IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, 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:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Roger Hand	P.O. Box 3126 Mooresville NC 28117	704-528-7874	704-201-6705
Owner Name	Mailing Address	Home Phone	Work Phone
Same			

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
lot 12	Bay Crossing	PH (1) lot 12

Driving Directions: Perth Rd. Lt on Lida Ln. RT into Bay Crossing Lt on Sleepy Cove - End of cul de sac

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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

Maximum Number of Bedrooms 4
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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 ___

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6. **Proposed Water Supply:**

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

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7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional (X) Innovative ( ) Modified Conventional ( ) Other___ ( ) No Preference

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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?

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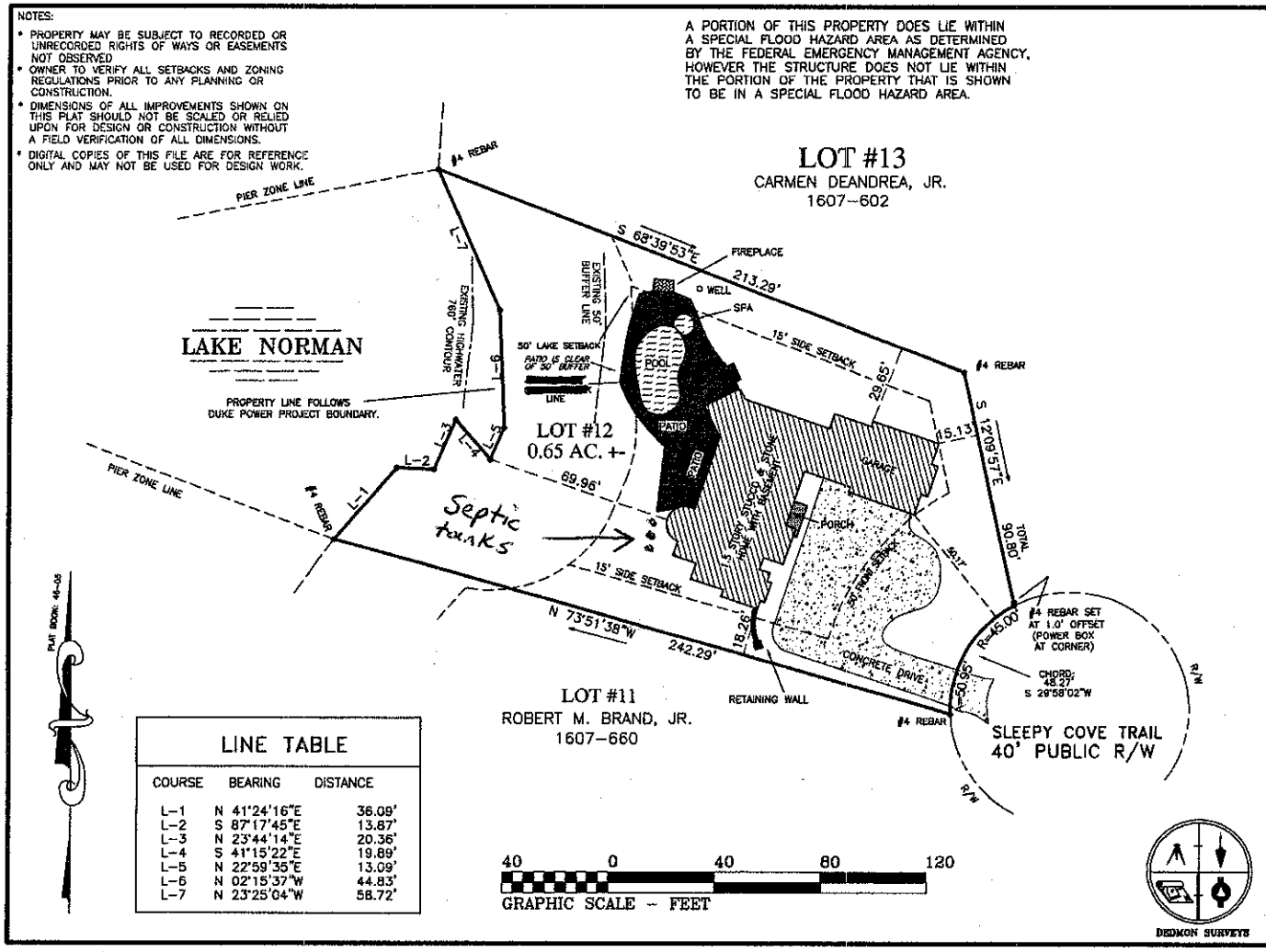
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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:** _____ 2/1/25
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

NOTES:

- PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS OR EASEMENTS NOT OBSERVED
- OWNER TO VERIFY ALL SETBACKS AND ZONING REGULATIONS PRIOR TO ANY PLANNING OR CONSTRUCTION.
- DIMENSIONS OF ALL IMPROVEMENTS SHOWN ON THIS PLAT SHOULD NOT BE SCALED OR RELIED UPON FOR DESIGN OR CONSTRUCTION WITHOUT A FIELD VERIFICATION OF ALL DIMENSIONS.
- DIGITAL COPIES OF THIS FILE ARE FOR REFERENCE ONLY AND MAY NOT BE USED FOR DESIGN WORK.

A PORTION OF THIS PROPERTY DOES LIE WITHIN A SPECIAL FLOOD HAZARD AREA AS DETERMINED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY, HOWEVER THE STRUCTURE DOES NOT LIE WITHIN THE PORTION OF THE PROPERTY THAT IS SHOWN TO BE IN A SPECIAL FLOOD HAZARD AREA.



LINE TABLE

COURSE	BEARING	DISTANCE
L-1	N 41°24'16"E	36.09'
L-2	S 87°17'45"E	13.87'
L-3	N 23°44'14"E	20.36'
L-4	S 41°15'22"E	19.89'
L-5	N 22°59'35"E	13.09'
L-6	N 02°15'37"W	44.83'
L-7	N 23°25'04"W	58.72'

40 0 40 80 120
GRAPHIC SCALE - FEET

DEDMON SURVEYS

PHYSICAL SURVEY FOR

MARK TAYLOR & DIANE TAYLOR

BEING ALL OF LOT #12 OF BAY CROSSING, PHASE ONE

APRIL 8, 2010	DB: 1605	PG: 1286
SCALE: 1" = 40'	DB:	PG:
	PB: 46	PG: 05

DAVIDSON TOWNSHIP
IREDELL COUNTY, NORTH CAROLINA

DEDMON SURVEYS
RONNIE DEDMON, PLS #1222
CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899
PHILLIP HARRIS, PLS #4164
4837 NC HIGHWAY #16 NORTH
P.O. BOX 494 - DENVER, NC 28037
PHONE: 704/483/4908
FAX: 704/483/2170

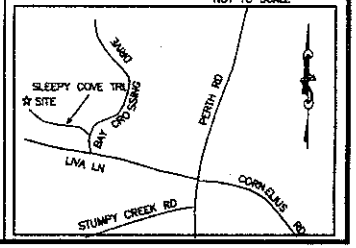
NORTH CAROLINA PROFESSIONAL SEAL L-3899 LAND SURVEYOR ROBERT J. DEDMON

"I CERTIFY THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY AND IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE."

Robert J. Dedmon 3899
PROFESSIONAL LAND SURVEYOR LICENSE NO.

SURV. BY: RP	DRAWN: RD	JOB# RPBC12

VICINITY MAP NOT TO SCALE



QEGDs' buf elxju tef t l QEGUTIOEGX gif sl IEFNP1;;li uq;0Xxx/epdveft l /dpn