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:

John & Pam Hunt	336-760-9551	320 Springwater Ct.	Winston-Salem	NC	27106
Applicant	Phone #	Mailing Address	City	State	Zip Code

John & Pam Hunt	320 Springwater Ct	Winston-Salem	NC	27106
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

Wildlife Bay	#48	165 Eagle Chase	
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

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

Specific Directions to Property Perth Rd. South, Letton State Park Rd., left on Wildlife Rd, right on Deer Run, Left on Maple View, Rt on Eagle Chase Lane – near end (165 Eagle Chase – Lot #48)

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

House X Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 4.5

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

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

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.

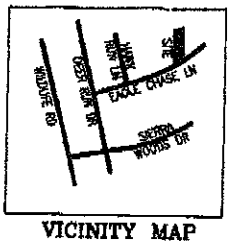
I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

10/18/03 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

THIS IS TO CERTIFY THAT ON THE 21ST DAY OF OCTOBER 20 03 THIS PLOT PLAN WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES WERE PLOTTED FROM INFORMATION PROVIDED BY OTHERS, AND THE IMPROVEMENTS, UNLESS OTHERWISE INDICATED, ARE PROPOSED. NO ACTUAL FIELD SURVEY WAS PERFORMED IN THE PREPARATION OF THIS MAP. THIS IS A PRELIMINARY MAP AND NOT INTENDED TO BE USED FOR CONVEYANCES, RECORDATION OR SALES.

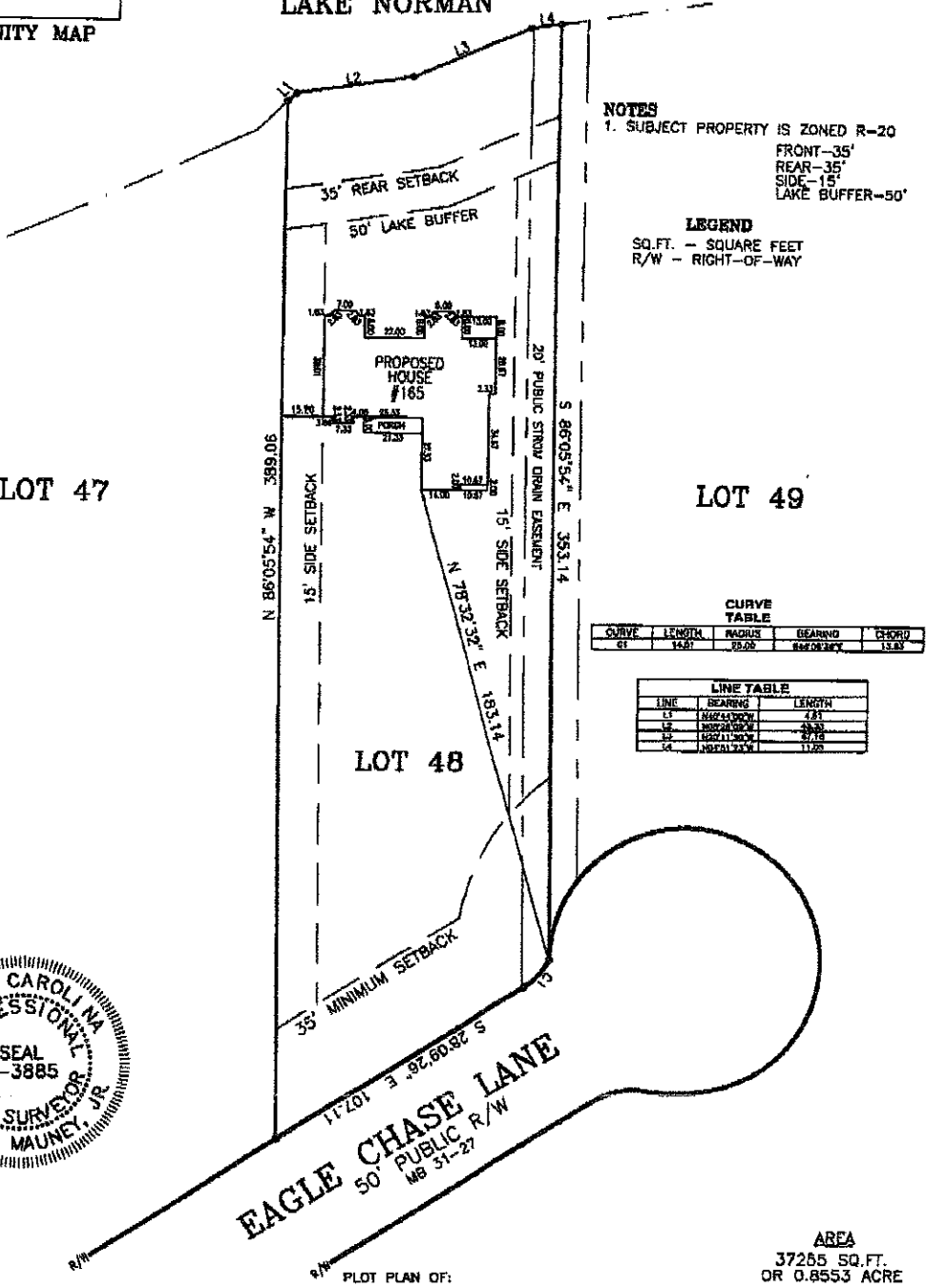
SIGNED

JAMES MAUNEY & ASSOCIATES, P.A.
PROFESSIONAL SURVEYORS
19627-A NORTHLINE DRIVE
CORNELIUS, NC 28031
TEL: 704-987-3862
FAX: 704-987-3863



VICINITY MAP

LAKE NORMAN



NOTES
1. SUBJECT PROPERTY IS ZONED R-20
FRONT-35'
REAR-35'
SIDE-15'
LAKE BUFFER-50'

LEGEND
SQ.FT. - SQUARE FEET
R/W - RIGHT-OF-WAY

CURVE TABLE

CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	14.61	55.00	N64°08'38"W	13.83

LINE TABLE

LINE	BEARING	LENGTH
L1	N40°44'06"W	4.81
L2	N69°28'09"W	49.33
L3	N60°11'30"W	67.16
L4	N59°51'23"W	11.05

NORTH CAROLINA PROFESSIONAL SEAL L-3885 LAND SURVEYOR JAMES H. MAUNEY, JR.

AREA
37285 SQ.FT.
OR 0.8553 ACRE

PLOT PLAN OF:

LOT 48, WILDLIFE BAY, PHASE 1

DAVIDSON TOWNSHIP, IREDELL COUNTY, NORTH CAROLINA

PREPARED FOR **C.M. KNIGHT FINE HOME BUILDERS**

SCALE 1"=50'

MAP BOOK 31 PAGE 27

DEED BOOK ____ PAGE ____

CREW DP DRAWN DS REVISED ____

TAX PARCEL 4629498744.0

FLOOD CERTIFICATION
THIS IS TO CERTIFY THAT THE SUBJECT PROPERTY IS PARTLY LOCATED IN A SPECIAL FLOOD HAZARD AREA AS SHOWN ON MAPS PREPARED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY, FEDERAL INSURANCE ADMINISTRATION, DATED JUNE 22, 1998

COMMUNITY PANEL 3703130200C

169