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: 663-6705 8325-D CHARLOTTE

John Wieland Homes		ARROWRIDGE BLVD		NC	28273
Applicant	Phone #	Mailing Address	City	State	Zip Code
SAME					
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

HARBOUR 4	1	SECTION 17	
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

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

Preliminary Plat Approval Date
(DEVELOPERS ONLY)

4625572463
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 _____ Basement with Plumbing _____

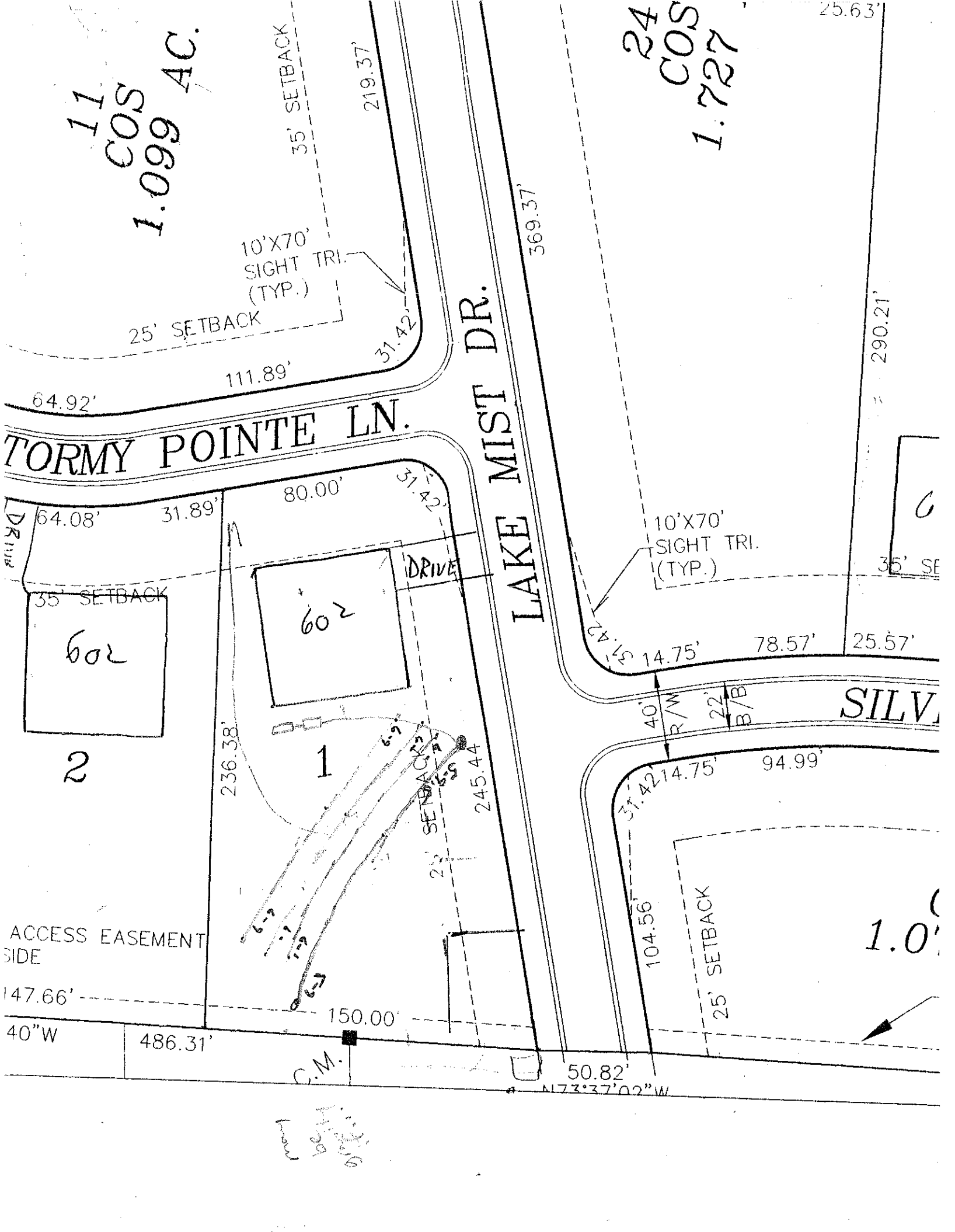
Crawl Space X Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

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 _____ SIGNATURE OF OWNER/AUTHORIZED AGENT


11
COS
1.099 AC.
35' SETBACK
219.37'
10'X70'
SIGHT TRI.
(TYP.)
25' SETBACK
31.42'
111.89'
64.92'
TORMY POINTE LN.
24
COS
1.727
25.63'
369.37'
LAKE MIST DR.
290.21'
10'X70'
SIGHT TRI.
(TYP.)
35' SE
37.42'
14.75'
78.57'
25.57'
40'
R/W
22'
B/B
SILV
64.08'
31.89'
80.00'
31.42'
DRIVE
35' SETBACK
602
602
2
1
236.38'
245.44'
SETBACK
25'
94.99'
14.75'
37.42'
104.56'
25' SETBACK
1.0
ACCESS EASEMENT
SIDE
147.66'
150.00'
40"W
486.31'
C.M.
50.82'
N73°37'02"W