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

No. 19912

PROPERTY DESCRIPTION

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

Proposed Use: Mission Office - Education Center

Location: SR 1100, TR Harbour Dr

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
2C-A-3 Por	Davidson	Iredell	R-20 CD

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
The Harbour Ph. 1	95	1.61 AC	( ) yes ( ) no

Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Watershed
				WS IV (CA) 29%

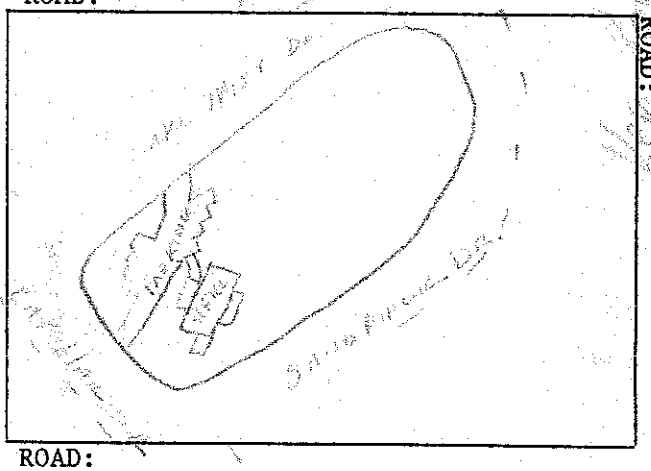
REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

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.

f 15.00
25.00
f 40.00

87144



OWNER	ADDRESS	PHONE NO.
Crescent Res. Inc	400 S. Tryon St. Charlotte NC 28202	

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.

Tonya Sanda CPSS (R) — 12-15-94

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 _____ sq. ft. Front yard depth 20 ft. Corner yard depth 20 ft.

Lot width _____ ft. Side yard depth 20 ft. Rear yard depth 20 ft.

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

REMARKS: Do Not issue Permits until Variance is received. (OKAY) 12-16-94 VLK

ZONING ADMINISTRATION DIVISION

Approved by — 12-15-94 Date

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

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

Visitor Center

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 Res. Inc.	663-6905	PO Box 1003	Charlotte	NC	28201
Applicant	Phone #	Mailing Address	City	State	Zip Code
"		"	"		
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

Harbour	part of 95	phase I A	Bay Harbour
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

(Proposed) Water Supply: (Public) Private Well

93 **Preliminary Plat Approval Date** (DEVELOPERS ONLY)

26 A-3 Tax Map #

Specific Directions to Property: Brawley South
Rt. 1 Bayharbour
between Lake Mist & Shoreline

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

House X Mobile Home ✓ Commercial ✓ Mobile Temporary No. Bedrooms NA No. Baths 2 150 gpd design flow

No. Persons or Employees (commercial only) 1 ea. part time 25 visitors Basement X Basement with Plumbing X

Crawl Space ✓ Concrete Slab X 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.

12/27/94 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT