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 Rogers Inc.	6636505	PO Box 1003	Charlotte	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	23	Phase I MAPD	

(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 Mt. 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 ✓ Basement with Plumbing ✓

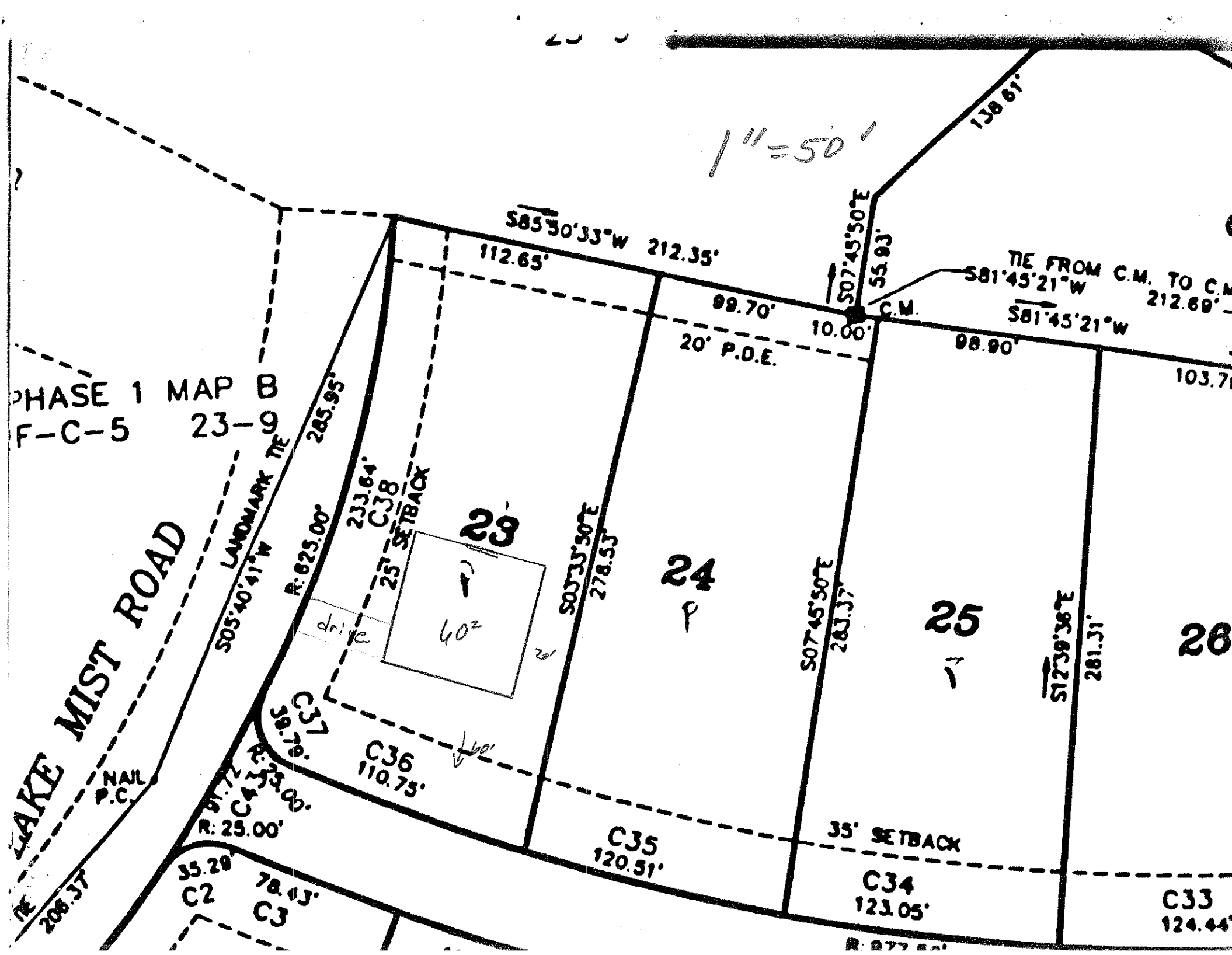
Crawl Space _____ Concrete Slab _____ Garbage Disposal No Jaccuzi or spa No

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.

