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	663-6905	PO Box 1003	Char	NC	28201

Current Property Owner	Mailing Address	City	State	Zip Code
Same				

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Harbour	14	III	

(Proposed) Water Supply: (Public), Private Well

Preliminary Plat Approval Date (DEVELOPERS ONLY)

Tax Map #

Specific Directions to Property South Brawley
R Chuckwood
L Morrows 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 Jacobs CPSS SIGNATURE OF OWNER/AUTHORIZED AGENT

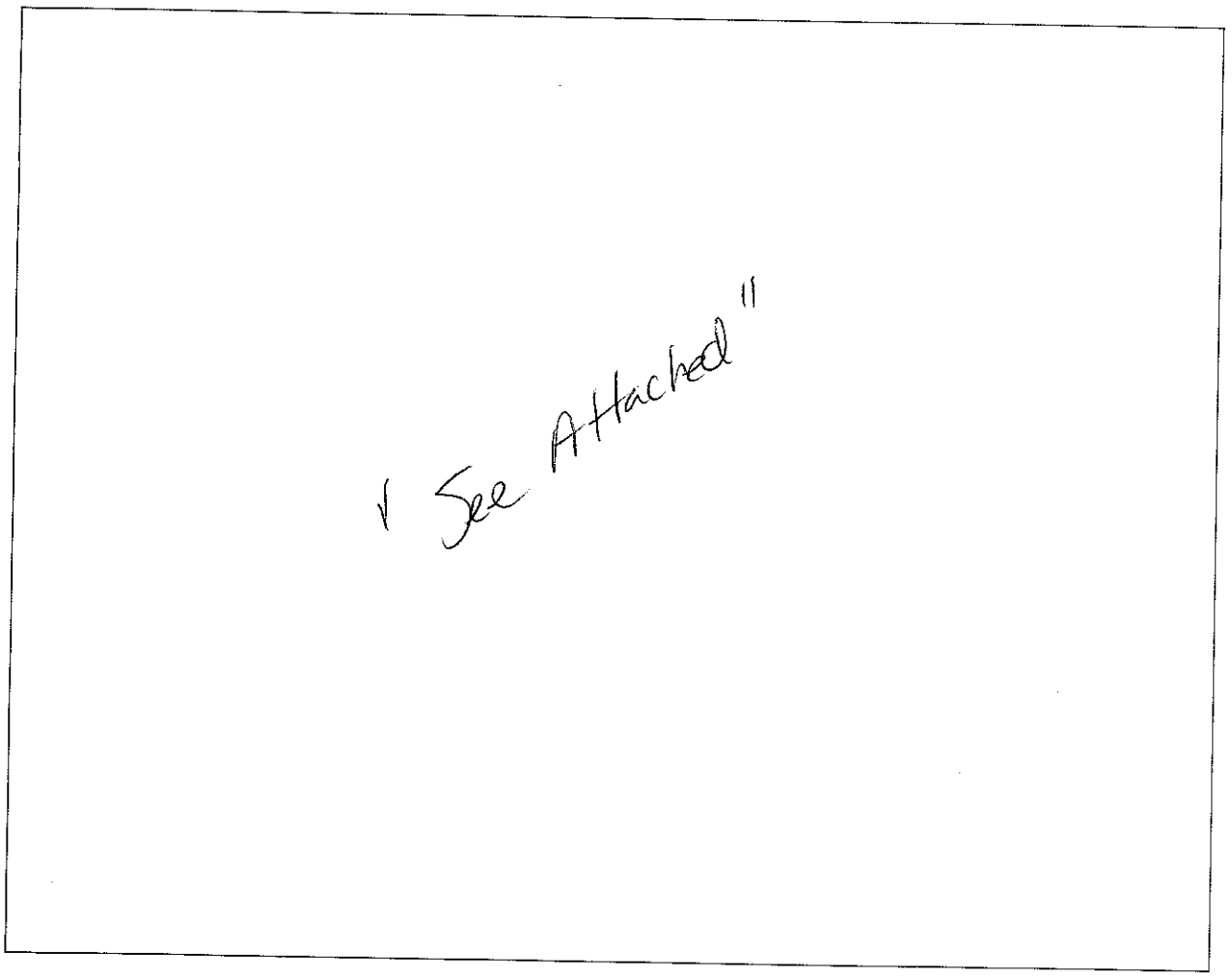
Lot 14

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

