Iredell County
Planning & Enforcement
227 S. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 110008ZO

Printed: 11/14/2002

Master #: 110008

Associated Permits:
110008ZO Zoning

Applicant

Name: Ronnie Smith
Address: 792 Mckendree Rd
Mooresville, NC 28117

Phone: 704-663-7223

Parcel

Parcel Number: 4636-25-5307.4
Address: Pine Mist Dr.
Mooresville, NC 28117
Subdivision: Pine Meadows

Zoning: RA
Township: 1700
Area: .76
Lot(s): 4

Directions to Parcel: Brawley School Rd, left on Isle of Pines, left on Pine Mist, on left

Owners

Name: Ronnie Smith
Address: 130 Lug Nut Rd
Mooresville, NC 28117

Phone: 704-663-7223

Fees and Receipts:

Number	Description	Amount
FEE-50612-02	Zoning - Permit / Inspection	$45.00
FEE-50613-02	Environmental Health - Type I or II System	$200.00
	Total Fees:	**$245.00**
REC-32426-02		$245.00
	Total Receipts:	**$245.00**

Permit Information:

Max Built Upon Area:

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
Whittaker	704 866-9540	5518 Old Farm Rd.	Gastonia,	NC	28056

Current Property Owner	Mailing Address	City	State	Zip Code
Ron Smith	704-663-7223	130 Lug Nut Rd. Mooresville,	NC	28117

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
~~Pine Meadows~~ Whispering Oaks	4	Ph. I	

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

Specific Directions to Property: Brawley Sch. Rd. L Isle of Pine, immediate L. Prop. on L.

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

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 2/3

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

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.

11/14/02 DATE T. Whittaker SIGNATURE OF OWNER/AUTHORIZED AGENT

for R.S.