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
Robert INGRAHAM Homes INC.	391-3715	7900 B 185 S. Service RD	CHARLOTTE	NC	28208

Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
NorthShore Part II	45		

~~(Proposed)~~ Water ~~Supply: Public,~~ Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Private Well		2G-23-B-45

Specific Directions to Property 1100 TL 1113 TR Cove Creek Rd, TL Wynswept Ln TR Wynward, Near End on RT.

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

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

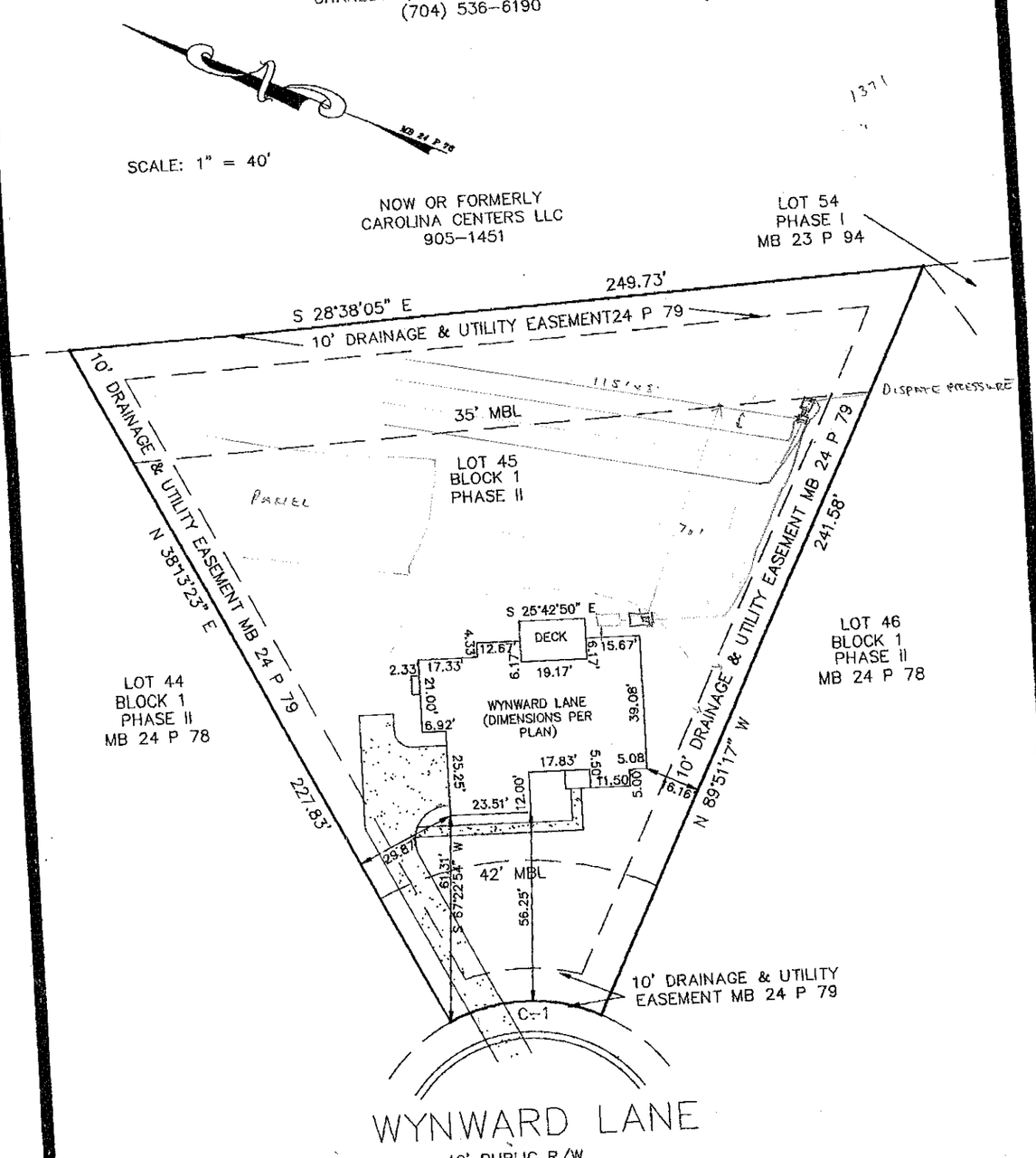
12-2-91 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

SITE DEVELOPMENT PLAN

PREPARED BY:

DELTA LAND SERVICES, INC.
6033 FLORENCE AVENUE, SUITE 100
CHARLOTTE, NORTH CAROLINA 28212
(704) 536-6190

SCALE: 1" = 40'



CURVE	RADIUS	LENGTH	CHORD	BEARING	DELTA
C-1	50.00'	45.49'	43.94'	N 25°42'50" W	52°07'34"

NOT FOR RECORDATION, CONVEYANCES OR SALES

Subdivision NORTHSHORE II PHASE II County Iredell
Address Wynward Lane
Lot 45 Block ____ Plan Davidson (Left) X (Right) ____ Elevation ____
Patio ____ Deck X Fireplace X Garage (1 Car) ____ (2 Car) X Brick Front X Basement ____
Crawl X Slab ____ Fully Fenced Rear Yard ____ Other Gas heat and water

REVISED: Model Change DWN: AJC CKD: DATE: 11/21/94