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
WAYNE JESEL	732-229-3360	35 MANN CT.	Monmouth Bch,	NJ	07750
Same As Above					
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
KINGS LANDING	#11		

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

Specific Directions to Property I-77 South to Exit #33, Turn RT Turn LT on Alcove, Turn RT Laughter, Turn LT Knowlow, Lot #11 (225 Knowlow Lane)

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

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

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

Crawl Space X 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.

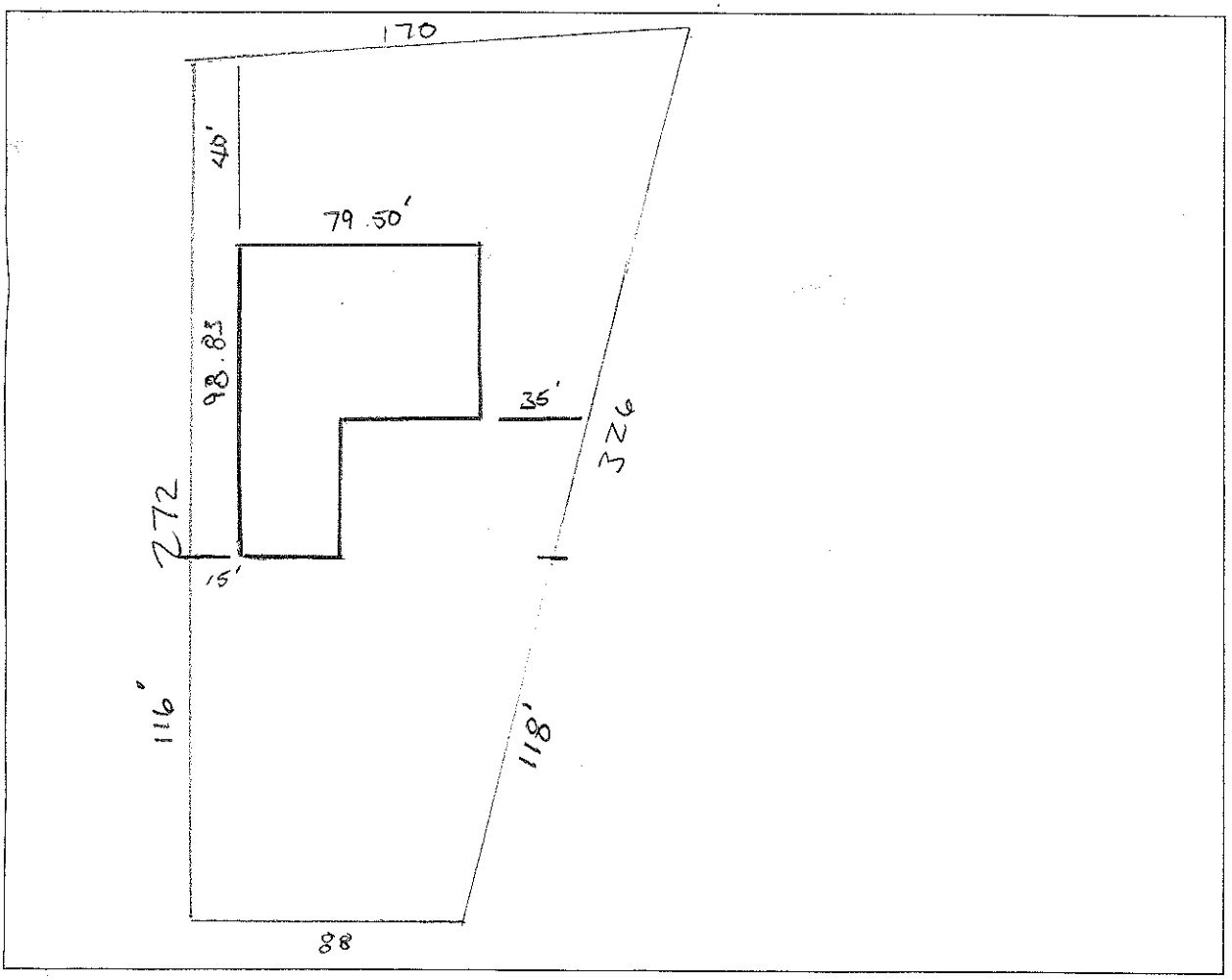
_____ DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

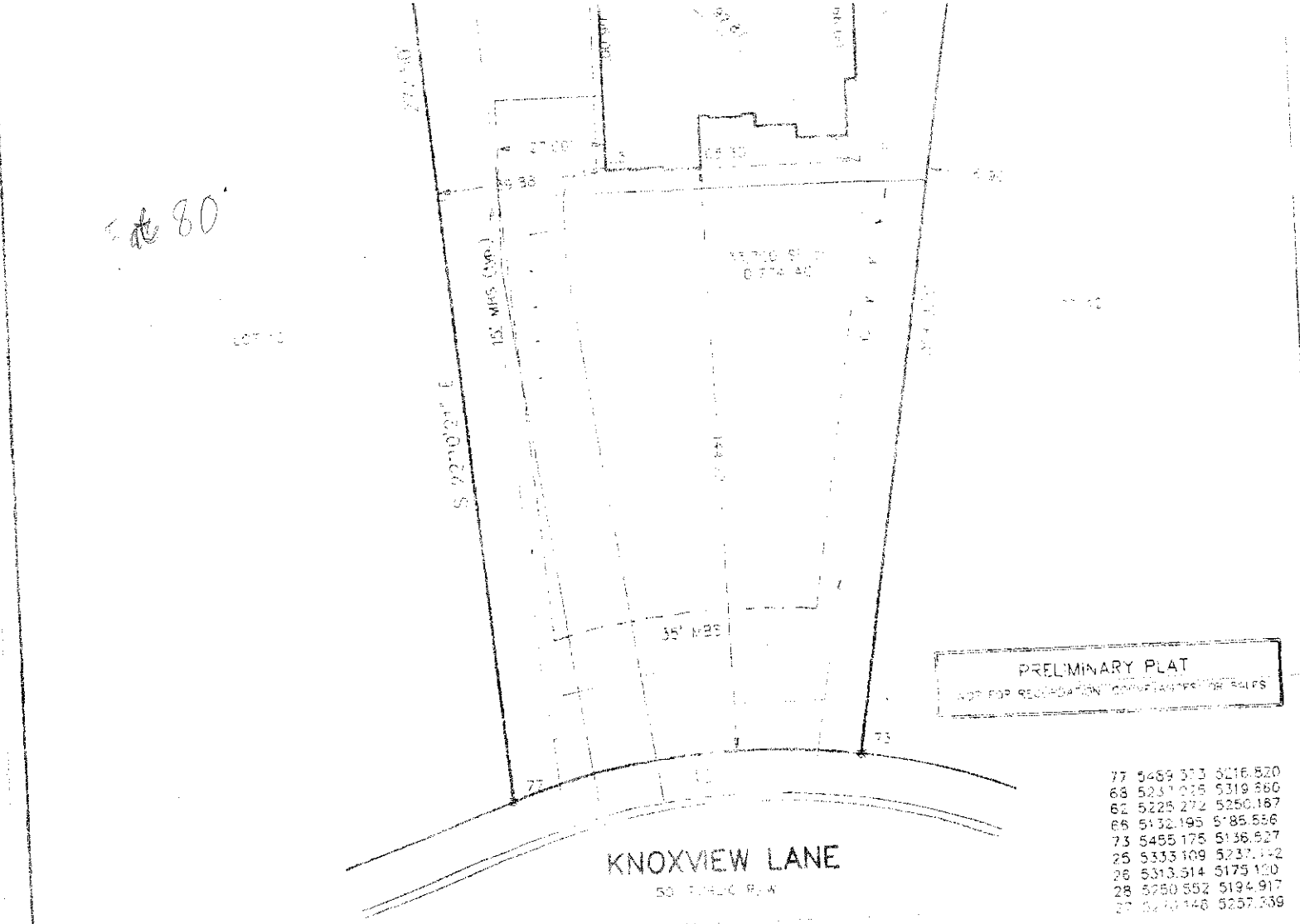
All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.



I hereby convenant that the above representation is correct to the best of my knowledge and ability.

_____ Date Ken Wenrich SIGNATURE OF OWNER/AUTHORIZED AGENT



PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES

77	5489.373	5216.820
68	5237.035	5319.660
62	5225.272	5250.167
66	5132.195	5185.556
73	5455.175	5136.527
25	5333.109	5237.142
26	5313.514	5175.100
28	5260.552	5194.917
27	5240.148	5257.339

0' 1" SCALE: 1" = 40'

Lucas-Forman Incorporated
Land Surveying
Planning & Engineering
645 Pressley Road, Suite N
Charlotte, North Carolina 28217
P.O. Box 11380 28220-0386
(704) 527-6626 Fax 527-9640

PLOT & HUBBING PLAN

KNOXVIEW LANE

DAVIDSON TOWNSHIP, IREDELL COUNTY, N.C.

LOT 11 BLOCK ___ MAPBOOK 24 PAGE 149
SUBDIVISION KING'S LANDING MAP 2
DEED REFERENCE ___

for
C. RICHARD DOBSON BUILDERS

REVIEWED: ___ DATE: 2-23-96 REV. 0
DRAWN: R.K. WILLIAMS UPDATE:

ENVELOPE:
1

JOB # KL1101 FILE # IRE

FEB-23-96 FRI 10:31 LUCAS FORMAN FAX NO. 7045279640 P.02