22037

PROPERTY DESCRIPTION

Call Sanitarian Between 8 a.m. and 9 a.m. 878-5305

APPLICATION FOR- (Not a Permit) (✓) Improvements Permit (✓) Zoning Permit ( ) Special Use ( ) Subdivision Approval ( ) Other

Proposed Use: House

Location: Lot 150 ft. Ft Dinner Drive, Lot on left in

Tax Map No.	Township	Jurisdiction	Zoning
4744.A.29	Lenoir	Inside	R2

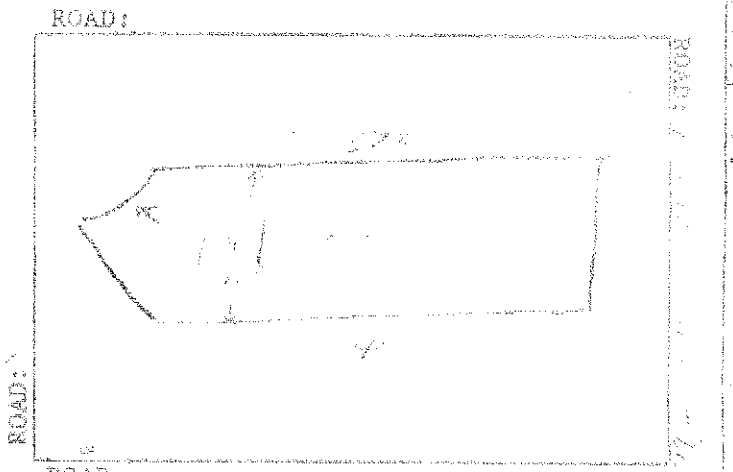
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Forrest Slope 5	38	.41 ac	( ) yes (✓) no

Approx. Area to be Disturbed	Street Address	Phone	Watershed
			LOW

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.



0926B3

OWNER Joseph Watts

ADDRESS 136 Mt View Rd Statesville

PHONE NO. 704-873-2612

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.

X Joseph Watts

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 20,000 sq. ft. Front yard depth 45 ft. Corner yard depth 25 ft.

Lot width 100 ft. Side yard depth 12 ft. Rear yard depth 45 ft.

LAND USE INDICATED (is) (is not) PERMITTED IN THE ZONING DISTRICT.

REMARKS: Lot has been Corrected. Permit can be issued

ZONING ADMINISTRATION DIVISION

Approved by — Date

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

Postal® Fax Note 7671	Date	# of pages ▸
To Al SPARKS	From Watts	
Co./Dept.	Co.	
Phone #	Phone #	
Fax # 463-9337	Fax # 704 824-3054	

HEALTH DEPARTMENT
L HEALTH DIVISION
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:

Joseph Watts	704 550-0809	21032 Norman Shores	Davidson	NC	28036
Applicant	Phone #	Mailing Address	City	State	Zip Code

Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

Pinnacle Shores	58		
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

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

Specific Directions to Property 209 Pinnacle Shores Drive
Off 150 Highway across from
Lakeview Harbor Boat

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

House X Mobile Home ____ Commercial ____ No. Bedrooms 4 No. Baths 3 1/2

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

Crawl Space ____ Concrete Slab ____ Garbage Disposal ✓ Jacuzzi 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 issue date and is subject to revocation if the above described site plans or intended use changes.

10 20 95 DATE Joseph M Watts SIGNATURE OF OWNER/AUTHORIZED AGENT