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 Resc. INC | 663-6905 | P.O. Box 1003 | Charlotte | NC | 28201
Applicant | Phone # | Mailing Address | City | State | Zip Code

SAME | | | | |
Current Property Owner | Mailing Address | City | State | Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name: 880 | (Proposed) Lot #: Sect 17 | (Proposed) Block/Section #: 1447 State Road #

(Proposed) Water Supply: Public (Private Well) (PW) | **Preliminary Plat Approval Date** (DEVELOPERS ONLY) | 3C-2-A-75C Tax Map #

Specific Directions to Property - STATE PARK Rd
- TL MORRISON FARM Rd
- TL STILLWATER
- LOT ON LEFT PAST TRANSMISSION Row
PAST ASPEN LANE

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

House X Mobile Home ____ Commercial ____ No. Bedrooms 3 No. Baths 3

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

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.

8-13-96 DATE Paul G. Kemp SIGNATURE OF OWNER/AUTHORIZED AGENT

House Size 40 x 80

Revised 9/27/96 PGP

24846

Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

PROPERTY DESCRIPTION

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

Proposed Use: SF Dwelling

Location: Perth Rd., TR State Park, TL Morrison Farm, TL Stillwater, 1st Lot on Rt. side

TAX MAP NO.

Tax Map No.	Township	Jurisdiction	Zoning
3C-2-A-75(A1)	Fallstown	Iredell	R-R

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Sect. 17	880		( ) yes (✓) no

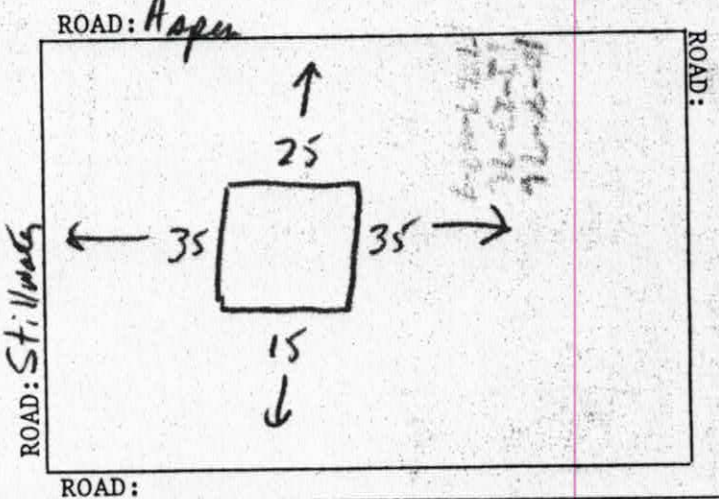
Approx. Area to be disturbed	Street Address	Phone	Watershed
			WS IV - CA

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 main building on adjacent lot and their use.

$15
50
$65



OWNER	ADDRESS	PHONE NO.
Crescent Resources	PO Box 1003 Charlotte 28201	525-6024

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.

Doney C. Groves (F) 8-21-96

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 35 ft. Corner yard depth 25 ft.

Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 35 ft.

