№ 16126

PROPERTY DESCRIPTION

0463947994590

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

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

Proposed Use: SINGLE FAMILY DWELLING

Location: PERTH RD. TO NEW FARM RD., TURN LEFT AT LAKE

Tax Map No.	Township	Jurisdiction	Zoning
3F-1-A-138	FALLSTOWN	IREDELL	R-20

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
SECTION 16	138		( ) yes ( ) no

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

TAX MAP NO. 4 MILE RD LEFT 1 MILE

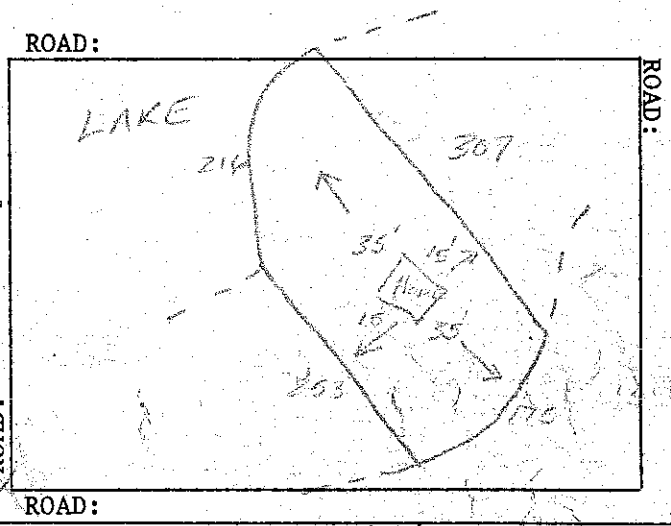
REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

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
25.00
$40.00

#85029 BB 4/12



OWNER	ADDRESS	PHONE NO.
Samuel A Brown Jr	RT 1 Box 103 A Troutman N.C 28166	528 0270

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.

Samuel A Brown Jr — 4-12-93

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 25 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:

ZONING ADMINISTRATION DIVISION

William Allison — 4-12-93

Approved by — Date

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

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:

Jerry Barnette (Applicant) | 664-4044 (Phone #) | R+9 Box 462 (Mailing Address) | Mocksville (City) | N.C (State) | 27115 (Zip Code)

Samuel A. Brown JR. (Current Property Owner) | R+1 Bx 103A (Mailing Address) | Troutman (City) | N.C (State) | 28166 (Zip Code)

PROPERTY INFORMATION:

Crescent (Proposed) Subdivision Name | No. 138 Sec 16 (Proposed) Lot # | (Proposed) Block/Section # | SR 1403 State Road #

6" Private well (Proposed) Water Supply: Public, Private Well | 4-12-93 **Preliminary Plat Approval Date** (DEVELOPERS ONLY) | 3F-1-A-138 Tax Map #

Specific Directions to Property South on Perth church Rd. Turn Right on neill Farm Rd. Go Aprox. 3/4 m.l. House on the Right.

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

House X Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 2 1/2

No. Persons or Employees (commercial only) _____ Basement X Basement with Plumbing X

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.

4-12-93 DATE Jerry Barnette SIGNATURE OF OWNER/AUTHORIZED AGENT