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

CRESCENT RESC. INC.		P.O. Box 1003	CHARL-TTE	NC	28201
Applicant	Phone #	Mailing Address	City	State	Zip Code

SAME				
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

HARBOUR PH. 4	7		
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

(Proposed) Water Supply: (Public) Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Pt. of ZC-A-3 Tax Map #

Specific Directions to Property: BRADLEY School Rd TR BAY HARBOUR TL LAKE MIST. Dr TL STORMY Pt. LANE, at end of cul-de-sac

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

RELINE

L11 L12 L13 L14 L15 L16 L17 L18 L19 L20 L21 L22 L23 L24 L25 L26 L27 L28 L29 L30 L31 L32 L33 L34 L35

Basement
Drawl
9 Lot 2

Basement
Lot 2

161.5' SETBACK

150.63'

Basement
8 Lot 2

314.78'

301.47'

315.50'

99' SETBACK

80' SETBACK

125' SETBACK

63' SETBACK

131' SETBACK

223.47'

78.53'

25.27'

39.45'

30.47'

163.09'

11.49'

13.94'

.60'

38'
B/C
50'
R/W

70.00'

167.98'

54.37'

29.76'

40'
R/W

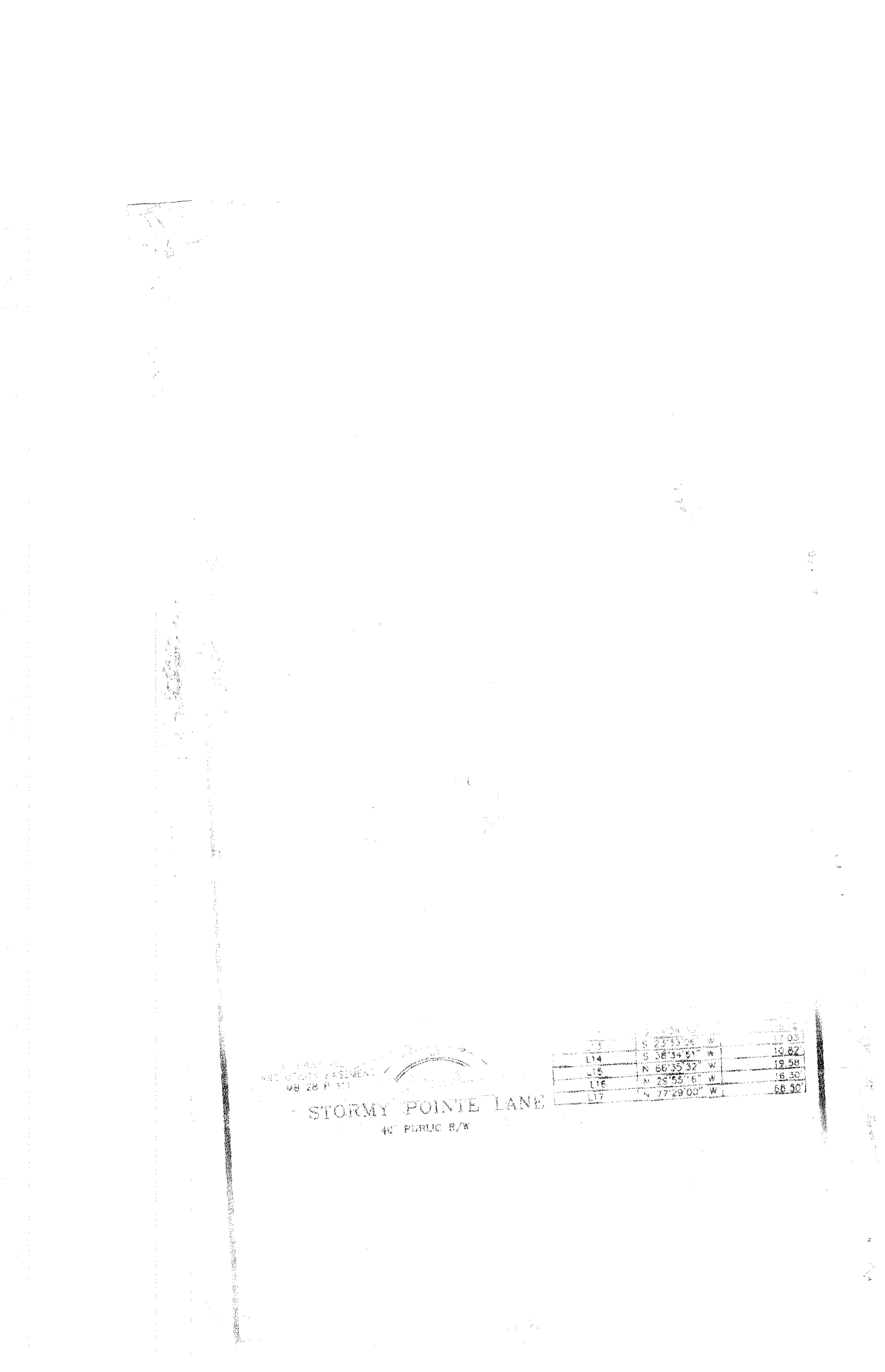
77.19'

5.12'

DRIVE

6

29


(MB 28 P 17)
STORMY POINTE LANE
40' PUBLIC R/W
L13 S 23°35'58" W 17.03
L14 S 38°34'43" W 10.82
L15 N 66°35'32" W 18.58
L16 N 28°55'16" W 16.30
L17 N 77°29'00" W 58.50