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:

CRESCENT RESL. INC.	663-6905	P.O. Box 1003	CHAR	NC	28201
Applicant	Phone #	Mailing Address	City	State	Zip Code

SAME				
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

PINNACLE SHORES	12	PH 4	OFF HWY 150
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

		4627849970 P.T.
(Proposed) Water Supply: (Public) Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property HWY 150 W.
TL PARADISE PEN.
~~FOR~~ TL BROOKE

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

House X Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 3

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.

8-10-98 DATE Paul G. Penny SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY
PROPERTY DESCRIPTION FORM
P.O. BOX 788 277 S. CENTER ST.
STATESVILLE, NC 28687
Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

Permit No: 075621 Zoning Permit: X Improvements Permit: 1

Name: CRESCENT RESOURCES Address: PO BOX 1003

City: CHARLOTTE State: NC Zip: 282010000

Phone: 0006636905

Proposed Use: 01

PIN #: 4726889970 PT Zoning: RR Township: 1700

Street Address:

Flood Zone: Panel #: Effective Date: / /

Subdivision/MHP: PINN SHORES IV Lot #: 12 Lot Size:

Has Property been recorded? N Community Water? Sewer?

Provider:

Watershed: WSIVCA Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: 35F 35R 15S

Minimum Lot Size: 25000 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments:

Hold Building Permits? Y Reason: NEED LOT SIZES AND PLAT RECORDED

Location: 150W L PARADISE L NEW STREET 3RD ON RIGHT

Staff: RRS Date: 07/28/98

Fees: Zoning: $ 15.00 Health: $ 175.00

Signature of Applicant:_____
Owner: Agent: