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
Stump Creek LLC	633-6124	614 N. Main	Salisbury	NC	28144

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

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Baker Landing	90	4	

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Water System	2/18/97	

Specific Directions to Property: Hwy 150 west, North (Right) on Perth Road, Go 1 mile Take 1st Right after Sage more

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.

5/19/98 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY
PROPERTY DESCRIPTION FORM
P.O. BOX 788 277 S. CENTER ST.
STATESVILLE, NC 28687
Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

Permit No: 072807 Zoning Permit: X Improvements Permit: 1

Name: STUMPY CREEK LLC Address: 614 N MAIN ST

City: SALISBURY State: NC Zip: 281440000

Phone: 0006336124

Proposed Use: 01

PIN #: 4639734550 PT Zoning: RA Township: 1700

Street Address: HARBOR LANDING DR

Flood Zone: Panel #: Effective Date: / /

Subdivision/MHP: HARBOR LANDING Lot #: 90 Lot Size: 23742

Has Property been recorded? N Community Water? Sewer?

Provider:

Watershed: WSIVCA Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: 35F 35R 15S

Minimum Lot Size: 21780 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments:

Hold Building Permits? Y Reason: PLAT HAS NOT BEEN RECORDED

Location: PERTH L ERNE L HARBOR LAND 12TH ON RT

Staff: RRS Date: 03/26/98

Fees: Zoning: $ 15.00 Health: $ 75.00

Signature of Applicant:_____
Owner: Agent:

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Current Property Owner

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Baker Landing	91	4	

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Water System	2/13/97	

Specific Directions to Property Hwy 150 west, North (Right) on Perth Road, Go 1 mile Take 1st Right after Sage more