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

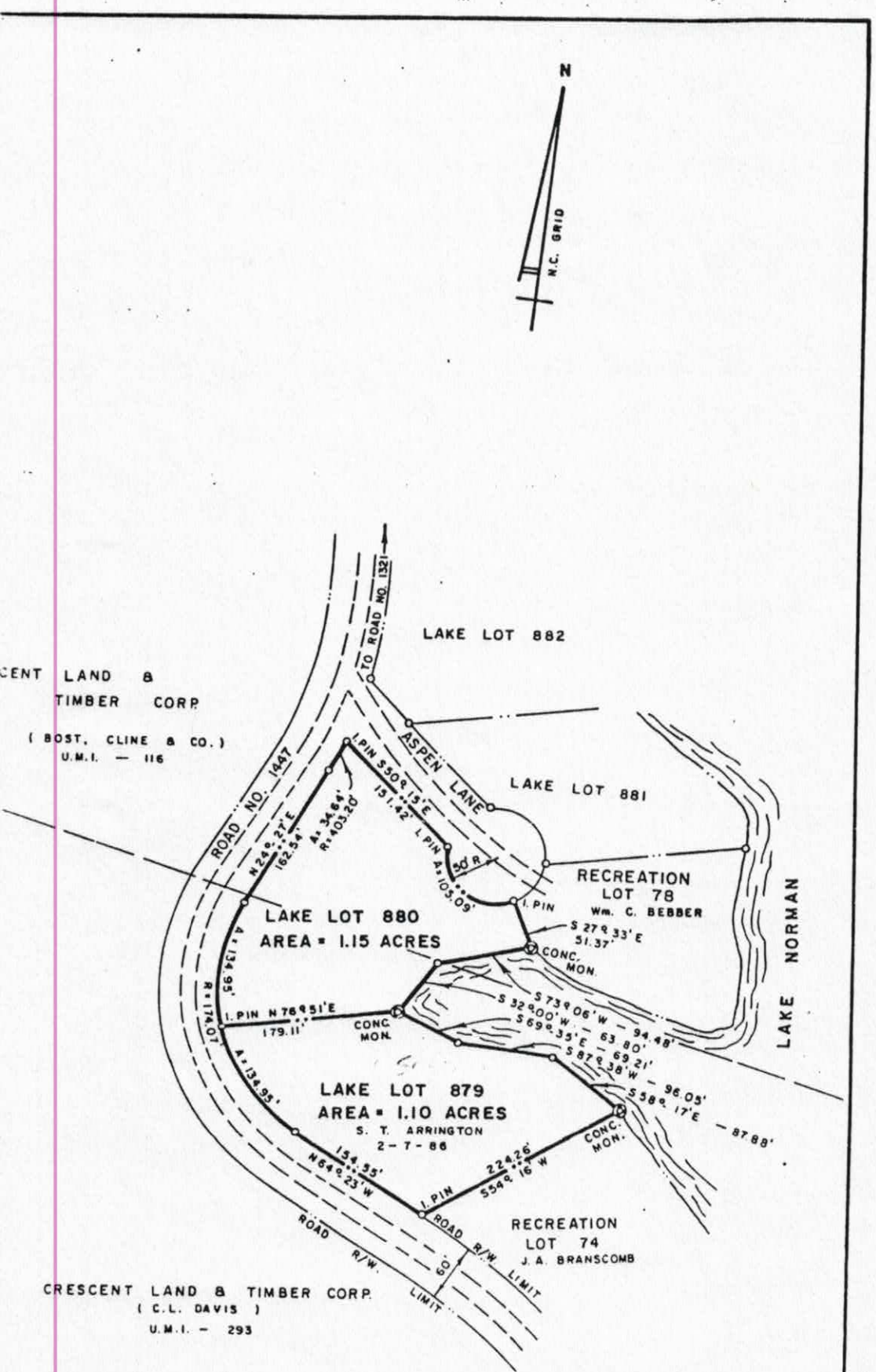
REMARKS:

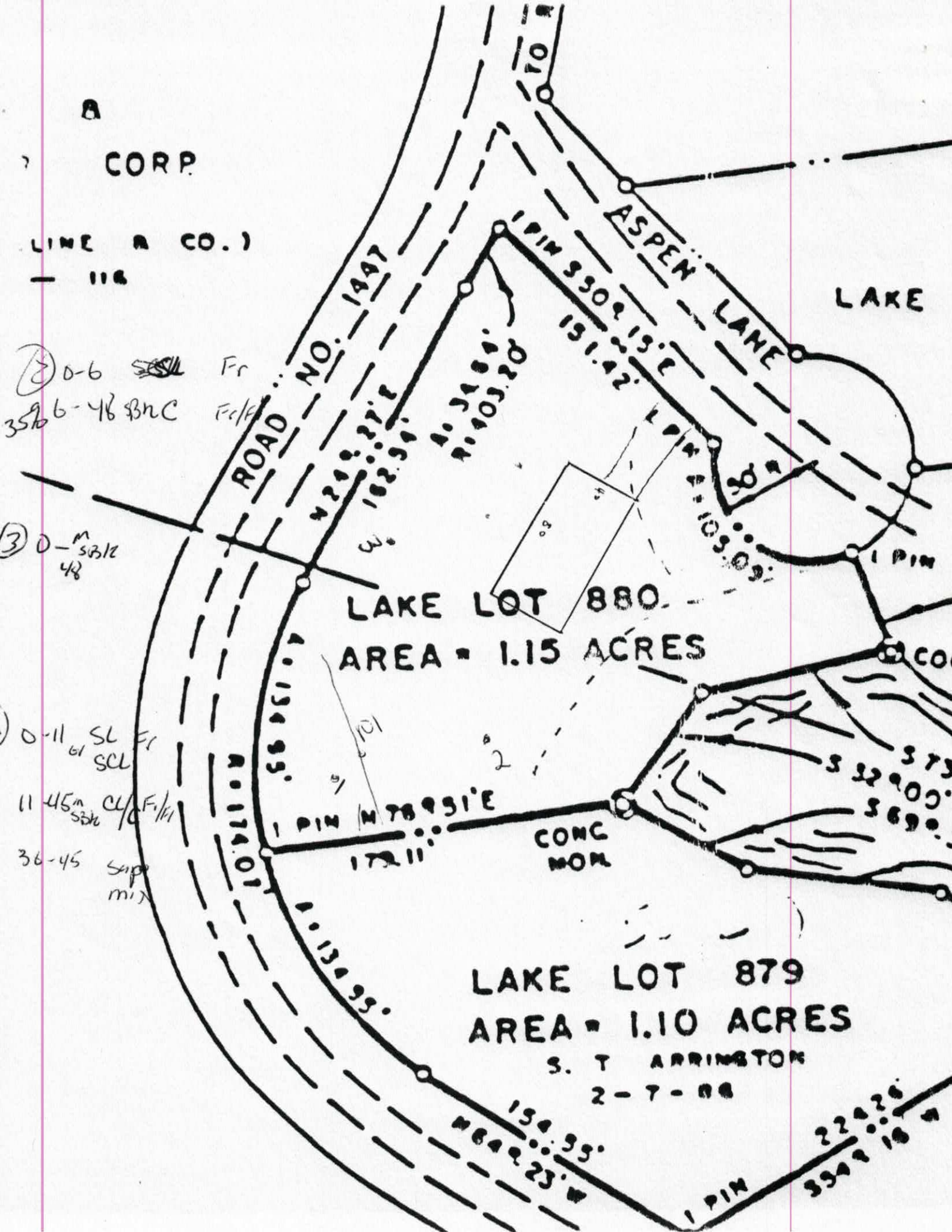
ZONING ADMINISTRATION DIVISION

Ron Smith — Approved by

8/21/96 — Date

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


N
N.C. GRID
TO ROAD NO. 1321
LAKE LOT 882
ASPEN LANE
LAKE LOT 881
RECREATION
LOT 78
Wm. C. BEBBER
LAKE NORMAN
ROAD NO. 1447
I PIN S 50° 15' E
131.42'
I PIN
A = 105.09'
50' R
I. PIN
S 27° 33' E
51.37'
CONC. MON.
LAKE LOT 880
AREA = 1.15 ACRES
N 24° 27' E
162.54'
A = 34.64'
R = 403.20'
A = 134.95'
R = 1140.7'
I. PIN N 76° 51' E
179.11'
CONC. MON.
S 32° 00' W
S 73° 06' W - 94.48'
S 69° 35' E - 63.80'
S 87° 38' W - 69.21'
S 58° 17' E - 87.88'
LAKE LOT 879
AREA = 1.10 ACRES
S. T. ARRINGTON
2-7-86
A = 134.95'
134.55'
N 64° 23' W
224.26'
S 54° 16' W
I. PIN
CONC. MON.
ROAD R/W
ROAD R/W LIMIT
60'
RECREATION
LOT 74
J. A. BRANSCOMB
CRESCENT LAND & TIMBER CORP.
(C.L. DAVIS)
U.M.I. - 293
CENT LAND &
TIMBER CORP.
(BOST, CLINE & CO.)
U.M.I. - 116


A
CORP
LINE A CO.)
— 11A
ROAD NO. 1447
ASPEN LANE
LAKE
10
1 PIN
S 39° 15' E
151.42'
N 24° 27' E
182.94'
N 103.20'
30'
1 PIN
N 103.03'
LAKE LOT 880
AREA = 1.15 ACRES
S 51° 49'
1 PIN
N 78° 31' E
178.11'
CONC MON
1 PIN
LAKE LOT 879
AREA = 1.10 ACRES
S. T ARRINGTON
2-T-8A
154.55'
N 64° 23' W
1 PIN
0-6 Fr
6-48 SBrC Fr/F
0-11 SL Fr
SCL
11-45 CL/C F1/11
36-45 Sapp mix