320

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:

ARCADIA HOMES	662-6631	P.O.BOX 471941	CHARLOTTE	NC	28247
Applicant	Phone #	Mailing Address	City	State	Zip Code
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

THE POINT	320	PHASE # 3	
(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 BRAWLEY RD (SOUTH) TO LEFT ON GREAT POINT WAY TO LEFT ON WILD HARBOR RD TO LEFT ON ATLANTIC WAY TO RIGHT ON BREAKWATER COURT LOT ON LEFT

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

House √ Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 4½

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

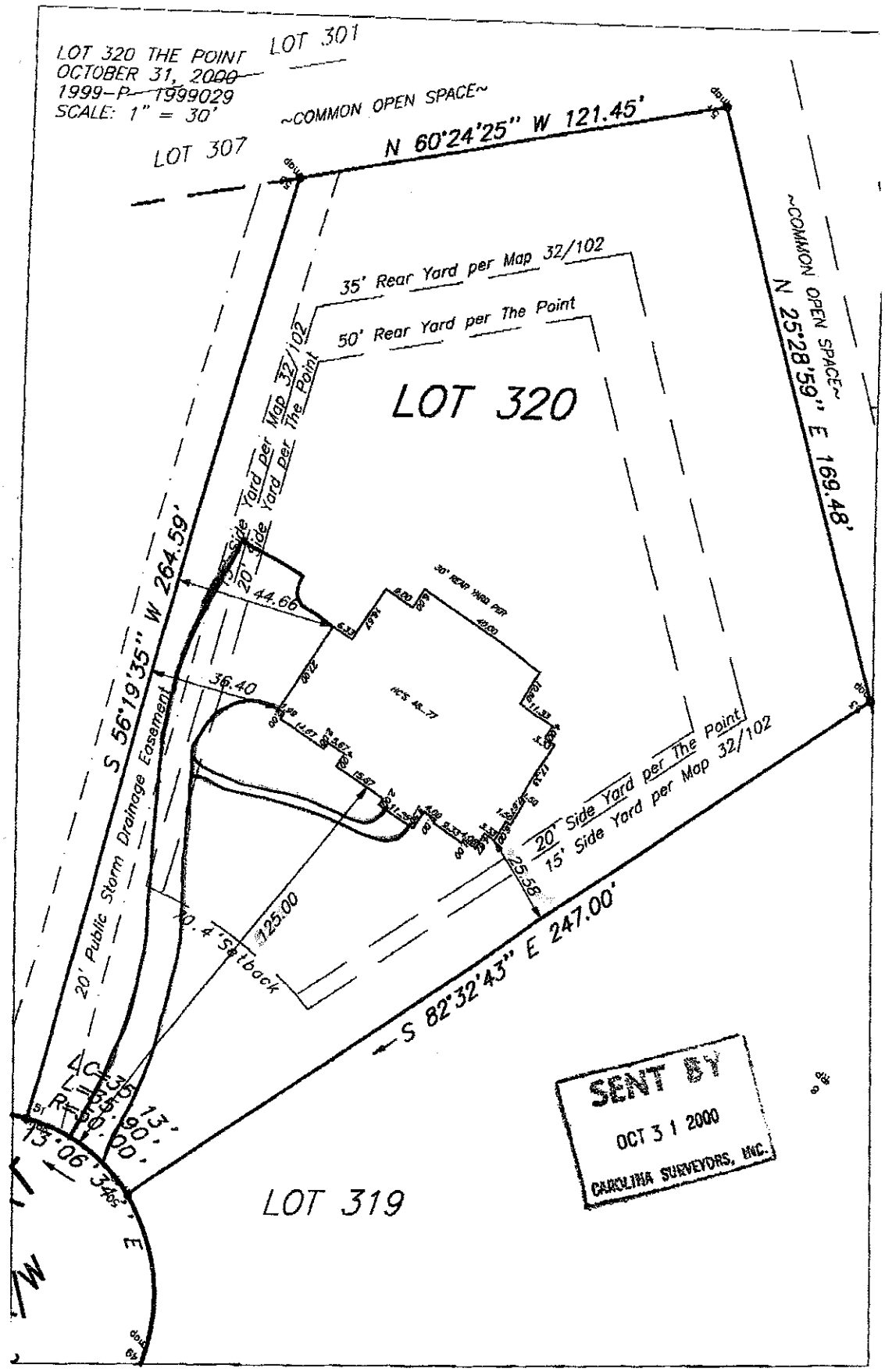
Crawl Space √ Concrete Slab _____ Garbage Disposal √ Jaccuzi or spa √

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.

11-8-00 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT


LOT 320 THE POINT
OCTOBER 31, 2000
1999-P-1999029
SCALE: 1" = 30'
LOT 301
~COMMON OPEN SPACE~
LOT 307
N 60°24'25" W 121.45'
~COMMON OPEN SPACE~
N 25°28'59" E 169.48'
35' Rear Yard per Map 32/102
50' Rear Yard per The Point
LOT 320
20' Side Yard per Map 32/102
20' Side Yard per The Point
S 56°19'35" W 264.59'
20' Public Storm Drainage Easement
44.66
36.40
20' Side Yard per The Point
15' Side Yard per Map 32/102
25.56
125.00
40.4' Setback
S 82°32'43" E 247.00'
LOT 319
SENT BY
OCT 31 2000
CAROLINA SURVEYORS, INC.