IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
Application For Improvement

ALL items on this application form must be completed before Health Department can begin work. This application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
Michael Bailey	704-2693	9165 Brookwood Dr	Mooresville	NC	28115

Current Property Owner	Mailing Address	City	State	Zip Code
Crescent Resources				

PROPERTY INFORMATION:

Proposed Subdivision Name	(Proposed) Lot #	(Proposed) Street Address #	State Road #
Brumsville Shores	#7	Sirena Lane	

Proposed Water Supply: Public Private Well	Preliminary Plat Approval Date (DEVELOPERS ONLY)	Tax Map #
Community Well		

Brief Directions to Property: Hwy 150 East turn Right at Point of Interest Beach Access Dock

Please check (✓) or number as appropriate.

Type: Home 1 Commercial ___ No. Bedrooms 4 No. Baths 3.5

No. Persons (Employees if commercial only) ___ Basement ___ Basement with Plumbing ✓

Type Floors ___ Concrete Slab ___ Crawl ___ Garage ___ Other ___

I. APPLICANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soil-site evaluation of the property described herein. This evaluation is to be conducted for the sole purpose of providing 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 I understand that, by state law, any Improvement Permit issued on the above property may be withdrawn if changes are made in the designated sewage system site.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. I, owner or authorized agent, have read and fully understand the contents of this application and certify that the maximum number intended to be placed on this property to my knowledge is one.

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 are altered or intended use changes.

9/1/15 DATE Michael Bailey SIGNATURE OF OWNER/AUTHORIZED AGENT

FAX NO. 704 [illegible] P.03

22008

PROPERTY DESCRIPTION

P.3/5
Call Sanitarian Between
9 a.m. and 9 a.m.
864-5281 / 873-0565

Application for: ( ) Improvements Permit (✓) Zoning Permit ( ) Special Use ( ) Subdivision Approval ( ) Other

Proposed Use: SF Home

Location: Hwy 150 W, TR [illegible] Lake Norman Rd, Lot [illegible]

Tax Map No.	Township	Jurisdiction	Zoning
2-11-12e	Denver	Lincoln	RR

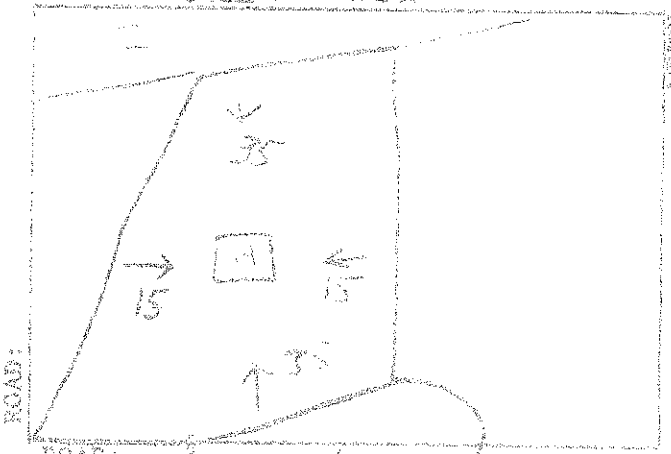
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Riverside Shores Phase I	7	2.27 ac	( ) yes (✓) no

Approx. Area to be disturbed	Street Address	Phone	Watershed
			WS-IV-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 each building on adjacent lot and their use.



090535 / 01

OWNER: [illegible] Ridley ADDRESS: [illegible] PHONE NO.: [illegible]

I certify that all of the statements made in this application and any attached documents are complete, 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.

[signature] 3/23/95
Signature of Owner or Authorized Agent — Application Date

In brief, the following minimum zoning requirements must be met, unless the Health Dept. requires more land area or other qualifications are indicated in the remarks.

Lot area 2.27 sq. ft. Front yard depth 35 ft. Corner yard depth 25 ft.

Lot width 166' ft. Side yard depth 15 ft. Rear yard depth 35 ft.

THIS INDICATES (IS) (is not) PERMITTED IN THE ZONING DIVISION.

Remarks: Need shot conference before bldg. permit is issued

ZONING ADMINISTRATION DIVISION

[signature] 3-27-95
Approved by — Date

WHITE: Original CANARY: Inspection Copy PINK: Health Dept GOLD: Owner