21849

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 Crawlspace (MH)

Location: Brawley School Rd, TR Road 9 Tree Rd, TR Kings Cross Lane, 1st TAX MAP NO. right

Tax Map No.	Township	Jurisdiction	Zoning
2L-1-A-513	Davidson	Iredell	R-20

Subdivision/~~Mobile Home Park~~	Lot No.	Lot Size	Flood Plain
Crescent Sec 8	513	0.82 ac	Panel 200 ( ) yes (✓) no

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

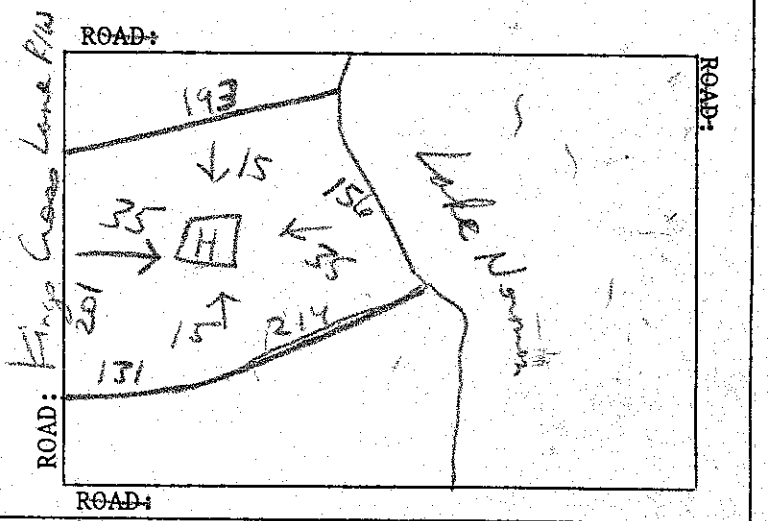
REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

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.

815 - Zoning
825 - Health
840

192998



OWNER	ADDRESS	PHONE NO.
William Rainford Williams	610 Fernwood Dr. Albemarle, NC 28001	(704) 568-8888

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.

W. F. Faircloth — 8-7-95

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 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

RG Cornish — 8-7-95

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:

Applicant	Phone #	Mailing Address	City	State	Zip Code
William Raeford Williams		3846 Stonehaven Dr.	Charlotte,	N.C.	28215

Current Property Owner

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Crescent Land + Timber	513	8	1235

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
private well	Book 15	page 85

Specific Directions to Property I-77 N. To exit 33. T/L on SR 1109 to Brawley School Rd. T/L on Brawley School road and go to intersect. of Brawley School Rd., Bloom Rd. + Beach Tree Rd. Bear Right on Beach tree Road + go to Kings Cross. T/R on Kings Cross. Lot is on Right just past Blue West Rd.

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) _____ Basement X 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.

3-7-95 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT