**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 |
|---|---|---|---|---|---|
| Roger W. Frost | 336-996-2689 | 1170 Marietta Dr. | Clemmons | NC | 27284 |
| Same | | | | | |
| Current Property Owner | | Mailing Address | City | State | Zip Code |

PROPERTY INFORMATION:

| (Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | State Road # |
|---|---|---|---|
| | 81 | 10 | |

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

Specific Directions to Property Hwy 150 to Tu McCrary - Left To End - Right on Riverwood 1/4-1/3 Mi - Property On Left in Curve

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

House X Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 5 1/2

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

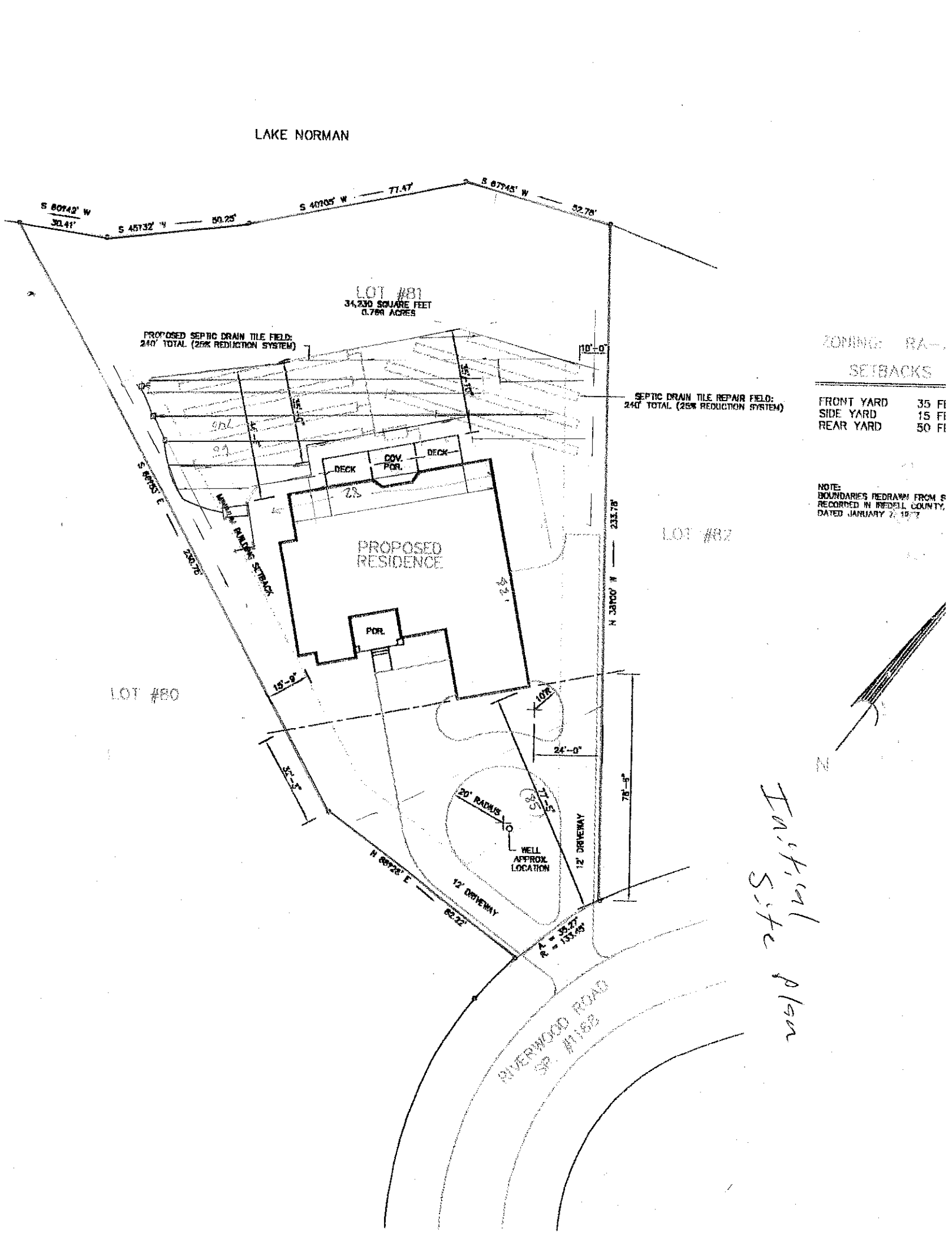
Crawl Space _____ Concrete Slab _____ Garbage Disposal X Jaccuzi or spa _____

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.

6/16/03 DATE R. W. Frost SIGNATURE OF OWNER/AUTHORIZED AGENT


LAKE NORMAN
S 80°42' W
30.41'
S 45°32' W
50.25'
S 40°05' W
77.47'
S 67°45' W
52.78'
LOT #81
34,230 SQUARE FEET
0.786 ACRES
PROPOSED SEPTIC DRAIN TILE FIELD:
240' TOTAL (25% REDUCTION SYSTEM)
SEPTIC DRAIN TILE REPAIR FIELD:
240' TOTAL (25% REDUCTION SYSTEM)
10'-0"
DECK
COV. POR.
DECK
PROPOSED RESIDENCE
POR.
MINIMUM BUILDING SETBACK
S 69°05' E
250.75'
N 38°00' W
233.78'
LOT #82
LOT #80
15'-9"
10'R
24'-0"
78'-5"
20' RADIUS
WELL APPROX. LOCATION
12' DRIVEWAY
12' DRIVEWAY
N 69°28' E
82.22'
R = 133.05'
RIVERWOOD ROAD
SR #1152
ZONING RA-
SETBACKS
FRONT YARD 35 FI
SIDE YARD 15 FI
REAR YARD 50 FI
NOTE:
BOUNDARIES REDRAWN FROM S
RECORDED IN IREDELL COUNTY,
DATED JANUARY 7, 19
N
Initial Site Plan