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
TES JOHNSON	704-799-2976	PO BOX 1402	CORNELIUS	NC	28031

Current Property Owner	Mailing Address	City	State	Zip Code
SAME				

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
SILVENDERS BLUFF	326	3	

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

Specific Directions to Property BRAWLEY SCHOOL RD, RT ON BLUM, LEFT ON BEATEN PATH, LEFT ON CICERO, LEFT ON SILVENDERS, LEFT ON PALMER MARSH, LEFT AT NEXT LEFT HOUSE ON RIGHT

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

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

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.

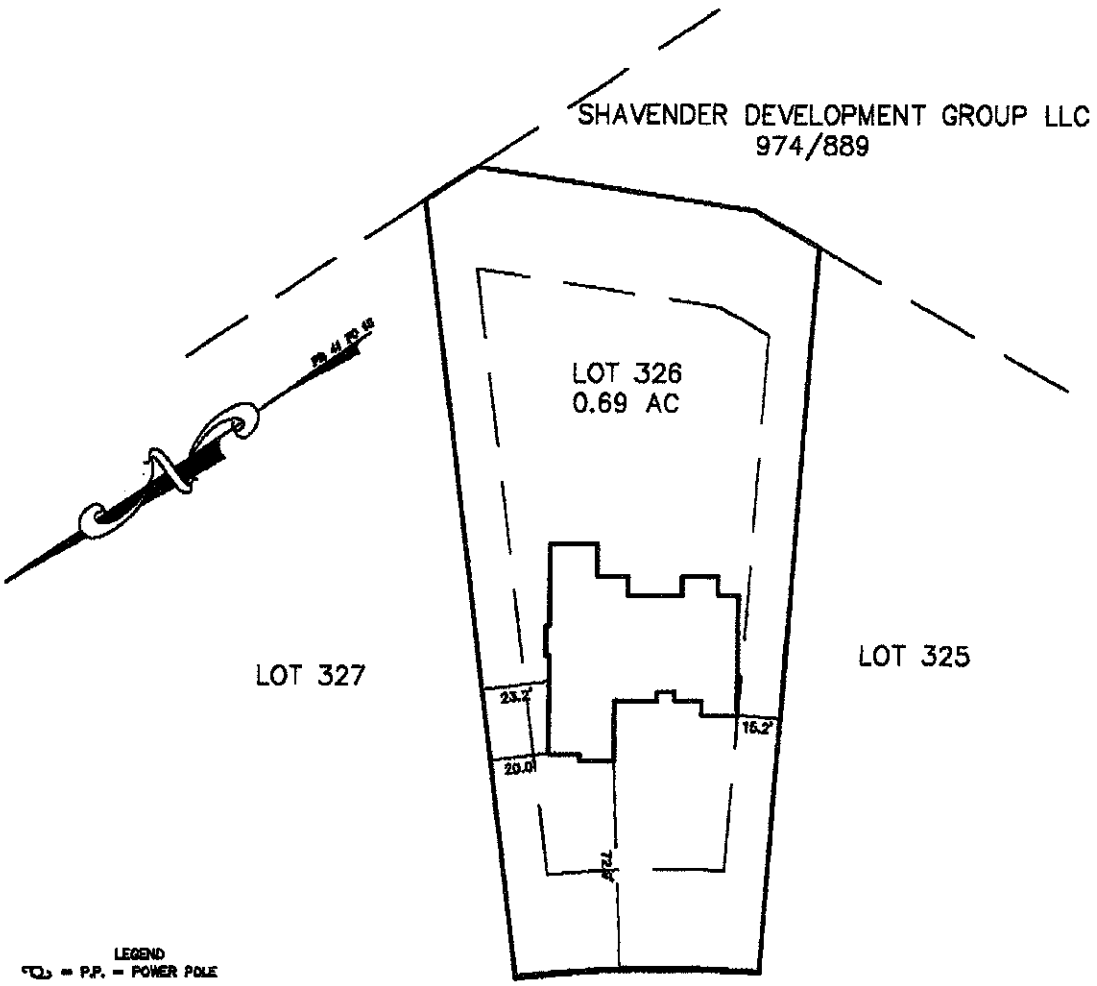
I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

3/21/03 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

DOWELL & COMPANY, P.C.
ENGINEERING * SURVEYING * PLANNING
116 Gasoline Alley Suite 101 * Mooresville, N.C. 28117
(704) 660-9697 (704) 664-5177 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book_____, page_____, and/or plat book 41, page 18, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 17, day of MARCH, A.D. 20 03.

DOUGLAS L. DOWELL, JR., PLS L-3508



LEGEND
P.P. = POWER POLE
= DUKE POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
W = WELL

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER

0' 25' 50' 100'
SCALE IN FEET
1" = 50'

PLOT PLAN SURVEY
OF
LOT 326 SHAVENDER'S BLUFF
DAVIDSON TWSP., IREDELL CO., NC
ES JOHNSON

SCALE 1" = 50'
ACQUIRED BY:

FIELD BOOK:
FILE: 03206/03206
TAX MAP NO: