IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

Now Lot 111

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
CRESCENT RESC. INC.	663-6905	P.O. Box 1003	Charlotte	NC	28201

Current Property Owner	Mailing Address	City	State	Zip Code
SAME				

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
The Pointe	~~111~~	Phase 1	

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
		4625941684(pt)

Specific Directions to Property BRAWLEY SCHOOL Rd, TL MEETING HOUSE WAY
TL EASTON St.
TR OLD Post Rd
Lot at Intersection of OLD Post Rd
AND [redacted] MOORS END

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

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

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

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

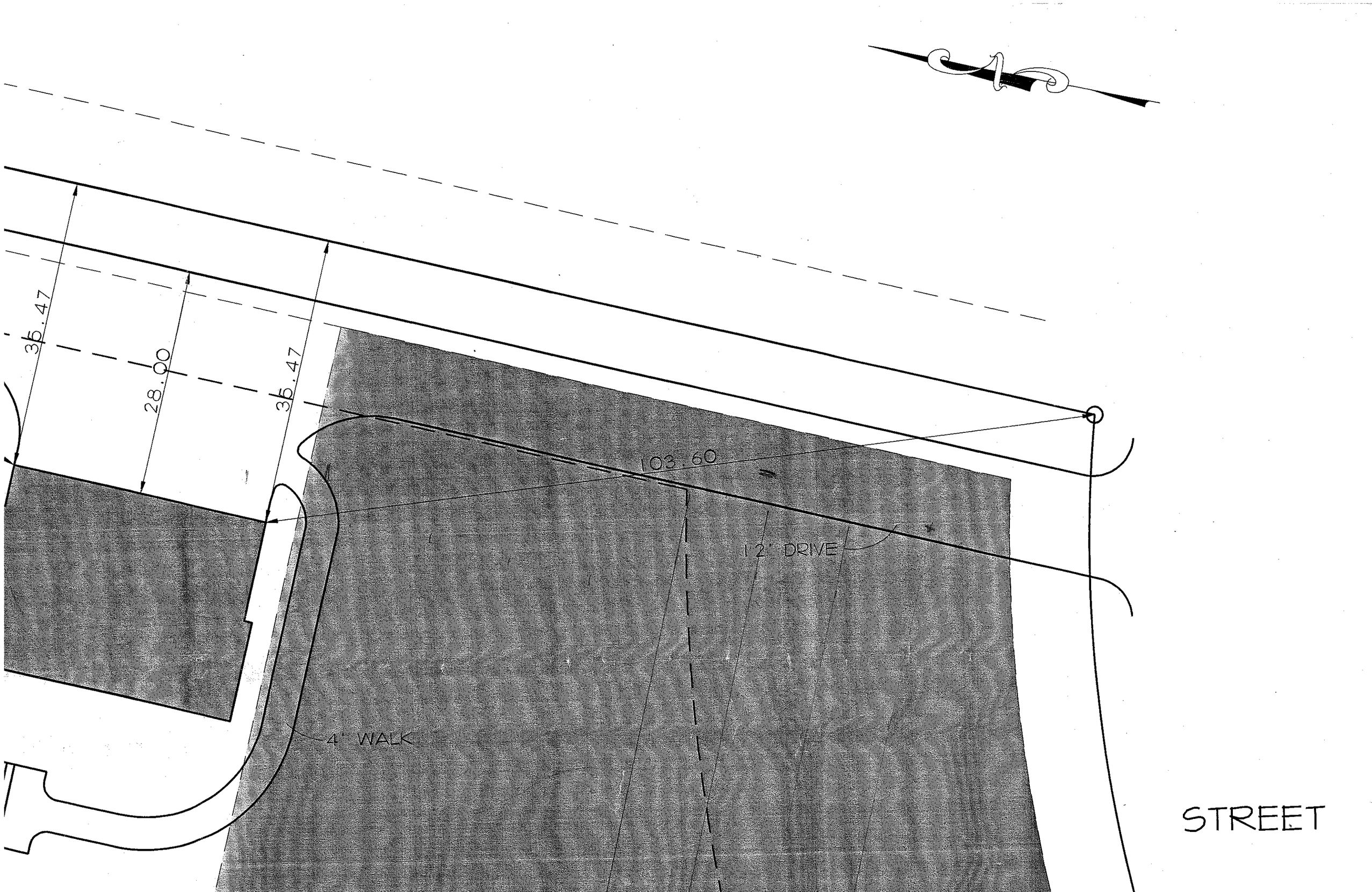
COVENANT AND SIGNATURE:

