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
Arcadia Homes	(704) 889-4663	PO Box 471941	Charlotte	NC	28031
Grady Ingle (Current Property Owner)		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
The Point	396		

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

Specific Directions to Property Brawley School Rd. towards the Point, R on Marstons Mill Dr., R on Whitehorse Dr., R on Tuckernuck Dr., R on Wellfleet Ln. (In cul-de-sac)

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

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 3 full / 2 1/2's

No. Persons or Employees (commercial only) _____ Basement ● Basement with Plumbing ✓

Crawl Space _____ Concrete Slab _____ Garbage Disposal ✓ Jaccuzi or spa ✓

COVENANT AND SIGNATURE:

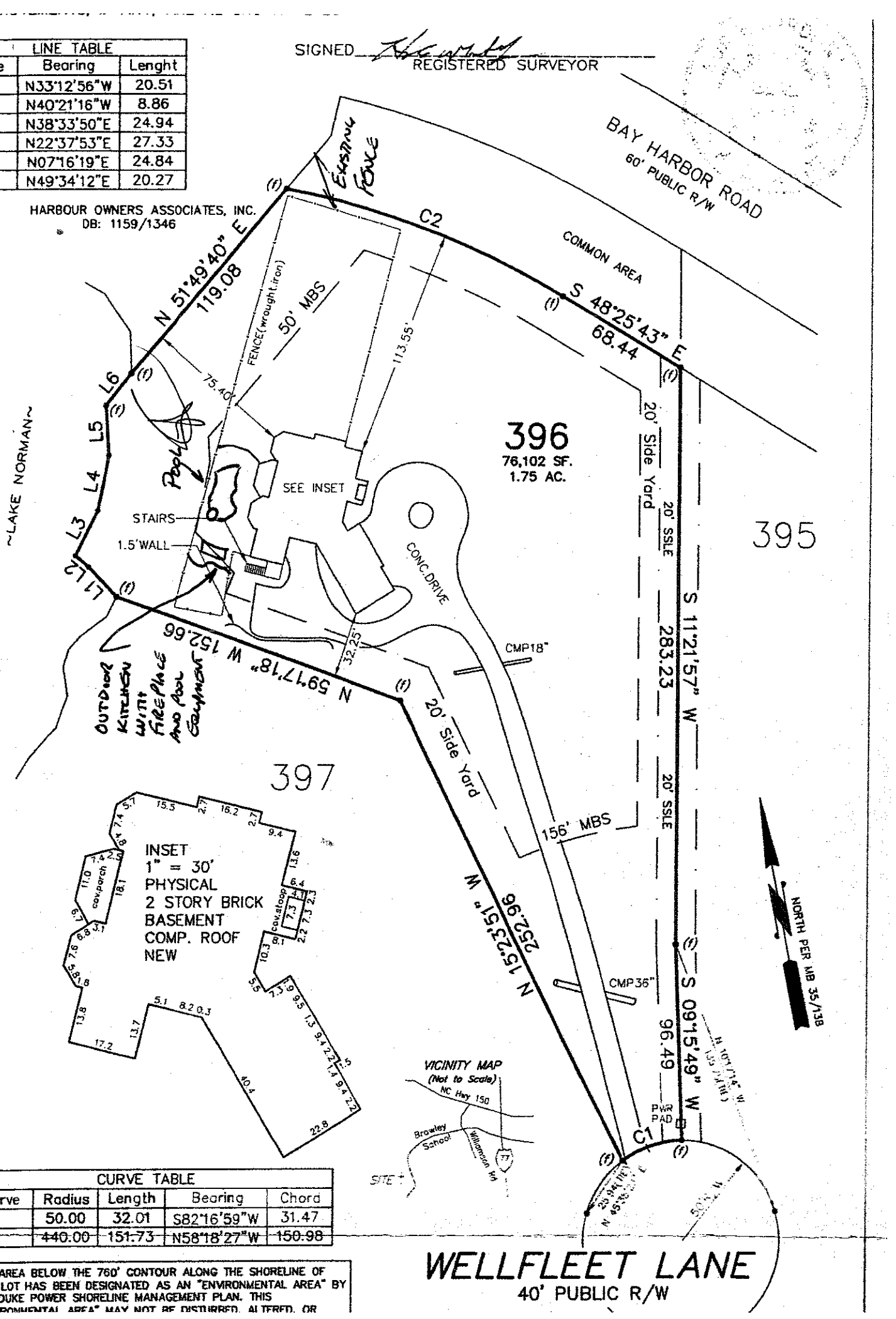
I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to 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.

2/4/04 DATE Jamie Anderson SIGNATURE OF OWNER/AUTHORIZED AGENT
for Arcadia Homes

LINE TABLE		
Line	Bearing	Lenght
L1	N33°12'56"W	20.51
L2	N40°21'16"W	8.86
L3	N38°33'50"E	24.94
L4	N22°37'53"E	27.33
L5	N07°16'19"E	24.84
L6	N49°34'12"E	20.27

SIGNED _____
REGISTERED SURVEYOR



CURVE TABLE				
Curve	Radius	Length	Bearing	Chord
C1	50.00	32.01	S82°16'59"W	31.47
C2	440.00	151.73	N58°18'27"W	150.98

THE AREA BELOW THE 760' CONTOUR ALONG THE SHORELINE OF THIS LOT HAS BEEN DESIGNATED AS AN "ENVIRONMENTAL AREA" BY THE DUKE POWER SHORELINE MANAGEMENT PLAN. THIS "ENVIRONMENTAL AREA" MAY NOT BE DISTURBED, ALTERED, OR