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:

Stump Creek LLC	633-6124	614 N. Main	Salisbury	NC	28144
Applicant	Phone #	Mailing Address	City	State	Zip Code

Crescent Resources Inc.	400 South Tryon St	Charlotte	NC	28201-1003
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

Habour View	16	7	
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

Water System	2/22/96	
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property Hwy 150 west, North (Right) on Perth Road, left on Sea Trail Drive

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

House ✓ Mobile Home _____ Commercial 4 No. Bedrooms 2 1/2 No. Baths _____

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.

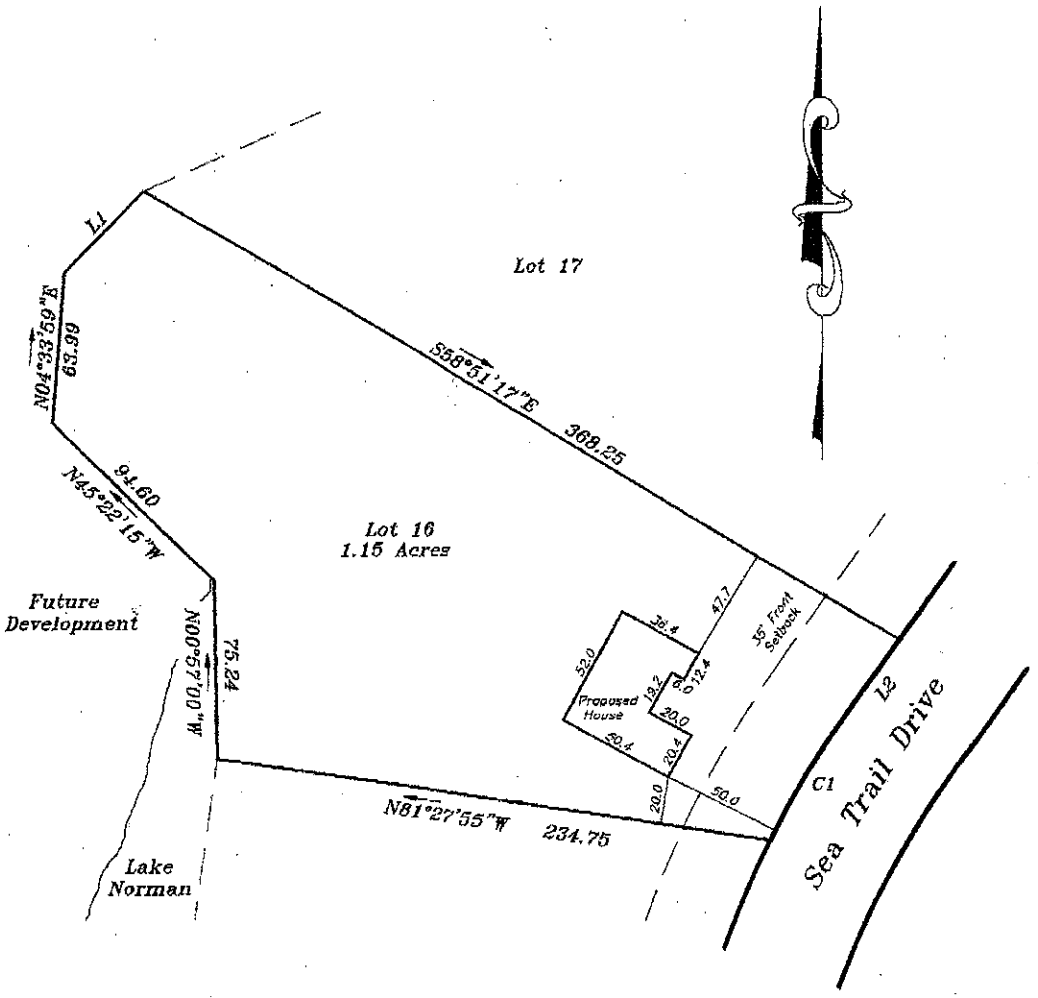
I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

_____ DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

I Joel H. Patterson III, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description and/or Map Book: _____, Page _____. That the boundaries not surveyed are clearly indicated as drawn from information as shown survey; that the ratio of precision as calculated is 1: 10,000+ that this plat was prepared in accordance with G.S. 89-C as amended. Witness my original signature, registration number and seal this 22 day of MAY, A.D. 2000.

PRELIMINARY PLAN
NOT FOR RECORDATION,
CONVEYANCES OR SALES

JOEL H. PATTERSON III, PLS
LICENSE NUMBER: L-3717



CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	65.00	422.51	S30°35'16"W	64.94

LINE TABLE		
LINE	LENGTH	BEARING
L1	48.30	N44°02'24"E
L2	35.00	S35°00'00"W

PLOT PLAN **SURVEY**

FOR

PRESTIGE BUILDING COMPANY

PATTERSON BREWER & Associates
Engineering * Surveying * Planning
Post Office Box 1387 * Mooresville, NC 28115
704/662-0100 * Fax 704/662-0101

PROPERTY DESCRIPTION

LOT 16
"HARBORVIEW" SECTION SEVEN
DAVIDSON TOWNSHIP
IREDELL COUNTY

SCALE: 1" = 60'

FIELD BOOK:

FILE: M00143

TAX MAP NO: