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
M I Homes	663-6705	1043 E. Morehead St. Ste 105	Charlotte	NC	28204
Sam					
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Harbour 4	23	Sect. 17	4625578.66

(Proposed) Water Supply: (Public.) Private Well

Preliminary Plat Approval Date
(DEVELOPERS ONLY)

Tax Map #

Specific Directions to Property 1100 TR Bay Harbour TL Lake Mist

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

House X Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 3

No. Persons or Employees (commercial only) _____ Basement 1/2 Basement with Plumbing X

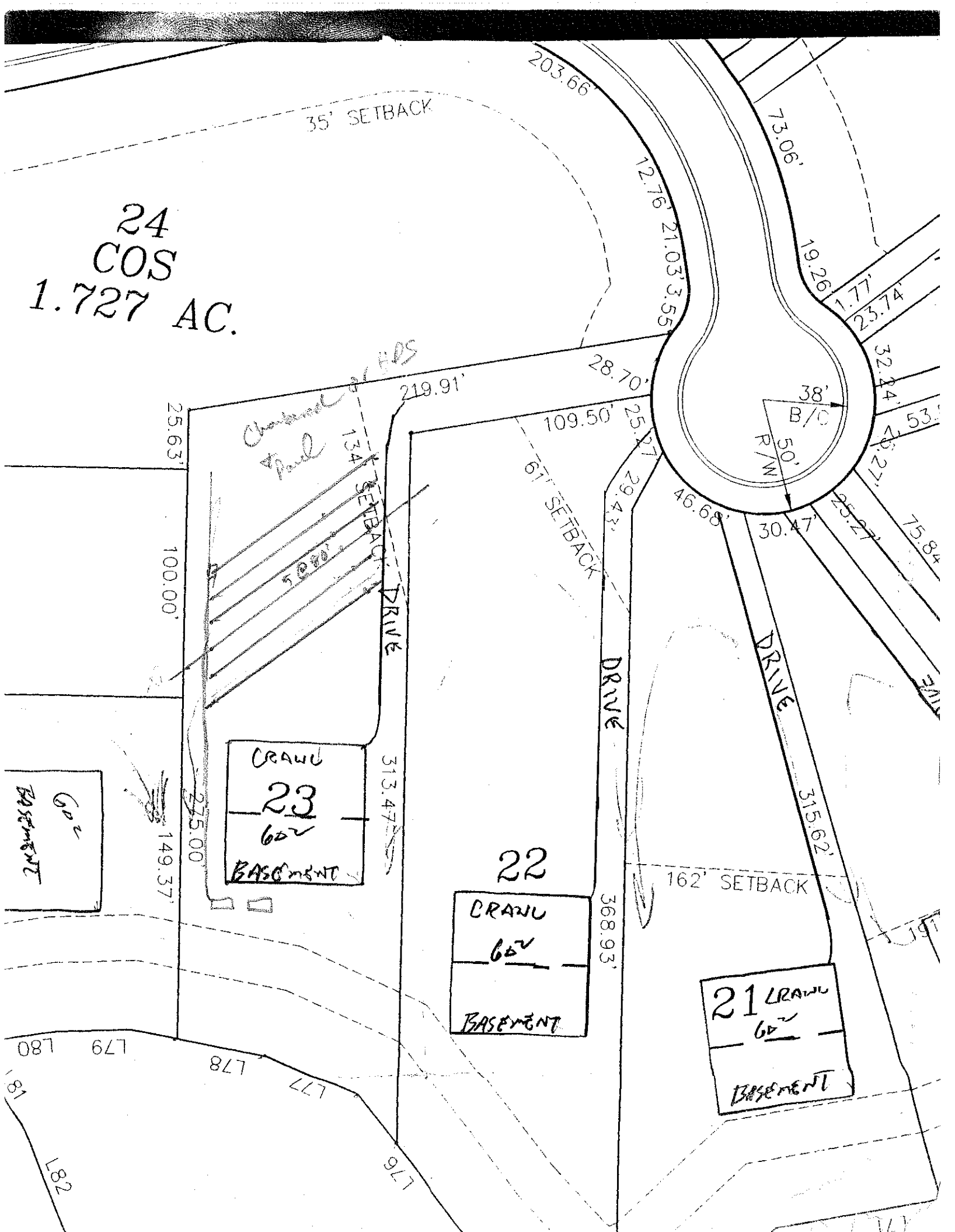
Crawl Space _____ Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

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.

Oct 2, 1997 DATE Pete Pruzi SIGNATURE OF OWNER/AUTHORIZED AGENT


24
COS
1.727 AC.
35' SETBACK
203.66'
12.76'
21.03'
3.55'
73.06'
19.26'
1.77'
23.74'
32.44'
38'
B/C
50'
R/W
28.70'
219.91'
109.50'
25.27'
29.43'
61' SETBACK
46.68'
30.47'
25.27'
75.84'
25.63'
100.00'
134' SETBACK
DRIVE
CRAWL
23
60'
BASEMENT
313.47'
275.00'
149.37'
22
CRAWL
60'
BASEMENT
368.93'
DRIVE
315.62'
162' SETBACK
21
CRAWL
60'
BASEMENT
L80
L79
L78
L77
L76
L82