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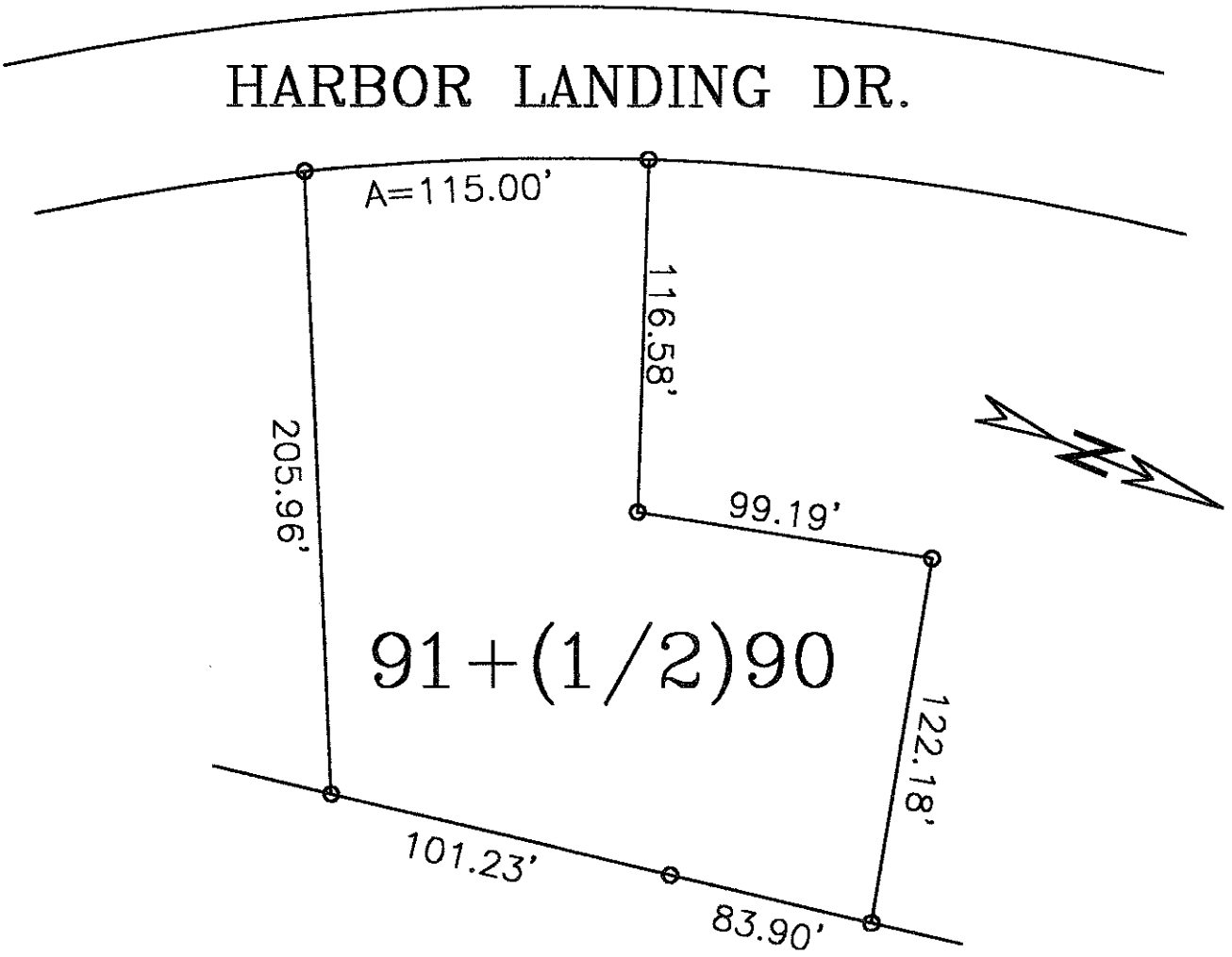
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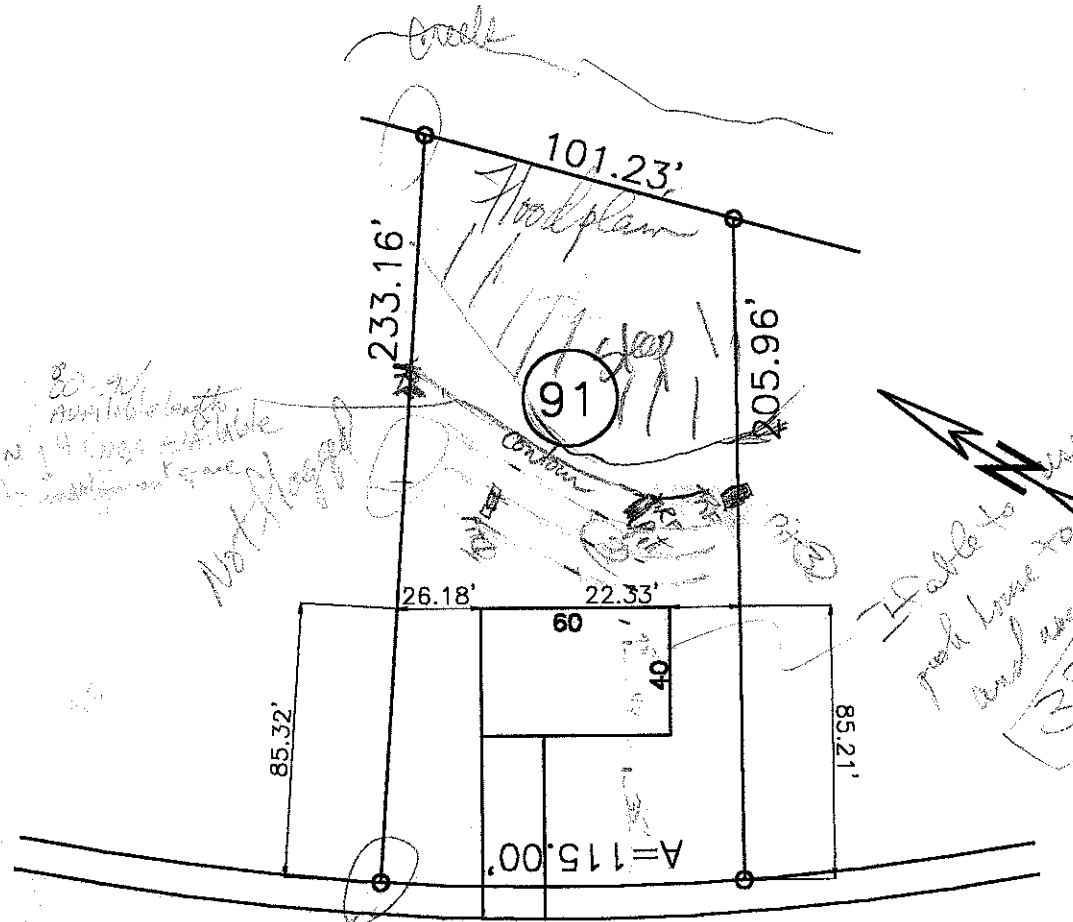
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LOT #91+(1/2)90
HARBOR LANDING

DAVIDSON TOWNSHIP IREDELL COUNTY, NC
OCTOBER 20, 1998 SCALE: 1" = 60'



LOT #91
HARBOR LANDING

DAVIDSON TOWNSHIP
APRIL 09, 1998

IREDELL COUNTY, NC
SCALE: 1" = 60'