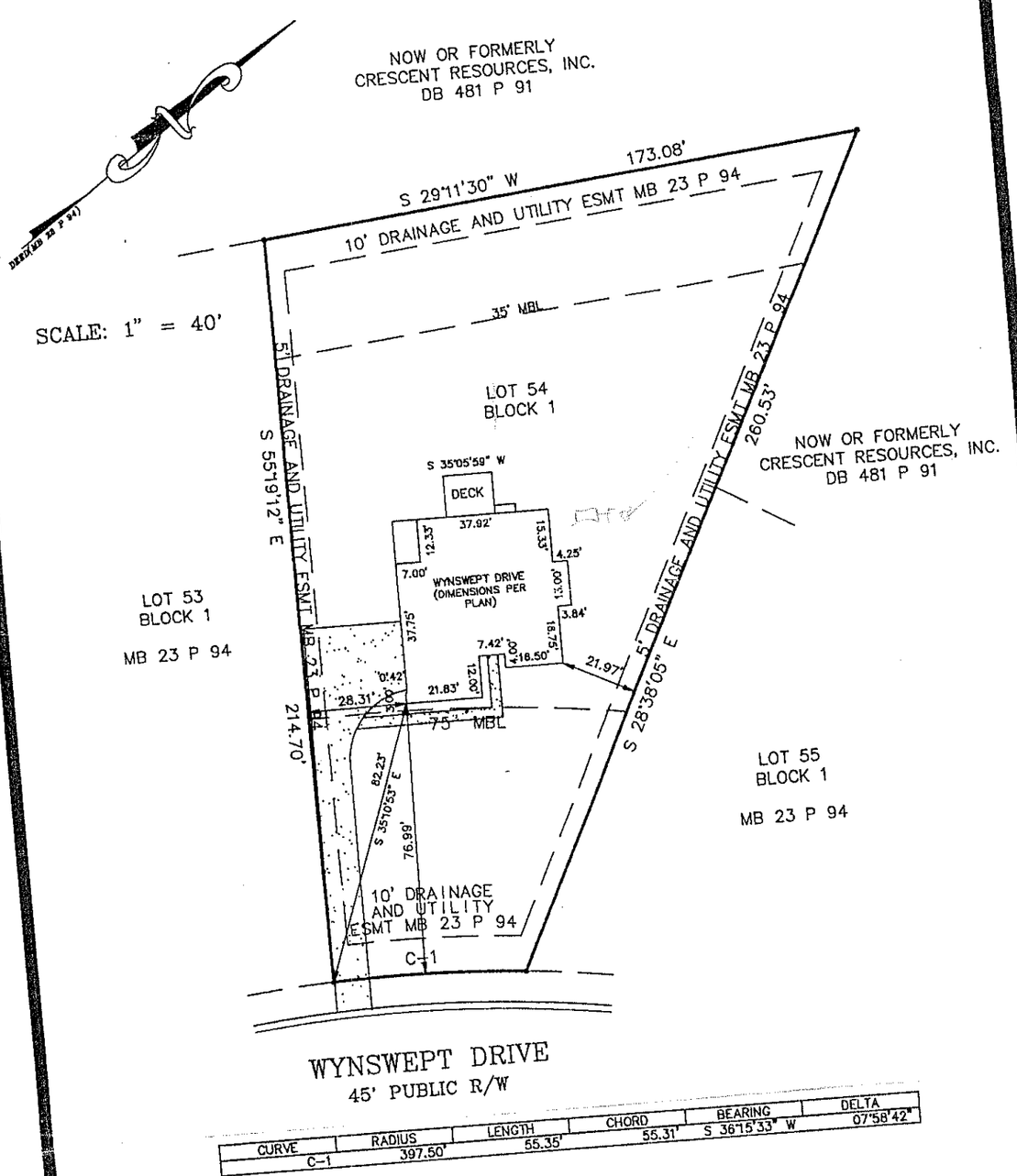
SITE DEVELOPMENT PLAN

PREPARED BY:

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



CURVE	RADIUS	LENGTH	CHORD	BEARING	DELTA
C-1	397.50'	55.35'	55.31'	S 36°15'33" W	07°58'42"

NOT FOR RECORDATION, CONVEYANCES OR SALES

Subdivision NORTH SHORE II PHASE I MAP 1 OF 2 County Iredell
Address Wynswept Drive
Lot 54 Block 1 Plan Innisbrook (Left) Side (Right) Elevation C
Patio ___ Deck X Fireplace X Garage (1 Car) ___ (2 Car) X Brick Front X Basement
Crawl X Slab ___ Fully Fenced Rear Yard ___ Other

DWN: MJD CKD: HAD DATE: 5 / 1 / 95

REVISED:

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: 391-3715 2900 B 185 Service Rd

Robert Ingraham Homes, LLC		Charlotte	NC	28208	
Applicant	Phone #	Mailing Address	City	State	Zip Code

Same				
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

North Shore II Phase I	54		
~~(Proposed)~~ Subdivision Name	~~(Proposed) Lot #~~	(Proposed) Block/Section #	State Road #

Community		2G-23-B-54
~~(Proposed)~~ Water Supply: Public (Private Well)	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property Brawley school RD TL I5/e of pines, TR Cove creek, TL W/N swept 2nd Lot on RT.

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

House X Mobile Home ____ Commercial ____ No. Bedrooms 4 No. Baths 2½

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.

5-22-95 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

INNISBROOK