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:

JAN - 704-369-4575

Applicant	Phone #	Mailing Address	City	State	Zip Code
KINGSWOOD CUSTOM HOMES	7145063456	8033 CORP. DR SUITE 400	CHARLOTTE	NC	28226

Current Property Owner	Mailing Address	City	State	Zip Code
KINGSWOOD CUSTOM HOMES	AS ABOVE.			

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
THE POINT	858	8	THURSTON CT.

(Proposed) Water Supply: Public / Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
PUBLIC.		

Specific Directions to Property BRAWLEY SCHOOL ROAD (R) ON LIGHTSHIP WAY (L) ON SWAYNE DR. (R) ON THURSTON CT. 1ST HOME ON (R).

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

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 3½

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

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

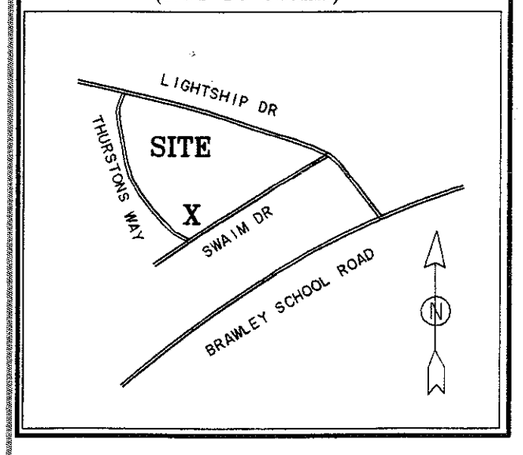
COVENANT AND SIGNATURE:

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.

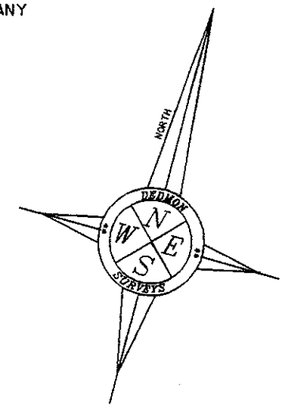
9/22/04 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

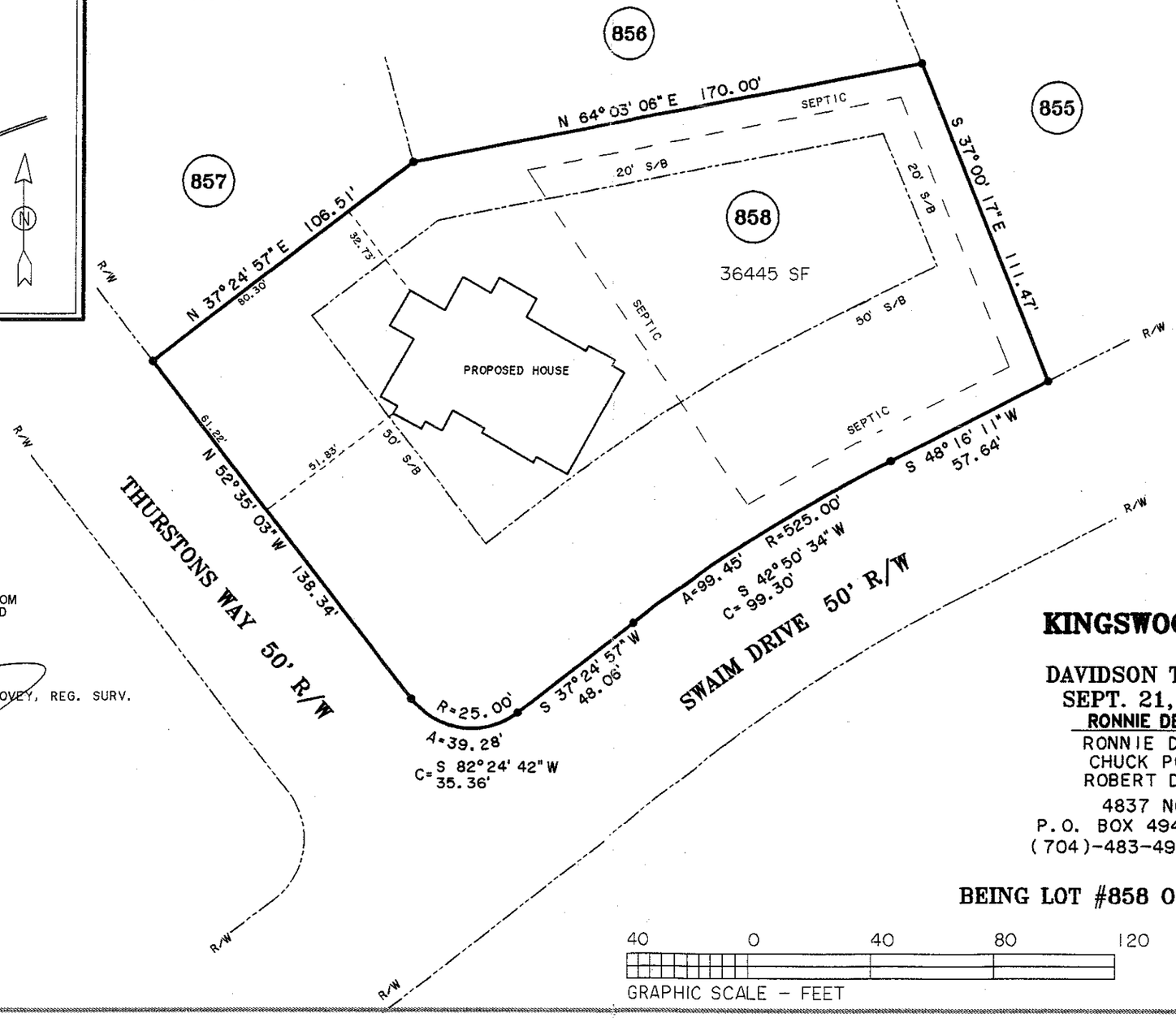
VICINITY MAP
(NOT TO SCALE)



PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS OR EASEMENTS NOT OBSERVED

NOTE: OWNER TO VERIFY ALL SETBACKS & ZONING REGULATIONS PRIOR TO ANY PLANNING OR CONSTRUCTION.





" I CERTIFY THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY AND IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE."

DAVID CHARLES POOVEY, REG. SURV.
L-3762

NORTH CAROLINA PROFESSIONAL SEAL L-3762 LAND SURVEYOR DAVID CHARLES POOVEY

DEDMON SURVEYS

SITE PLAN
FOR
KINGSWOOD CUSTOM HOMES

DAVIDSON TWSP IREDELL COUNTY
SEPT. 21, 2004 SCALE:1"= 40'

RONNIE DEDMON SURVEYORS, P.A.
RONNIE DEDMON, PLS #1222
CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899
4837 NORTH HIGHWAY #16
P.O. BOX 494 DENVER, N.C. 28037
(704)-483-4908 (704)-483-2170 FAX

BEING LOT #858 OF THE POINT PB 39-24

40 0 40 80 120
GRAPHIC SCALE – FEET

CP8P856/CP