No. 18380

PROPERTY DESCRIPTION

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

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

Proposed Use: Single Family House

Location: SR 1100, TL SR 1115, TR Waterford Dr. TL Pine Isle

TAX MAP NO.

Tax Map No.	Township	Jurisdiction	Zoning
26-23-A-79	Mallard Creek	Iredell	R-20

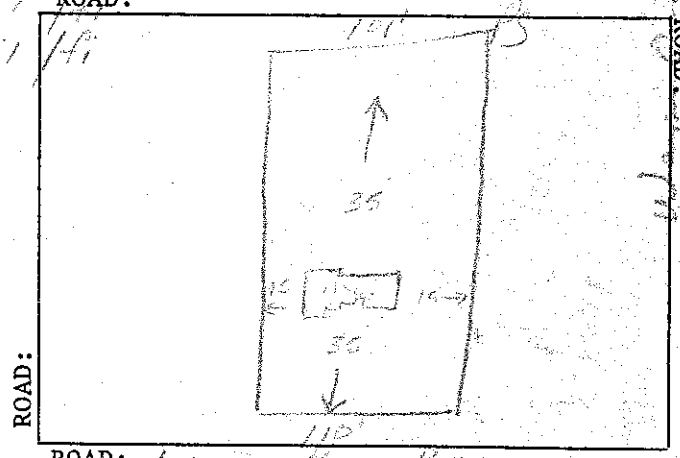
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Pine Isle Ph II	79	.533	( ) yes ( ) no

Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Watershed

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.



ROAD: Lake Pine Road

15.00
25.00
$40.00
85149
BB

OWNER	ADDRESS	PHONE NO.
M.L. Homes	1043 E. Mountain Dr. Cmc. NC 28204	376-9800

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.

X _____ 4-27-94

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

Approved by: Willie Allen — Date: 4-27-94

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

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:

MI HOMES | 376 9800 | 1043 E. MOREHEAD CHAR | NC | 28204
Applicant | Phone # | Mailing Address | City | State | Zip Code

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

PROPERTY INFORMATION:

PINE ISLE | 79
(Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | State Road #

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

Specific Directions to Property

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

House ✓ Mobile Home ____ Commercial ____ No. Bedrooms 3 No. Baths 2 1/2

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

Crawl Space ✓ 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.

4/28/94 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: ___ Improvement Permit ___ Authorization To Construct ___ BOTH ✓ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application.
The following optional attachments may also be submitted: ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
David Younts	109 LAKE PINE Rd - Mrsvl.	704-878-0395	cell 908-9852 704-[illegible]
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
KATE OVERTON	109 LAKE PINE Rd - Mrsvl.	704-996-5969	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
109 LAKE PINE Rd - Mrsvl.		

Driving Directions: Brawley School Rd. - Left on STUTTS, RT TURBO, LLY, LT. ISLE OF PINE PT on LAKE PINE Rd (109) on left.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence — Maximum Number of Bedrooms ___ — (✓) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
(✓) Repair To Failing Septic System due to TANK UNSOUND & CRACK — ( ) Basement w/out Plumbing?
( ) Other ___

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well (✓) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) Existing system--installed in ___ *YEAR*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other ___ ( ) No Preference

8. Please Answer The Following To The Best of Your Ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: David L. Younts — 10-10-11
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

PAID OCT 10 2011
$135.00 Ck# 11929

17072

02-08-13
pd. #40.00 @ Stat
(in office review)

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

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Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
SunLife Inc.	5035 Hickory Blvd. Hickory NC 28601	Dave Dunn 828-396-5382	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
John Peterson	109 Lake Pine Rd Mooresville NC 28117	704-799-3901	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
109 Lake Pine Rd Mooresville 28117	Pine Isle	Lot 79

Driving Directions: I-77 Exit 36, (R) Hwy 150 - 0.9mi; (L) Morrison Plantation Pkwy - 1.2mi; (R) Brawley School Rd - 1.6mi; (L) Stutts Rd - 0.7mi; (R) Turbyfill Rd. - 0.5mi; (L) Isle of Pines Rd. - 0.5mi; (R) Waterford (L) Lake Pine H.O.L

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
(✓) Other 20 x 12 SunRoom

Maximum Number of Bedrooms ____
Maximum Number of Occupants ____
If Expansion, Current Number of Bedrooms ____

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

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Square Footage of Building _____
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( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____ ( ) No Preference

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9. Signature: _____ - SunLife Inc
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2/8/13
DATE

$ PAID 2-8-13 # 117.25