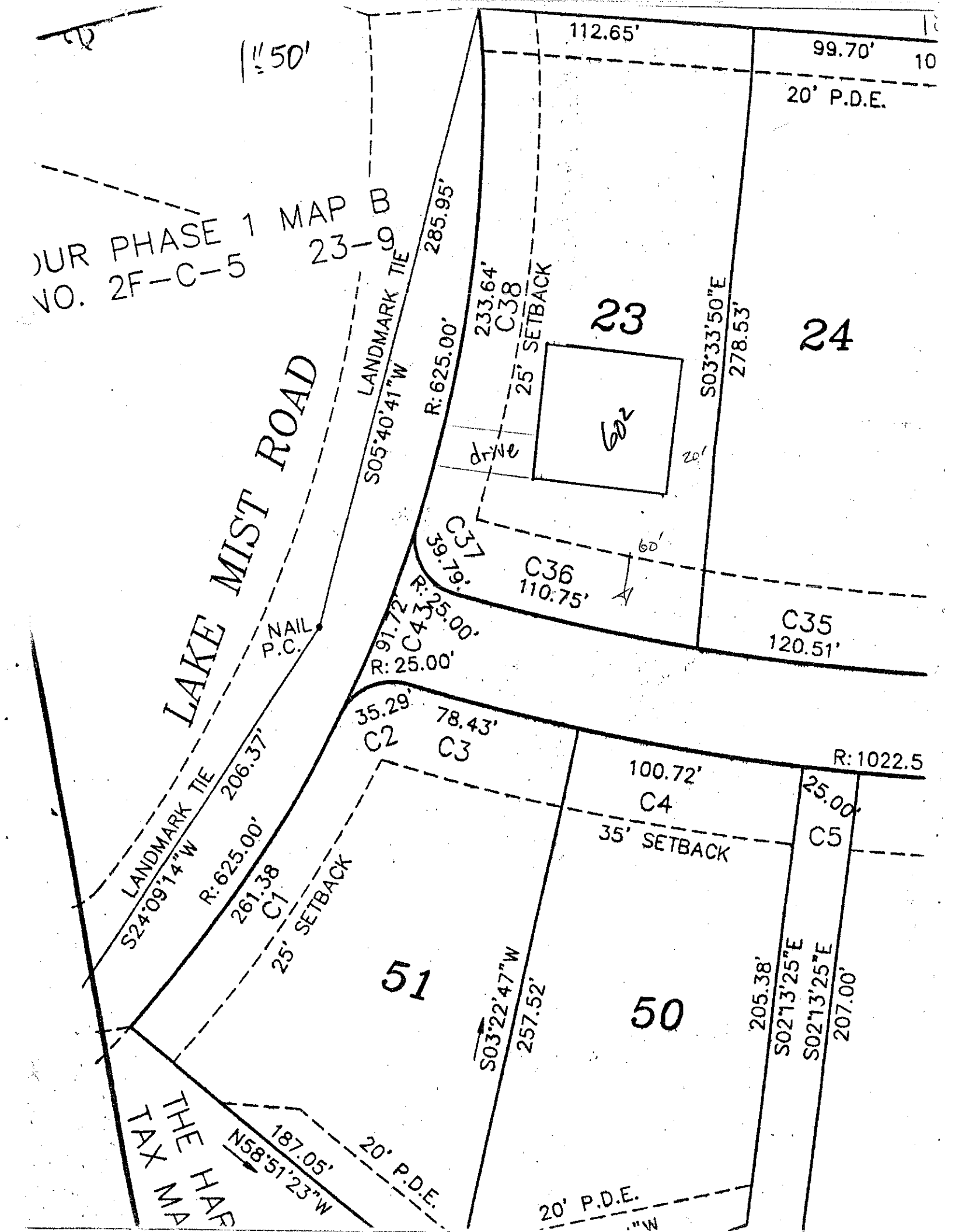
4/15/94 DATE Tommy C. Rogers, VP SIGNATURE OF OWNER/AUTHORIZED AGENT


1"=50'
PHASE 1 MAP B
F-C-5 23-9
LAKE MIST ROAD
S85°30'33"W 212.35'
112.65'
99.70'
10.00'
20' P.D.E.
S07°45'50"E
55.83'
TIE FROM C.M. TO C.M.
S81°45'21"W
212.69'
C.M.
S81°45'21"W
98.90'
138.61'
103.71'
S05°40'41"W
285.95'
LANDMARK TIE
R: 825.00'
233.64'
C38
25' SETBACK
23
P
60²
drive
20'
S05°33'50"E
278.53'
24
P
S07°45'50"E
283.37'
25
P
S12°39'38"E
281.31'
28
C37
39.79'
C36
110.73'
60'
NAIL
P.C.
C4
R: 25.00'
35' SETBACK
C35
120.51'
C34
123.05'
C33
124.44'
35.29'
C2
78.43'
C3
208.37'

THIS IS TO CERTIFY THAT ON THE 26 DAY OF June 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
9100-12 NORTH I-85 SERVICE ROAD
CHARLOTTE N.C. 28206
PHONE (704) 596-6008


1" = 50'
OUR PHASE 1 MAP B
NO. 2F-C-5
23-9
LAKE MIST ROAD
LANDMARK TIE
S05°40'41"W
285.95'
R: 625.00'
233.64'
C38
25' SETBACK
23
24
S03°33'50"E
278.53'
112.65'
99.70'
20' P.D.E.
60'
drive
20'
C37
39.79'
C36
110.75'
60'
C35
120.51'
NAIL
P.C.
R: 25.00'
C43
91.72'
35.29'
C2
78.43'
C3
R: 1022.5
100.72'
C4
35' SETBACK
25.00'
C5
LANDMARK TIE
S24°09'14"W
206.37'
R: 625.00'
261.38
C1
25' SETBACK
51
50
S03°22'47"W
257.52'
205.38'
S02°13'25"E
S02°13'25"E
207.00'
THE HAP
TAX MA
187.05'
N58°51'23"W
20' P.D.E.
20' P.D.E.