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:

Don Harwell	704 663 1490	120 Koinonia	Mooresville	N.C.	28115
Applicant	Phone #	Mailing Address	City	State	Zip Code

Cresent Land + Timber Corp.	P.O. Box 2695	Charlotte	NC	28234
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

Sec 11 - CL+T	214		1396
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

Private Well		2N-1-A-214
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property West 150 to Robinson Rd
0.5 miles down Robinson Rd on Left

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 _____ Basement with Plumbing _____

Crawl Space X Concrete Slab _____ Garbage Disposal X 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.

2-21-94 DATE Don Harwell SIGNATURE OF OWNER/AUTHORIZED AGENT

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

No 19201

PROPERTY DESCRIPTION

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

Proposed Use: Construct Dwelling

Location: 150W fr Robinson Rd on lt

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
3N-1-A-214	Davidson	Iredell	RR

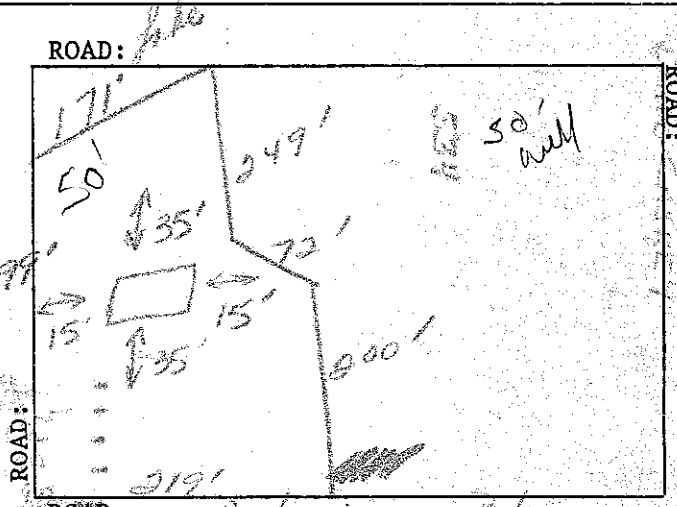
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Sec. II - Cluster	214		( ) yes ( ) no

Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Watershed

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.



#15-2
25-HD
$40
83958
7-12-94

Linda Wicker

OWNER	ADDRESS	PHONE NO.
Century 21/Hecht Realty	PO Box 95 Sherrills Ford NC 28673	wk 483-3651

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.

Linda W Sieden — 7-13-94

Signature of Owner or Authorized Agent — 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 20,000 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: septic

ZONING ADMINISTRATION DIVISION

K. Hewett — 7-12-94

Approved by — Date

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