OPTIONS:
3CSL RIGHT
3' EXT. KITCHEN/BKFST
12 X 16 DECK
BONUS ROOM



VICINITY MAP N.T.S.

LINE	BEARING	DISTANCE
L 1	S 71°36'39"W	76.25'
L 2	N 78°30'20"W	34.10'
L 3	S 78°32'27"W	31.10'
L 4	N 83°00'03"W	32.73'
L 5	N 60°09'10"W	14.24'
L 6	S 85°16'03"W	23.58'
L 7	N 71°36'39"E	63.62'

CURVE	DELTA ANGLE	RADIUS	ARC	TANGENT	CHORD	CHORD BEARING
C 1	29°55'40"	50.00'	26.12'	13.36'	25.82'	S 32°50'43"E