1975 Terry Mayhew Mayhew

22369

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 (replacement of MH)

Location: S.R. Rd, TR McKeithen Rd, TR Dixie Circle, TR Chateau

Tax Map No.	Township	Jurisdiction	Zoning
2L-2-A-383	Davidson	Iredell	R-R

Subdivision/~~Mobile Home Park~~	Lot No.	Lot Size	Flood Plain
Crescent Sec 8	383	165 x 210	Panel 200 ( ) yes (✓) no

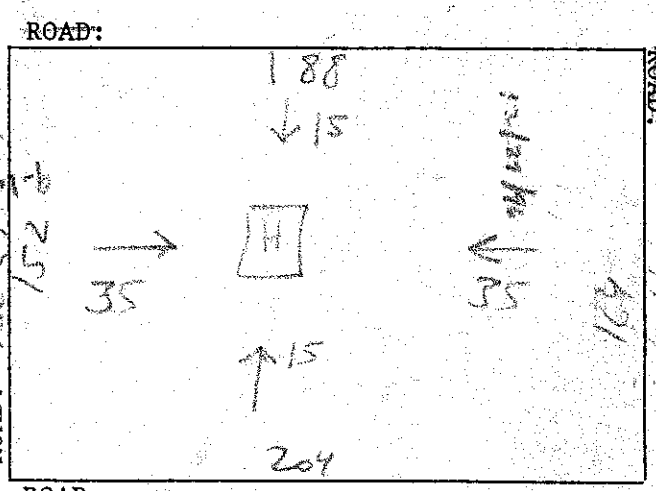
Approx. Area to be disturbed	Street Address	Phone	Watershed
			WS-IV-CA

TAX MAP NO.

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.



$15 - Zoning
$25 - Health
$40

093916

OWNER	ADDRESS	PHONE NO.
WILLARD T. CLARK	4247 LAKE CLIFF DR. CLEMMONS, N.C. 27012	(910) 766-6459

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.

Willard T. Clark — 10-17-95

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

R.C. Carroll — 10-17-95

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
Willard T Clark	910 766 6159	4247 Lake Cliff Dr	Clemmons	NC	27012
Current Property Owner	Mailing Address	City	State	Zip Code
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— do —				

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
CAI Sect B	383		Chanter Pl.

(Proposed) Water Supply: Public, Private Well

Preliminary Plat Approval Date (DEVELOPERS ONLY): L84

Tax Map #: 2L-2-A-383

Specific Directions to Property: SW Branch Rt McKendree Rt Dye Rt chatty at end on Rt.

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

House ✓ Mobile Home ____ Commercial ____ No. Bedrooms 4 No. Baths 4

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.

12/11/95 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT