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:

C. Richard Dotson Panthers (Applicant)	546 0067 (Phone #)	8220 Univ. Pk. Site 150 (Mailing Address)	Char (City)	NC (State)	28262 (Zip Code)
C. Richard Dotson Bldrs (Current Property Owner)	Same as above (Mailing Address)				

PROPERTY INFORMATION:

Kings Landing ((Proposed) Subdivision Name)	21 ((Proposed) Lot #)	1 ((Proposed) Block/Section #)	(State Road #)
Private Well ((Proposed) Water Supply: Public, Private Well)	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)		(Tax Map #)

Specific Directions to Property 77N to Exit 33, ~~If o~~ rt on Langtree 2nd Knownen lane.

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

House X Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 3

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

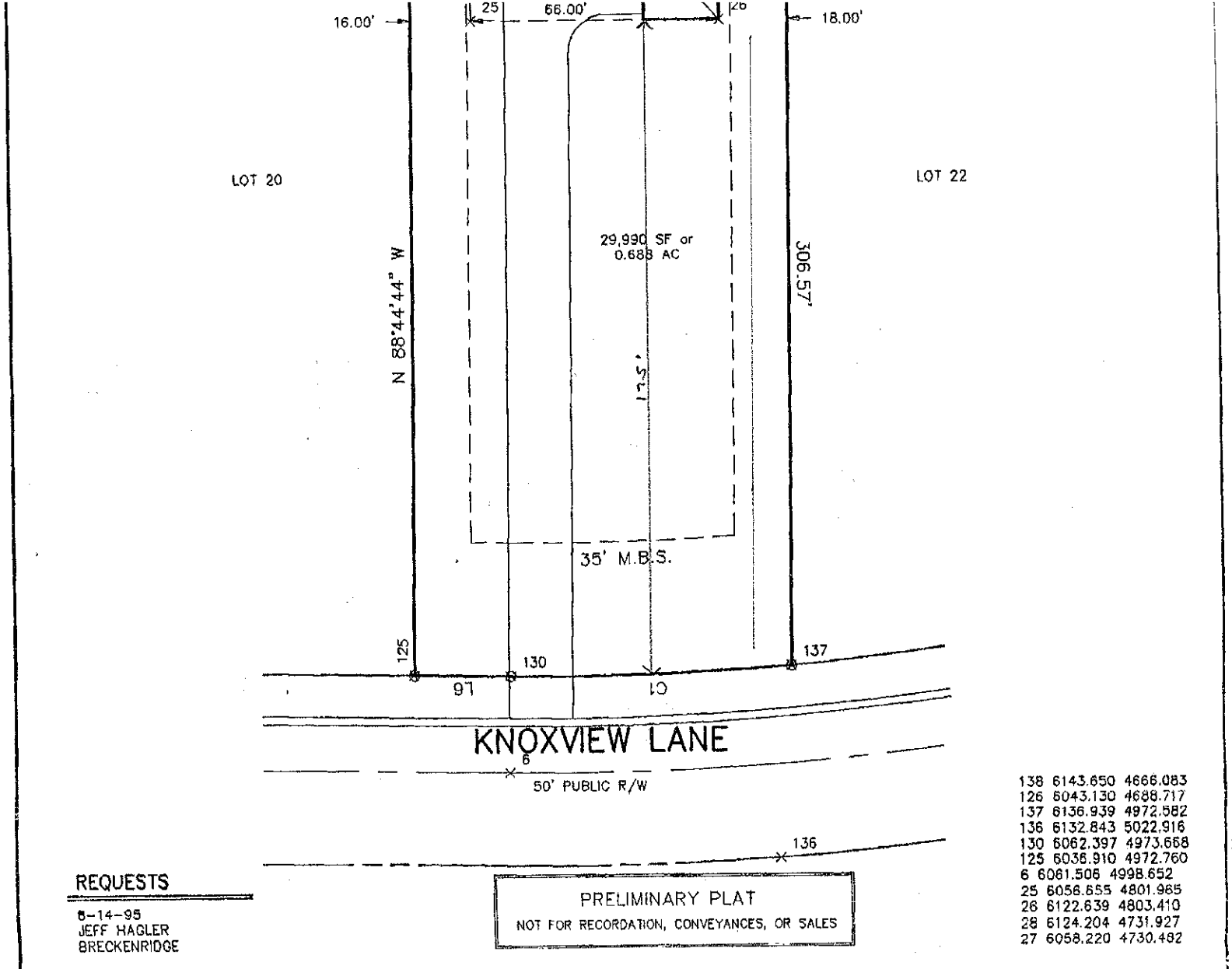
Crawl Space X Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

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.

8-25-95 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT



138 6143.650 4666.083
126 6043.130 4688.717
137 6136.939 4972.582
136 6132.843 5022.916
130 6062.397 4973.668
125 6036.910 4972.760
6 6061.506 4998.652
25 6056.655 4801.965
26 6122.639 4803.410
28 6124.204 4731.927
27 6058.220 4730.482

REQUESTS

8-14-95
JEFF HAGLER
BRECKENRIDGE

PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES

REV. 1	8-16-95	RKW	WAS 70x72 ENVELOPE

0" 1" SCALE: 1" = 40 '

Lucas-Forman Incorporated
Land Surveying
Planning & Engineering

645 Pressley Road, Suite N
Charlotte, North Carolina 28217
P.O. Box 11386 28220-0386
(704) 527-6626 Fax 527-9640

PLOT & HUBBING PLAN
of
KNOXVIEW LANE
DAVIDSON TOWNSHIP, IREDELL COUNTY, N.C.

LOT 21 BLOCK ____ MAPBOOK 24 PAGE 149
SUBDIVISION KING'S LANDING MAP 2
DEED REFERENCE: ____
for
C. RICHARD DOBSON BUILDERS, INC.

REVIEWED: | DATE: 8-8-95 | REV. 0

~~SCALE~~

ENVELOPE:
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