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:

Tim Whelan	704-400-8932	P.O. Box 4419	Mooresville	NC	28117
Applicant	Phone #	Mailing Address	City	State	Zip Code

T. Whelan Homes	P.O. Box 4419	Mooresville	NC	28117
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

The Farms	5	West Catawba Trail	
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

Community Well		
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property _____

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

House X Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 3½

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.

3-2-04 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

I, Ronald S. Hollifield, certify that this plat was drawn under my supervision (deed description recorded in book SEE TITLE BLOCK ; map recorded in book SEE TITLE BLOCK); that the boundaries have not been surveyed, lines platted from information as shown.

Witness my original signature, registration number, and seal this 9th of January, 2004.

Ronald S. Hollifield, NCPLS 1404

NORTH CAROLINA PROFESSIONAL SEAL L-1404 LAND SURVEYOR RONALD S. HOLLIFIELD

40 0 40 80
SCALE

CURVE TABLE

NUM	DELTA	ARC	RADIUS	BEARING	DISTANCE
C1	14°51'07"	182.10'	702.50'	N81°51'08"W	181.59'

W. CALLICUTT TR.
45' PUBLIC R/W

C-1

61.32'

50' Setback

49.61'

Proposed SF Residence

41.90'

N 02°47'28" W 225.86'

20' Setback

50' Setback

99.73'

S 10°03'23" W 206.21'

20' Setback

Lot 6

Lot 5

Lot 4

Lot 7

N 88°37'30" W 132.79'

N

SEE UNRECORDED PLAT MAP FOR LOCATION OF STREET TREES

AL HOUSE LOCATION
IBJECT TO IREDELL
DEPARTMENT APPROVAL

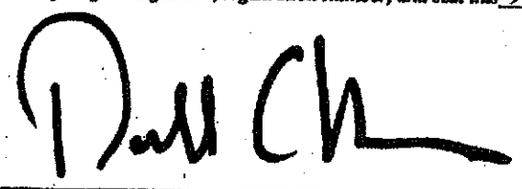
Acknowledgement Of
Plans Submittal ONLY!

Date 3/2/04

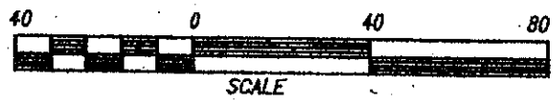
Date

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Ronald S. Hollifield, NCPLS 1404



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Acknowledgement Of
Plans Submittal ONLY!

Maria Tolson Date 3/2/04

_____ Date _____

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AL HOUSE LOCATION
BJECT TO IREDELL
EPARTMENT APPROVAL