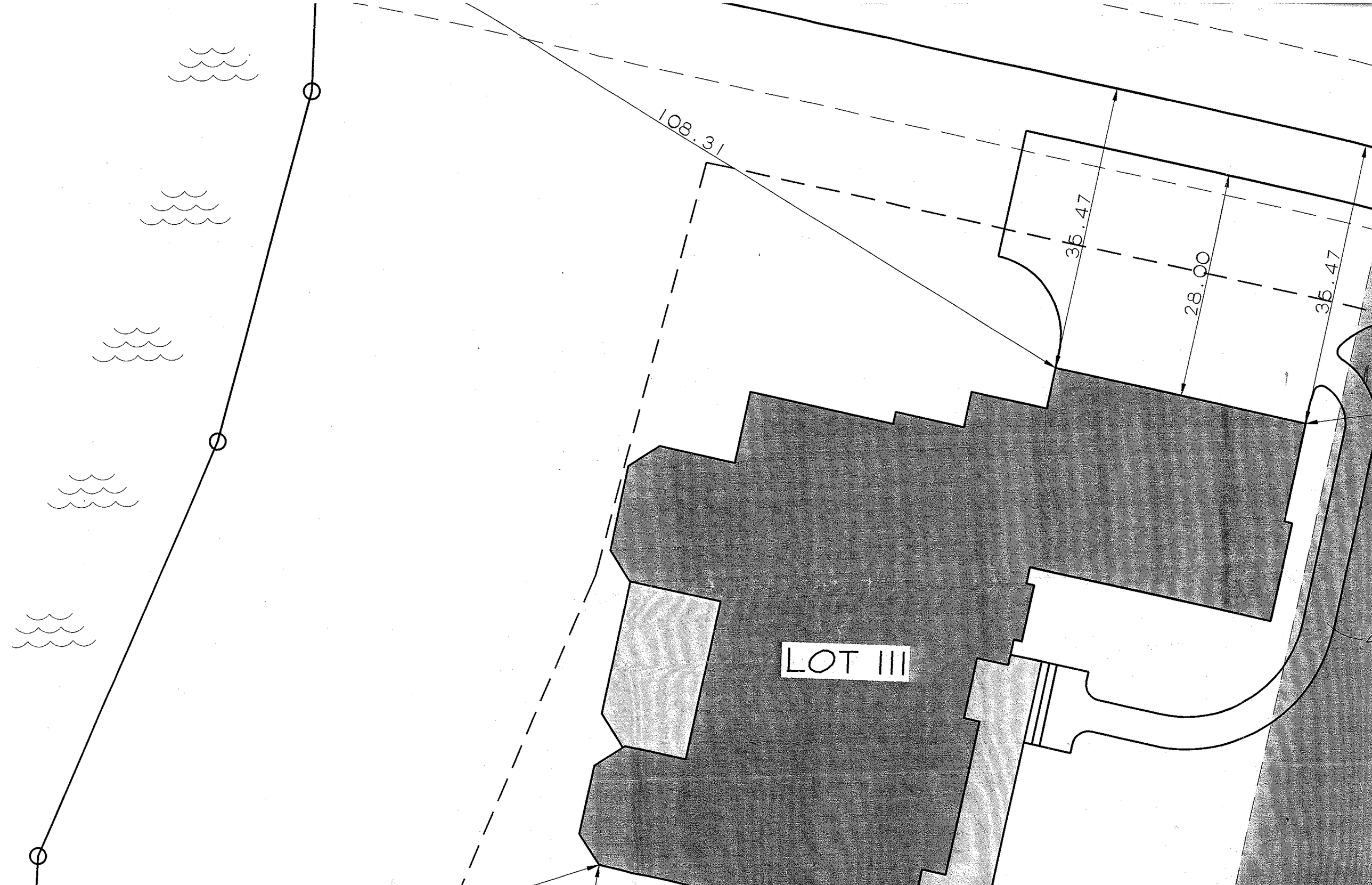
I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to 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.

Dec. 30, 1997 DATE Paul G. Penny SIGNATURE OF OWNER/AUTHORIZED AGENT

LOT 108A
S.F.E.
R=235.0'
L=74.02'
PC = 10+22
PT = 11+00
S33°19'28"W
22.00'
14+00
15+00
S89°07'08"W
88.26'
13+00
12+00
PC = 13+07.62
PT = 12+19.37
DRIVE
SEPTIC
35' SETBACK
130'
143'
309'
293'
232'
144'
155'
150'
111
sq.ft.
35,501
CRAWL
80x90
BASEMENT
112
37,944
sq.ft.
CRAWL
BASEMENT
50' SETBACK
113
37,289
sq.ft.
CRAWL
BASEMENT
R=225.00'
L=219.37'
28,97
37.
22
200


36.47
28.00
36.47
103 60
12' DRIVE
4' WALK
STREET


108.31
36.47
28.00
36.47
LOT 111