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:

M/I Homes	376-9600	1043 E. Morehead #105	Charlotte	NC	28204
Applicant	Phone #	Mailing Address	City	State	Zip Code

M/I Homes				
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

The Harbour	26	Phase 1 Map D	
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

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

Specific Directions to Property Right on Bay Harbour, left on Lake Mist ~~Subdivision~~, Right on Sunrise Property on left ~~corner~~ (4th lot)

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

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 3.5

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.

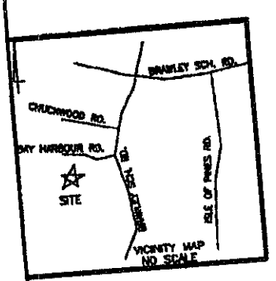
I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

_____ DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

THIS IS TO CERTIFY THAT ON THE 15 DAY OF February 19 95 AN ACTUAL SURVEY WAS DONE UNDER MY SUPERVISION OF THE PROPERTY SHOW HEREON. THIS MAP IS NOT INTENDED TO MEET GS 47-30 RECORDING REQUIREMENTS.

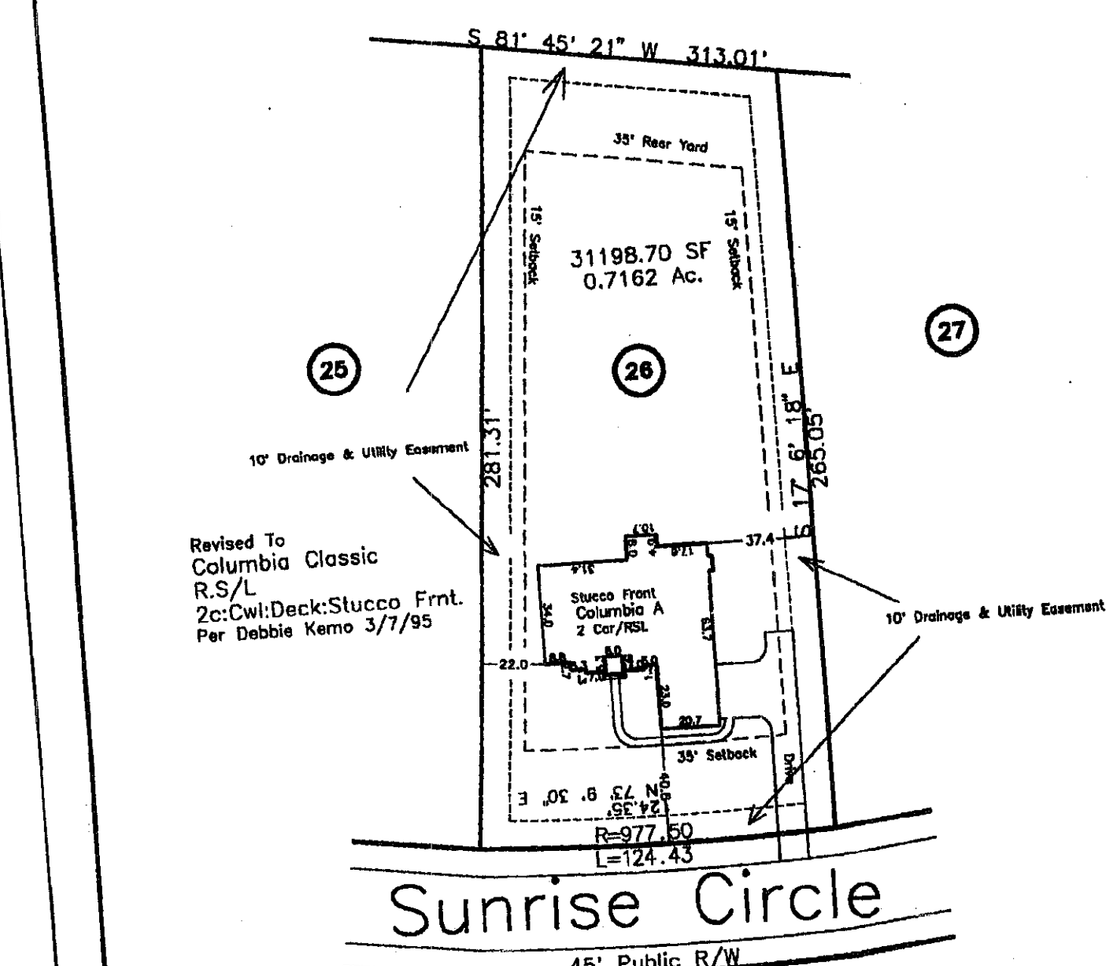
SIGNED _____

BAUCOM-DAVIS & ASSOCIATES, REGISTERED SURVEYORS
5900-12 NORTH I-85 SERVICE ROAD
CHARLOTTE N.C. 28206
PHONE (704) 596-6088



LEGEND
E.I.P. EXISTING IRON PIN
E.C.M. EXISTING CONCRETE MONUMENT
S.I.P. RE-SET IRON PIN
PROPERTY LINE
ADJOINER PROPERTY LINE BY DEED OR PLAT
P.D.E. PUBLIC DRAINAGE EASEMENT
CLOSURE EXCEEDS 1'in 10,000'

M.B. 24 PG. 136



Plat Plan OF SURVEY

Lot 26, The Harbour, Phase 1, Map D
Davidson Township, Iredell County, N.C.

SCALE 1"=50'

THE PROPERTY OF M/I Homes, Inc.

MAP RECORDED IN BOOK 24 AT PAGE 136 DEED RECORDED IN BOOK _____ PAGE _____

13349

Drawn By: ROB