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:

LAKE NORMAN SIGNATURE HOMES	704/799-1851	584 BRAWLEY SCH. RD.	MOORESVILLE,	NC	28117
Applicant	Phone #	Mailing Address	City	State	Zip Code

MIKE & ANGIE HARLEY	815 CYPRESS CT.	HUMMELSTOWN	PA	17036
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

THE POINT	472	4	BILLINGSGATE CT.
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

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

Specific Directions to Property BRAWLEY SCHOOL ROAD → RIGHT ON MARSTON MILLS RD — TURN LEFT ON BALLSTON DR 472 ON CORNER OF BALLSTON & BROWNSTONE

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

House X Mobile Home _____ Commercial _____ No. Bedrooms ~~5~~ No. Baths 4

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

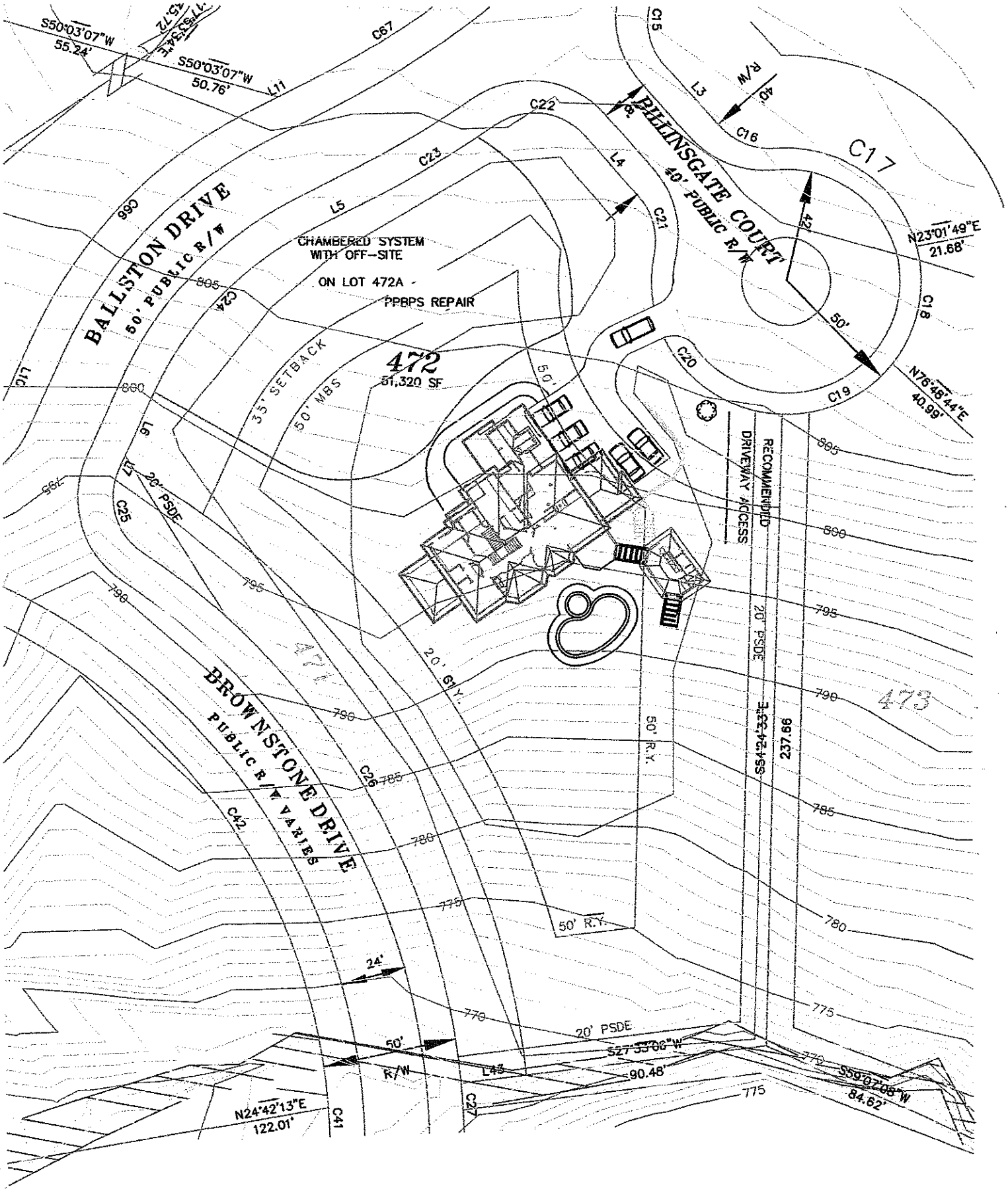
Crawl Space _____ Concrete Slab _____ Garbage Disposal X Jaccuzi or spa X

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.

12-12-03 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT


BALLSTON DRIVE
50' PUBLIC R/W
BILLINGSGATE COURT
40' PUBLIC R/W
BROWNSTONE DRIVE
PUBLIC R/W VARIES
CHAMBERED SYSTEM
WITH OFF-SITE
ON LOT 472A -
PPBPS REPAIR
472
31,320 SF
35' SETBACK
50' MBS
20' PSDE
50' R.Y.
RECOMMENDED
DRIVEWAY ACCESS
473
237.66
S50°03'07"W
55.24'
S50°03'07"W
50.76'
N23°01'49"E
21.68'
N76°48'44"E
40.99'
N24°42'13"E
122.01'
S27°55'06"W
90.48'
S59°07'06"W
84.62'
S54°24'33"E