No. 2025

PROPERTY DESCRIPTION

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

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

Proposed Use: To Court N Invervs

Location: 1100 Ft SR 1112 To Woodstream Lathrop

Tax Map No.	Township	Jurisdiction	Zoning
2617-A-21	Davidson	Iredell	R-20

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Kochan Woods	21	142 X 156	( ) yes (X) no

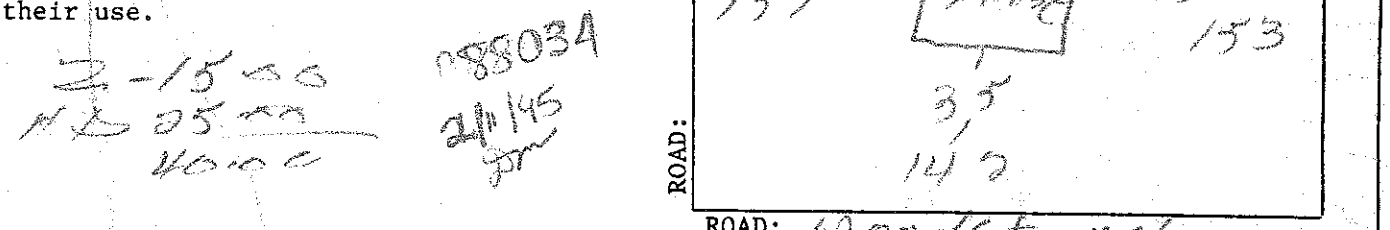
Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Watershed
				WS IV CA

TAX MAP NO.

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.



OWNER	ADDRESS	PHONE NO.
Rev. Bettie Hughes	Mount Tabor 520 River Hwy Mooresville NC.	704-663-2575

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.

Signature of Owner or Authorized Agent — Application Date: 2-1-95

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 21780 sq. ft. Front yard depth 35 ft. Corner yard depth 05 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 — Date: 2-1-95

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

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

663-2573

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
Roni Debbie Hughes	704-663-3655	704-784-1060 Janet Faulk 522 River Hwy	Mooresville	N.C.	28115

Current Property Owner	Mailing Address	City	State	Zip Code
James T. Brannan & Cynthia T Brannan	Rt. 9, Box 983	Mooresville	N.C.	28115

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Lake Norman Woods	Lot # 21	1100 TL 5R 1112 TL Woodstream	10th Lot on Left

(Proposed) Water Supply: Public, (Private Well)

Preliminary Plat Approval Date (DEVELOPERS ONLY)

Tax Map # 2G-17-A-21

Specific Directions to Property Hwy 150 W Left on Williamson, Right on Brawley School Rd, Left on Stutts Rd, Left on Woodstream, Lot on left.
*Pick Survey ribbon
* Blue Ribbon is proposed House Site.

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.

3-1-95 DATE Janet Faulk <agent> SIGNATURE OF OWNER/AUTHORIZED AGENT