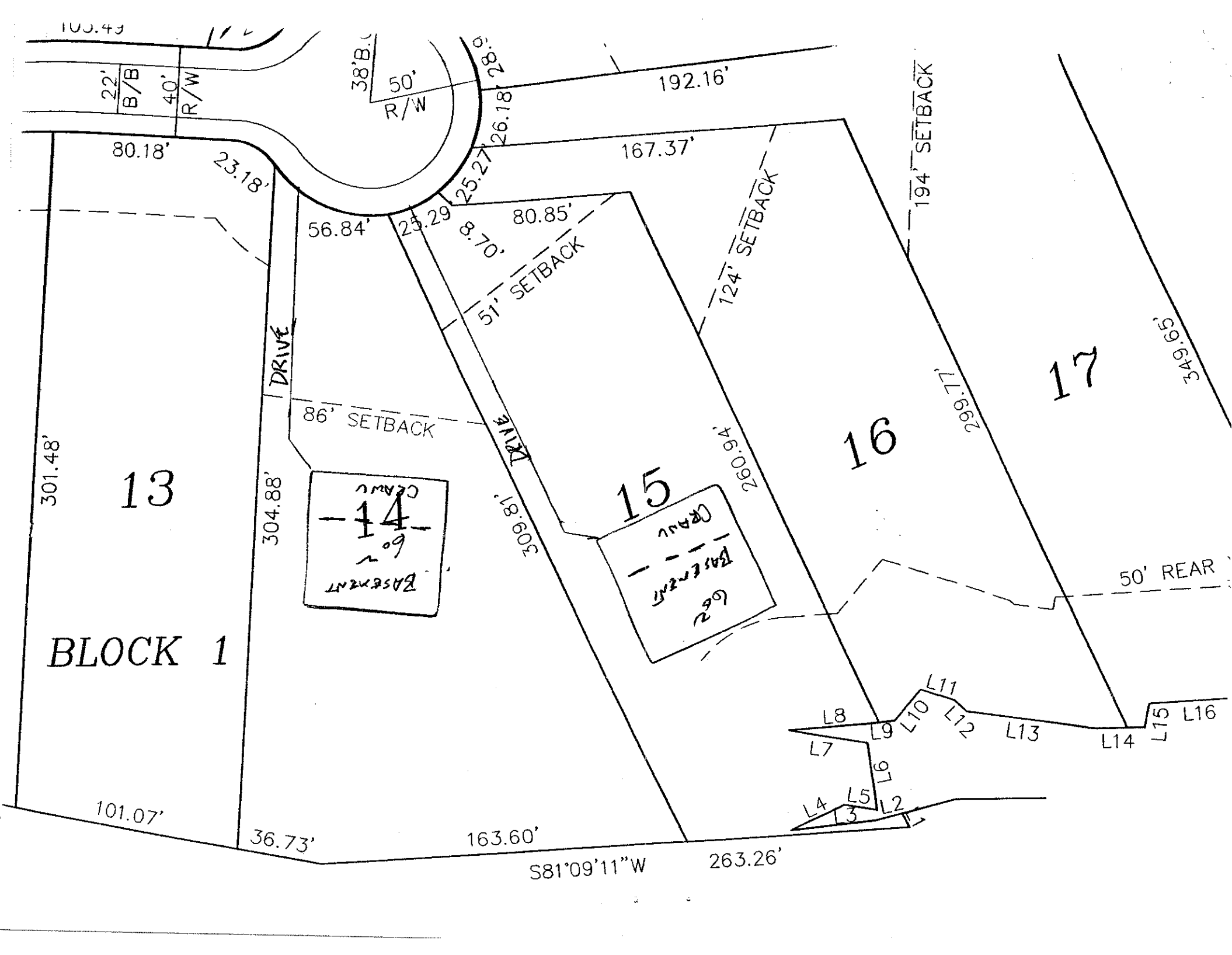
All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.



I hereby convenant that the above representation is correct to the best of my knowledge and ability.

3-19-96 Date Tony C Jarrell 1955 SIGNATURE OF OWNER/AUTHORIZED AGENT


22' B/B
40' R/W
38'B.
50' R/W
28.0'
192.16'
26.18'
167.37'
80.18'
23.18'
25.27'
25.29'
56.84'
8.70'
80.85'
51' SETBACK
124' SETBACK
194' SETBACK
DRIVE
86' SETBACK
301.48'
304.88'
309.81'
260.94'
299.77'
349.65'
13
14
15
16
17
BLOCK 1
50' REAR
L2
L3
L4
L5
L6
L7
L8
L9
L10
L11
L12
L13
L14
L15
L16
101.07'
36.73'
163.60'
S81°09'11"W
263.26'