IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: ___ Improvement Permit ___Authorization To Construct ___BOTH ___Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted: ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
COURTLAND PROPERTIES	PO Box 3190 Mooresville NC 28117	704-363-1672	704-363-1672
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
COURTLAND PROPERTIES	PO Box 3190 Mooresville NC 28117	704-363-1672	704-363-1672

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
112 HOSKINS CT (LOT #235) Mooresville NC 28117	THE FARMS	2 - 235

Driving Directions: BRAWLEY SCHOOL RT on SOUTH FORK
LEFT on FRESHWATER RT on HOSKINS

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5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

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6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well (X) Community Well ( ) City Water ( ) Other Public Water

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7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___ ( ) No Preference

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8. **Please Answer The Following To The Best of Your Ability:**

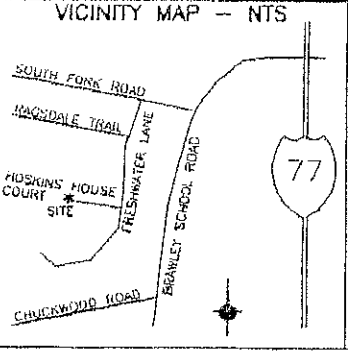
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: _____ 2-1-05
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

VICINITY MAP — NTS



PLOT PLAN CERTIFICATION

TH TO CERTIFY THAT ON THE 24th DAY OF NOVEMBER, 2004 THIS PLOT PLAN WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES WERE PLOTTED FROM INFORMATION PROVIDED BY OTHERS, AND THE IMPROVEMENTS, UNLESS OTHERWISE INDICATED, ARE PROPOSED. NO ACTUAL FIELD SURVEY WAS PERFORMED IN THE PREPARATION OF THIS MAP. THIS IS A PRELIMINARY MAP AND IS NOT INTENDED TO BE USED FOR CONVEYANCES, RECORDATION OR SALES.

SIGNED _____

FLOOD CERTIFICATION

THIS IS TO CERTIFY THAT THE SUBJECT PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS SHOWN ON MAPS PREPARED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY, FEDERAL INSURANCE ADMINISTRATION, DATED JUNE 22, 1998
COMMUNITY PANEL 370313 0200C

1 INCH = 40 FEET

?? 0 ?? ??

12/02/04 REVISED TO MOVE PROPOSED HOUSE NORTHWEST
12/06/04 REVISED TO MOVE PROPOSED HOUSE TOWARD ROAD

LEGEND
R/W RIGHT OF WAY

NOTE
* INDICATES DIMENSIONS ARE NOT PER PLAN, GARAGE DIMENSION INCREASED 10' PER CLIENT REQUEST

REFERENCE: MAP BOOK 43-94

COMMON OPEN SPACE LAKE ACCESS AREA

N51°36'17"E 91.65
S68°40'52"E 109.54
S87°03'57"E 32.45
S13°12'59"E 228.32
N44°16'49"W 279.87
N37°11'19"E TIE 82.17

35' SETBACK
10' STORM DRAINAGE AND UTILITY EASEMENT
15' SETBACK
18" REINFORCED CONCRETE PIPE
10' STORM DRAINAGE AND UTILITY EASEMENT
15' SETBACK
72' SETBACK
10' CLEAR AREA

LOT 235
LOT 234
LOT 236

PROPOSED HOUSE DESIGN F 947 FOUNDATION/FIRST FLOOR
SIDE LOAD GARAGE
DRIVE
WALK
SILT FENCE
OFF SITE SEPTIC
10' CLEAR AREA

33.13
128.0
44.7
27.00
23.58
18.0
59.92' TOTAL
57.13
44.25
15.87'
CH=N84°08'24"W 83

Acknowledgement Of Plans Submittal ONLY!
Maria Dotson Date 2/1/05
LOT235 Date