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 Inc	663-6905	P.O. Box 10013	Char	NC	28201
"	"	"	"	"	"

Current Property Owner | Mailing Address | City | State | Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
The Harbour	50	phase 1 map D	

(Proposed) Water Supply: Public, Private Well | **Preliminary Plat Approval Date** (DEVELOPERS ONLY): 4-19-94 | Tax Map #: 2C-A-3

Specific Directions to Property SR 1100
Rt Bay Harbour

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

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 3

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

Crawl Space _____ Concrete Slab _____ Garbage Disposal No Jaccuzi or spa No

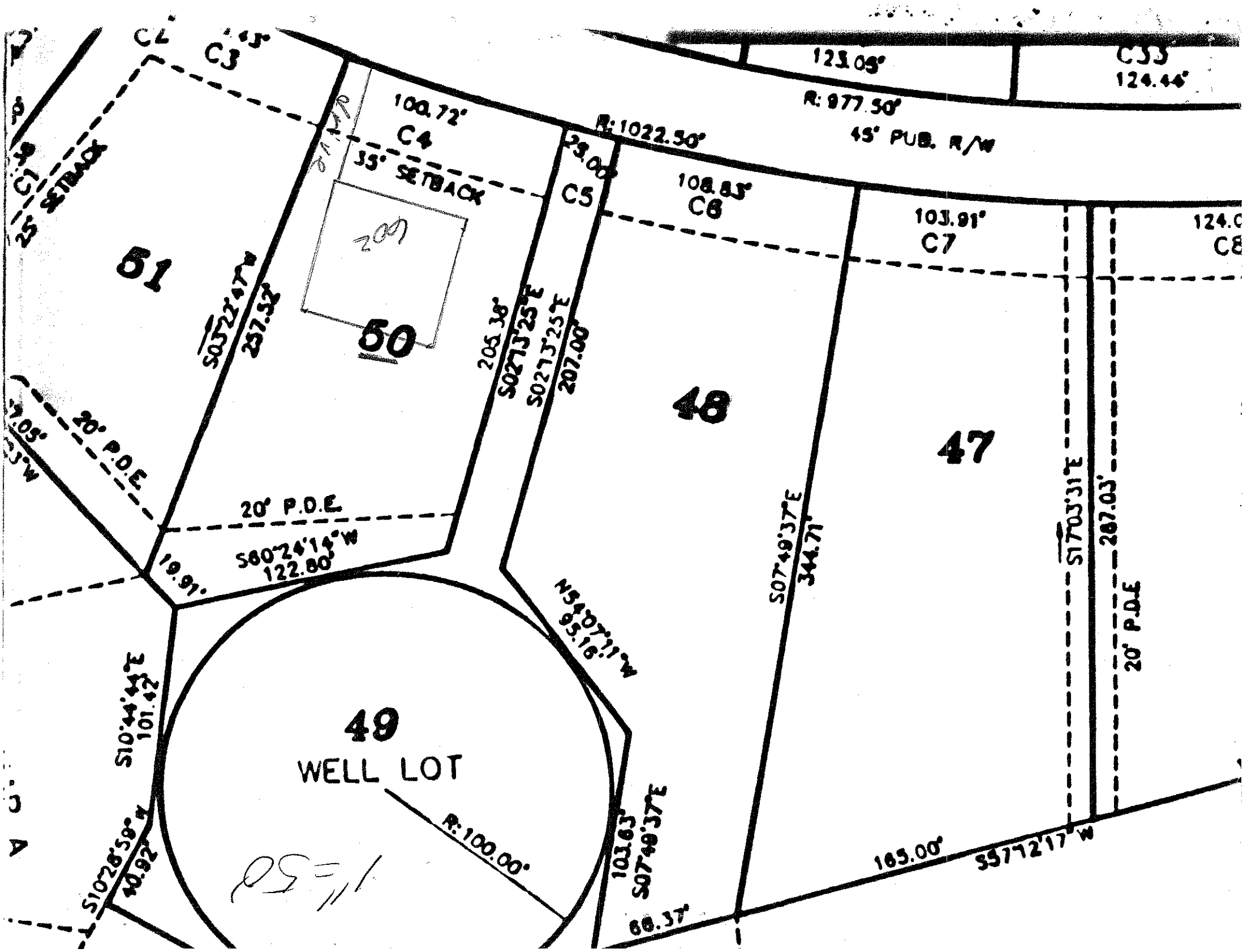
COVENANT AND SIGNATURE:

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.

6-15-94 DATE Corey C Gowdy CPSS SIGNATURE OF OWNER/AUTHORIZED AGENT

R=95%
704 596 6189
09-28-95 02:40PM P002 #47


C2
C3
123.09'
R: 977.50'
C33
124.44'
45' PUB. R/W
R: 1022.50'
100.72'
C4
35' SETBACK
C5
108.85'
C6
103.91'
C7
25' SETBACK
61
60
61.44'
S03°24'47"E
257.52'
205.36'
S02°13'25"E
207.00'
48
47
20' P.D.E.
S00°24'14"W
122.80'
19.91'
S07°49'37"E
344.71'
S17°03'31"E
287.03'
N54°07'11"W
95.16'
49
WELL LOT
R: 100.00'
S10°44'43"E
101.42'
S10°26'58"E
40.92'
S07°49'37"E
103.63'
68.37'
165.00'
S57°12'17"W