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
Crescent Resources	663-6905	P.O. Box 1003	Mgm	NC	28201
"		"	"	"	"
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Harbour II	48		Cypress Cove LN

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
	Sept 94	2C-A-3

Specific Directions to Property SCL Brawley
Rt Bay Harbour
Left Lk Mist

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

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

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

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

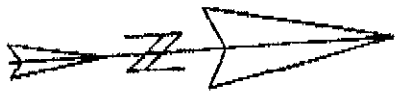
COVENANT AND SIGNATURE:

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.

7-19-95 DATE Tony C Gosnell PSS SIGNATURE OF OWNER/AUTHORIZED AGENT

DISK 50
HR4881



LINE	BEARING	DISTANCE
L 1	N 20°20'19"E	4.03'
L 2	N 73°10'58"E	32.19'
L 3	S 16°25'49"E	10.64'
L 4	N 76°10'27"E	19.63'
L 5	N 16°04'58"E	14.15'
L 6	N 86°03'24"E	20.86'
L 7	N 16°49'27"E	19.76'
L 8	S 83°09'30"E	14.45'
L 9	N 20°11'25"E	8.40'
L 10	N 35°58'06"E	22.47'

LAKE NORMAN

PROPERTY LIN FOLLOWS 760' CONTOUR LINE

30' VEGATATIVE BUFFER

50' REAR YARD

15' MIN. SIDE YARD

15' MIN. SIDE YARD

LOT 48
BLOCK 1
0.6279 AC

HOUSE

60.0'

60.0'

20.0

20.0

N 70°51'01"W 297.72'

S 70°51'01"E 217.86'

LOT 47

LOT 49

CONCRETE DRIVE

N 28°11'59"W 50.19'

75.49'

S 03°15'43"W

48.49'

S 11°11'10"E

C1

CYPRESS COVE LANE

BEECH TREE RD

SR 1113

BRAWLEY SCHOOL RD

STUTTS RD

CHUCKWOOD RD

BAY HARBOUR DR

LAKE MIST DR

BRAWLEY SCHOOL RD

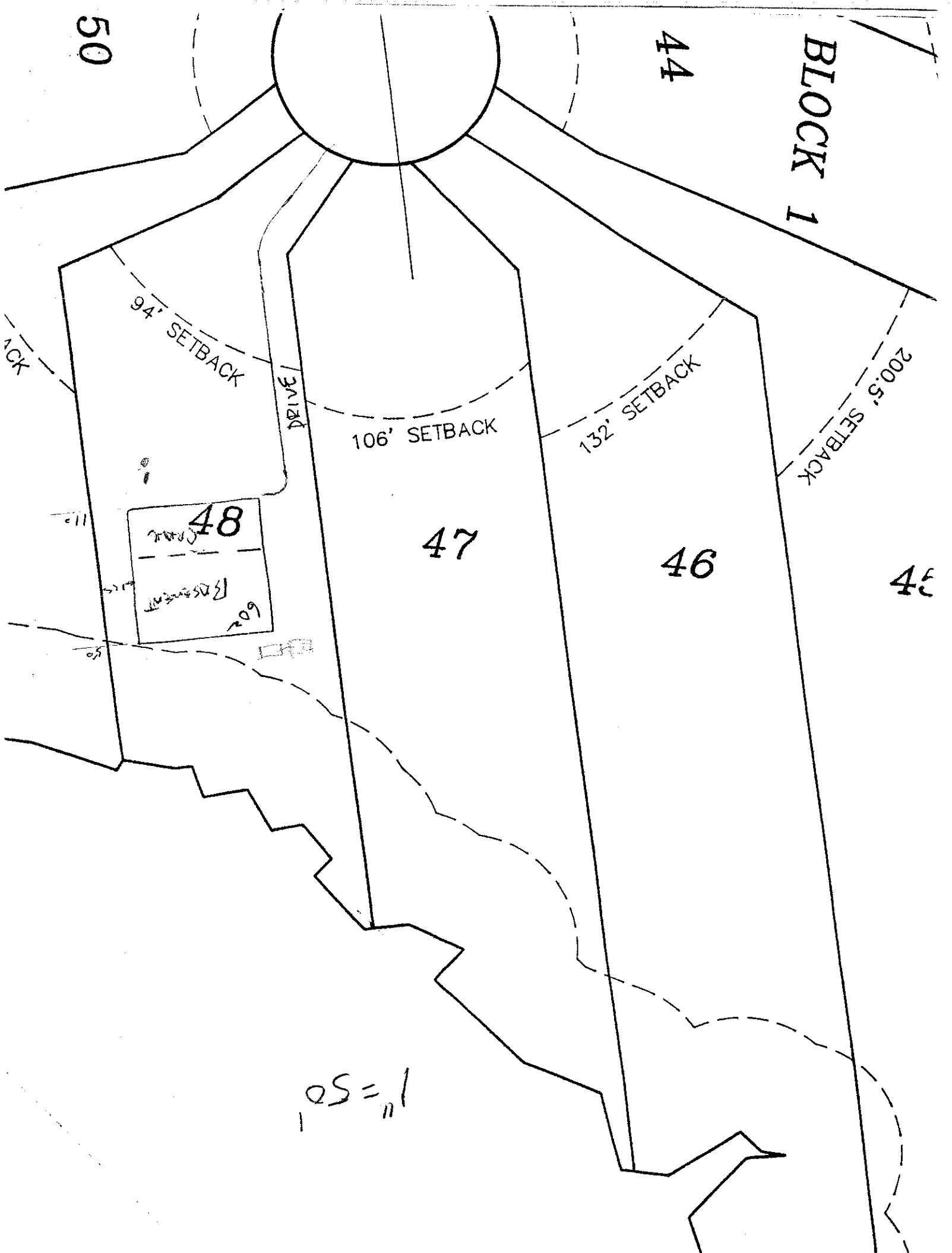
ISLE OF PINES RD

SITE

N

VICINITY MAP N.T.S.

CURVE	DELTA ANGLE	RADIUS	ARC	TANGENT	CHORD	CHORD BEARING
C 1	28°57'31"	50.00'	25.27'	12.91'	25.00'	S 57°41'24"W


50
44
BLOCK 1
94' SETBACK
DRIVE
106' SETBACK
132' SETBACK
200.5' SETBACK
48
47
46
1" = 50'