№ 15704

PROPERTY DESCRIPTION

Call Sanitarian Between 8 a.m. and 9 a.m. 664-5281 / 878-5305

APPLICATION FOR- (Not a Permit) (x) Improvements Permit ( ) Zoning Permit ( ) Special Use ( ) Subdivision Approval ( ) Other

Proposed Use: To Remove Existing Facilities & Exist Dw & Construct To Rear Garage & Also Construct Dw with Attached Garage

Location: W/S SR 1446 TR 1446 on Lt 6 [illegible] Rd

TAX MAP NO.

Tax Map No.	Township	Jurisdiction	Zoning
9E-3-A-1/6	Davidson	Iredell	R-R

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
		156 x 261'	( ) yes ( ) no

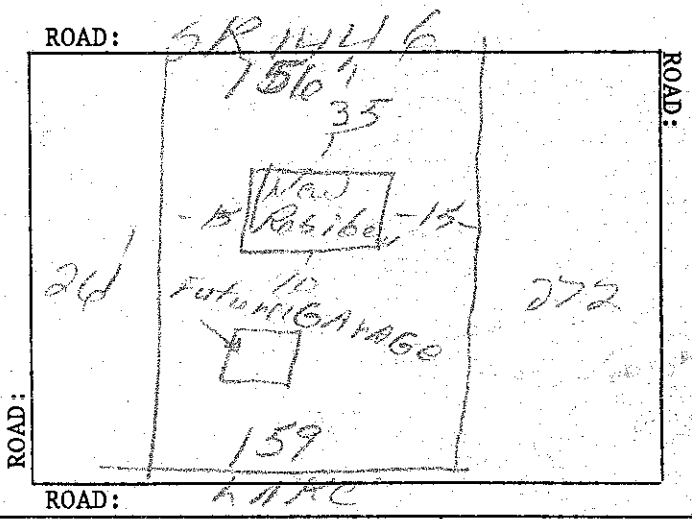
Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

SKETCH MAP

On the lot to be built on or to be used, show the property lines and the actual dimensions of the lot, the size and shape of any and all buildings located or to be located on the lot showing the distances from lot lines. Show setback of main building on adjacent lot and their use.

2-15-00
HD 05-00 #70972 pd



OWNER	ADDRESS	PHONE NO.
Donna R. Hanbarrier	2306 Englewood Kannapolis 28083	933-3130

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Donna R. Hanbarrier — 1-20-93

Signature of Owner or Authorized Agent — Application Date

If permitted, the following minimum zoning requirements must be met, unless the Health Department requires more land area or other qualifications are indicated in the remarks.

Lot area 20,000 sq. ft. Front yard depth 35 ft. Corner yard depth 25 ft.

Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 35 ft.

LAND USE INDICATED (is) ~~(is not)~~ PERMITTED IN THE ZONING DISTRICT.

REMARKS:

ZONING ADMINISTRATION DIVISION

Approved by — 1-22-93 Date

WHITE: Original CANARY: Inspection Copy PINK: Health Dept. GOLD: Owner

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:

William E. McCALL	933-3130	2306 Englewood St	Kannapolis	NC	28083
Applicant	Phone #	Mailing Address	City	State	Zip Code

Donna R. Honbarrier	2306 Englewood ST	Kannapolis	NC	28083
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

	116	Section 8	1446
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

Private well		2F-3-A-116
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property Brawley School Road - Right on Mckendree. Left on Kemp Road - Box 347

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

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

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

Crawl Space X 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.

1-25-93 DATE William E McCall SIGNATURE OF OWNER/AUTHORIZED AGENT

№ 10538

PROPERTY DESCRIPTION

Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

APPLICATION FOR- (Not a Permit) (X) Improvements Permit ( ) Zoning Permit ( ) Special Use ( ) Subdivision ( ) Other Approval

Proposed Use: 8 x 11½ addition - storage w/laundry area

Location: Long Rd.

TAX MAP NO.

Tax Map No.	Township	Jurisdiction	Zoning
2F-3-A-116	Davidson	Iredell	RR

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Section 8	116		( ) yes ( ) no

Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

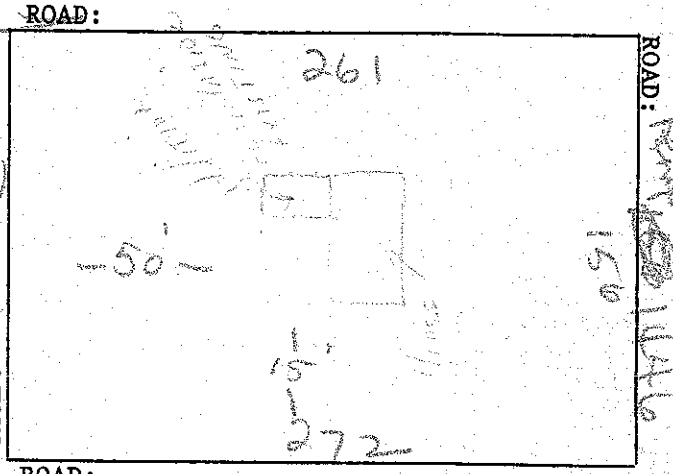
REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

SKETCH MAP

On the lot to be built on or to be used, show the property lines and the actual dimensions of the lot, the size and shape of any and all buildings located or to be located on the lot showing the distances from lot lines. Show setback of main building on adjacent lot and their use.

Zoning 15
Health 25

40417 sq. ft.
40418 sq. ft.



OWNER	ADDRESS	PHONE NO.
John Harbarger	Rt 6 Box 247 Mocksville	

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature of Owner or Authorized Agent — Application Date: 9-27-89

If permitted, the following minimum zoning requirements must be met, unless the Health Department requires more land area or other qualifications are indicated in the remarks.

Lot area 20,000 sq. ft. Front yard depth 35 ft. Corner yard depth 25 ft.
Lot width 150 ft. Side yard depth 15 ft. Rear yard depth 35 ft.

50' from Lake

LAND USE INDICATED (is) (~~is not~~) PERMITTED IN THE ZONING DISTRICT.

REMARKS:

ZONING ADMINISTRATION DIVISION

Approved by: Doug Earp Date: 9-27-89

WHITE: Original CANARY: Inspection Copy PINK: Health Dept. GOLD: Owner