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:

Crescent Resources	663-6905	PO Box 1003	Char	NC	28201
Applicant	Phone #	Mailing Address	City	State	Zip Code

same				
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

Harbour III	17	III	
(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 South Brawley
R Chuckwood
L Morraws Ridge
on left

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 partial ✓ Basement with Plumbing ✓

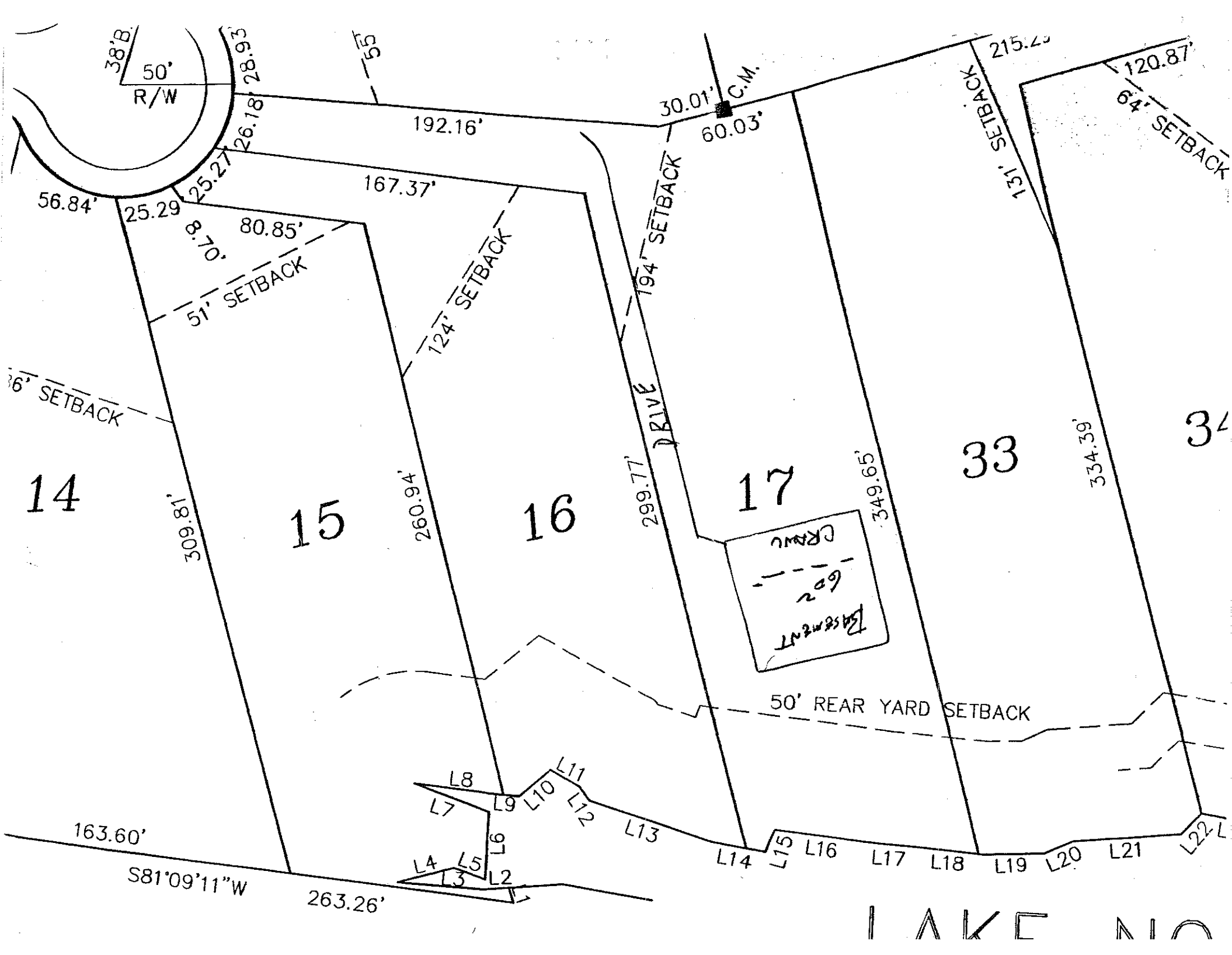
Crawl Space ✓ Concrete Slab ____ Garbage Disposal ✓ Jaccuzi or spa ____

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.

3-19-96 DATE Tony C Jarvis CPSS SIGNATURE OF OWNER/AUTHORIZED AGENT


38'B
50'
R/W
28.93'
55'
26.18'
192.16'
30.01'
C.M.
60.03'
215.2
120.87'
6' SETBACK
131' SETBACK
194' SETBACK
25.27'
167.37'
56.84'
25.29'
80.85'
51' SETBACK
124' SETBACK
6' SETBACK
14
15
16
17
33
3
309.81'
260.94'
299.77'
349.65'
334.39'
DRIVE
CRAWL
EASEMENT
50' REAR YARD SETBACK
L8
L7
L9
L10
L11
L12
L13
L14
L15
L16
L17
L18
L19
L20
L21
L22
L6
L4
L5
L3
L2
L1
163.60'
S81°09'11"W
263.26'
LAKE