22727

PROPERTY DESCRIPTION

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

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

Proposed Use: SF House

Location: 5 & Kd, TR Chukwood, TR Seagrove 2nd left on left

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
[redacted]	Davidson	Cadell	R-R

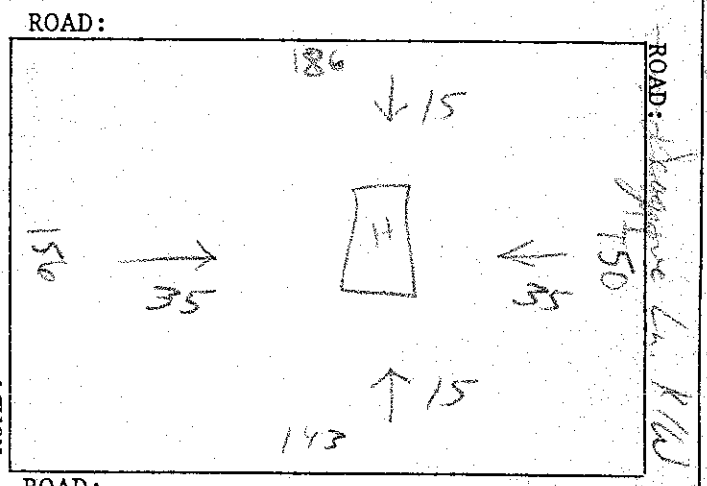
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Holiday Harbor	75	25,162 sq ft	Panel 2 ( ) yes (✓) no

Approx. Area to be disturbed	Street Address	Phone	Watershed
			WS4-CA

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.



S/F - Zoning $25 - Iredell $40

C94452 CK # 4080

OWNER	ADDRESS	PHONE NO.
Charles L. Smith	431 E Center Ave Mooresville 28115	663-5776

EKA Knox Realty

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

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 25,000 sq. ft. Front yard depth 35 ft. Corner yard depth — ft.

Lot width — 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

R G Cowik 11-18-15

Approved by 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:

Charles L Smith	663 7761	431 E Center Ave	Mooresville	NC	28115
Applicant	Phone #	Mailing Address	City	State	Zip Code

Elizabeth Keistlee	1863 D J Julian Ln	Charlotte	NC	28208
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

Holiday Harbor	75	—	1229 ~~1179~~
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

Private Well	—	2F-6-A-75
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property Brawley School Road West to Chuckwood Rd Right on Chuckwood to Seagrove Ln Right on Seagrove Lot is on Left C-21 Sign in Front Lot is next to House on corner of Seagrove & Lake Side

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

House X Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 2

No. Persons or Employees (commercial only) 4 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.

11-14-95 DATE Mantia Barber SIGNATURE OF OWNER/AUTHORIZED AGENT