4638

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

№ 13393

PROPERTY DESCRIPTION

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

Proposed Use: SINGLE FAMILY DWELLING / AIRPLANE HANGER

Location: HWY 150 PERTH RD. TL NORMANDY RD (1428) GO AROUND TO WEST SIDE OF AIRPORT

Tax Map No.	Township	Jurisdiction	Zoning
Pof ZP-4-A-168 & 169	DAVIDSON	IREDELL	Revised 9/MCD2

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
LAKE NORMAN ACRES III	36 (III)	7.71	( ) yes ( ) no

Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

TAX MAP NO. Pof ZP-4-A-168 & 169 & 170-171 1500' PAST KLEVAN DRIVE ON LEFT

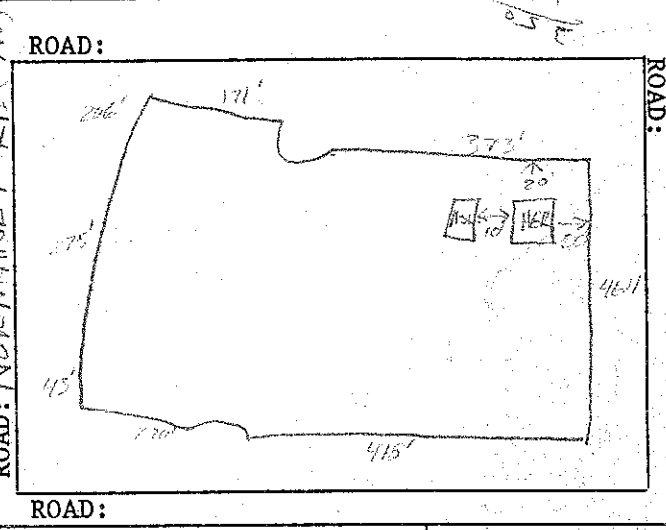
REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

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.

$15.00 Z
25.00 H.D
$40.00

61760 lot



OWNER	ADDRESS	PHONE NO.
Dennis & Dinne Hallman	RT 4 Box 22 Perth Rd Mooresville NC	664-2331

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.

Dennis & Dinne Hallman — 9/10/91

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 ____ sq. ft. Front yard depth 50 ft. Corner yard depth 20 ft.

Lot width ____ ft. Side yard depth 10 ft. Rear yard depth 10 ft.

LAND USE INDICATED (is) (is not) PERMITTED IN THE ZONING DISTRICT.

REMARKS: DOUBLE FRONTED LOT, VACANT

ZONING ADMINISTRATION DIVISION

William Allen — 9-10-91

Approved by — Date

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

11-14-12 $40.00 @ Store
On office review MS
11-14-12
$ PAID

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: X Improvement Permit ___ Authorization To Construct ___ BOTH ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
The following optional attachments may also be submitted: ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

LM Hallman @ windstream.net

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Dennis Hallman	119 Airplane Court Mooresville NC 28117	704-664-2331	704-252-2699
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Dennis Hallman	119 Airplane Ct. Mooresville	same	same

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
119 Airplane Court		

Driving Directions: Perth Rd South to Normandy Rd. Rt on Normandy 1½ miles on left at top of drive

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ___
( ) Other Sun Room / Deck

Maximum Number of Bedrooms ___
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* (X) Existing system--installed in 1991 (YEAR)

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

8. Please Answer The Following To The Best of Your Ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: [signature] 11-14-12
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE