26183

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

# PROPERTY DESCRIPTION

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

Proposed Use: SF Dwelling

Location: Brumley Sch, TL State, TR Fairway, 2nd L Lot on Left

| Tax Map No. | Township | Jurisdiction | Zoning |
|---|---|---|---|
| 4636 99335 | Davidson | Unincor | R-A |

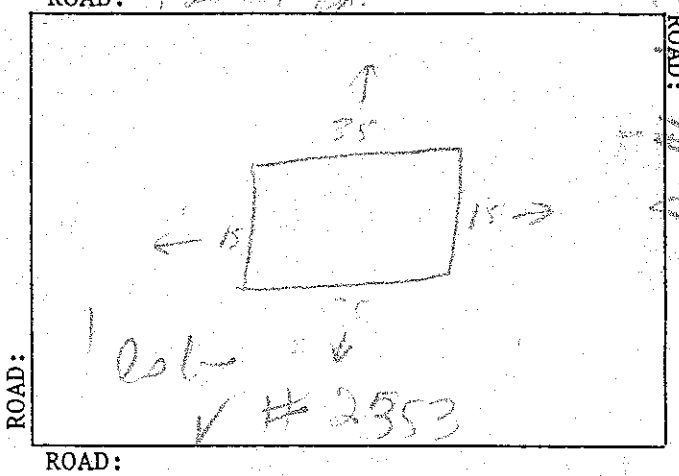
| Subdivision/Mobile Home Park | Lot No. | Lot Size | Flood Plain |
|---|---|---|---|
| Fairway Estates | 223 | | ( ) yes (✓) no |

| Approx. Area to be disturbed | Street Address | Phone | Watershed |
|---|---|---|---|
| | | | WS IV - CA |

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.




15
75
1125

| OWNER | ADDRESS | PHONE NO. |
|---|---|---|
| William Sloan | 417 E Statesville Ave Mooresville | 980-5611 |

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 William T Sloan — Signature of Owner or Authorized Agent

2-11-97 — 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 21,780 sq. ft. Front yard depth 35 ft. Corner yard depth _____ 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

Ron Smith — Approved by

2/11/97 — Date

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

TAX MAP NO.

**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 |
|---|---|---|---|---|---|
| Michelle Bond | 662-3007 | 535-108 Stearnes Rd | Mooresville | NC | 28115 |

| Current Property Owner | Mailing Address | City | State | Zip Code |
|---|---|---|---|---|
| William Skees | 417 E. Statesville Ave | Mooresville | NC | 28115 |

PROPERTY INFORMATION:

| (Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | State Road # |
|---|---|---|---|
| Fairway Estates | #223 | | |

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

Specific Directions to Property I77 South, Right or West on Williamson Rd approx 3 mi Left on Brawley School Rd, approx 1½ mi, Left on Stutts Ld, approx ½ mi Right on Fairway Estates, lot on left before cul-de-sac.

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

House X Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 2

No. Persons or Employees (commercial only) _____ Basement 40 Basement with Plumbing _____

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

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.

2-19-97 DATE Michelle Bond SIGNATURE OF OWNER/AUTHORIZED AGENT