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
David Custer Hines	892-8426	19315 W. Catawba Ave	Cornelius	N.C.	28031
Current Property Owner	**Mailing Address**	**City**	**State**	**Zip Code**
David Custer Hines		Cornelius	N.C.	28031

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
The Point	725		

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

Specific Directions to Property _____

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) X Basement X Basement with Plumbing _____

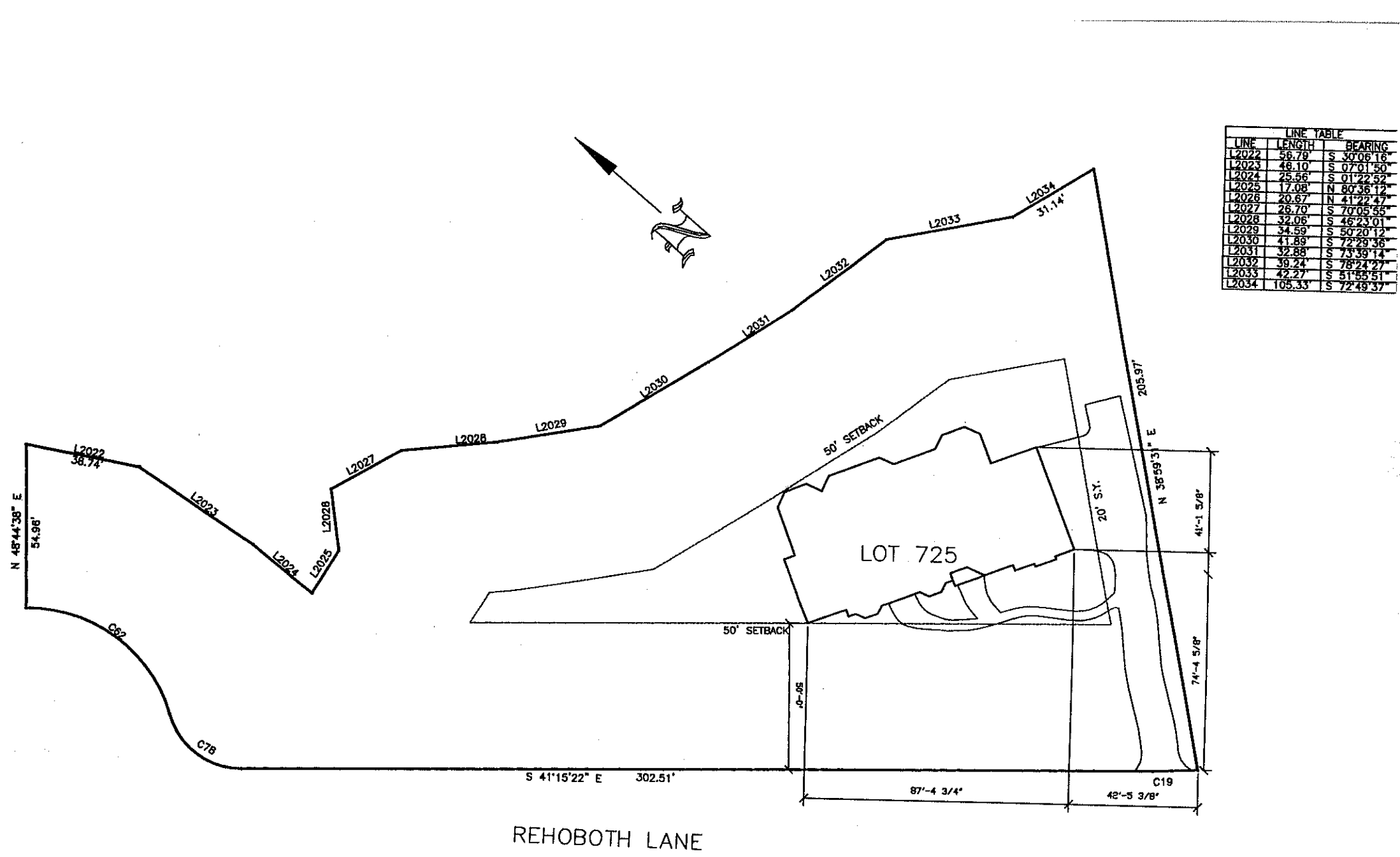
Crawl Space _____ Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

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.

11/1/01 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT



LINE TABLE		
LINE	LENGTH	BEARING
L2022	56.79'	S 30°06'16"
L2023	48.10'	S 07°01'50"
L2024	25.56'	S 01°22'52"
L2025	17.08'	N 80°36'12"
L2026	20.67'	N 41°22'47"
L2027	26.70'	S 70°05'55"
L2028	32.06'	S 46°23'01"
L2029	34.59'	S 50°20'12"
L2030	41.89'	S 72°29'36"
L2031	32.88'	S 73°39'14"
L2032	39.24'	S 78°24'27"
L2033	42.27'	S 51°55'51"
L2034	105.33'	S 72°49'37"

CURVE TABLE					
CURVE	RADIUS	LENGTH	BEARING	CHORD	DELTA
C19	227.50'	14.63'	S4°05'54"E	14.63'	3°41'02"