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
Hecht Properties, Inc	885 N. Hwy 16 DENVER, NC 28037	—	704-483-3651
Same			

Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Bay Crossing	43

Driving Directions: _____

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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 ___
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)*

(4) Alternative (1) Conventional (2) Innovative (3) Modified Conventional ( ) Other_____ ( ) No Preference

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

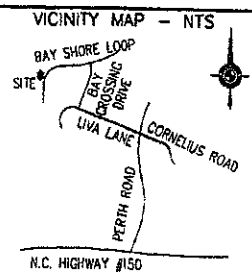
( ) Yes ( ) No ? Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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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: _____ 11-11-04
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

VICINITY MAP – NTS



PLOT PLAN CERTIFICATION

THIS IS TO CERTIFY THAT ON THE 14TH DAY OF FEBRUARY, 2007 THIS PLOT PLAN WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES WERE PLOTTED FROM INFORMATION PROVIDED BY OTHERS, AND THE IMPROVEMENTS, UNLESS OTHERWISE INDICATED, ARE PROPOSED. NO ACTUAL FIELD SURVEY WAS PERFORMED IN THE PREPARATION OF THIS MAP. THIS IS A PRELIMINARY MAP AND IS NOT INTENDED TO BE USED FOR CONVEYANCES, RECORDATION OR SALES.

SIGNED

FLOOD CERTIFICATION

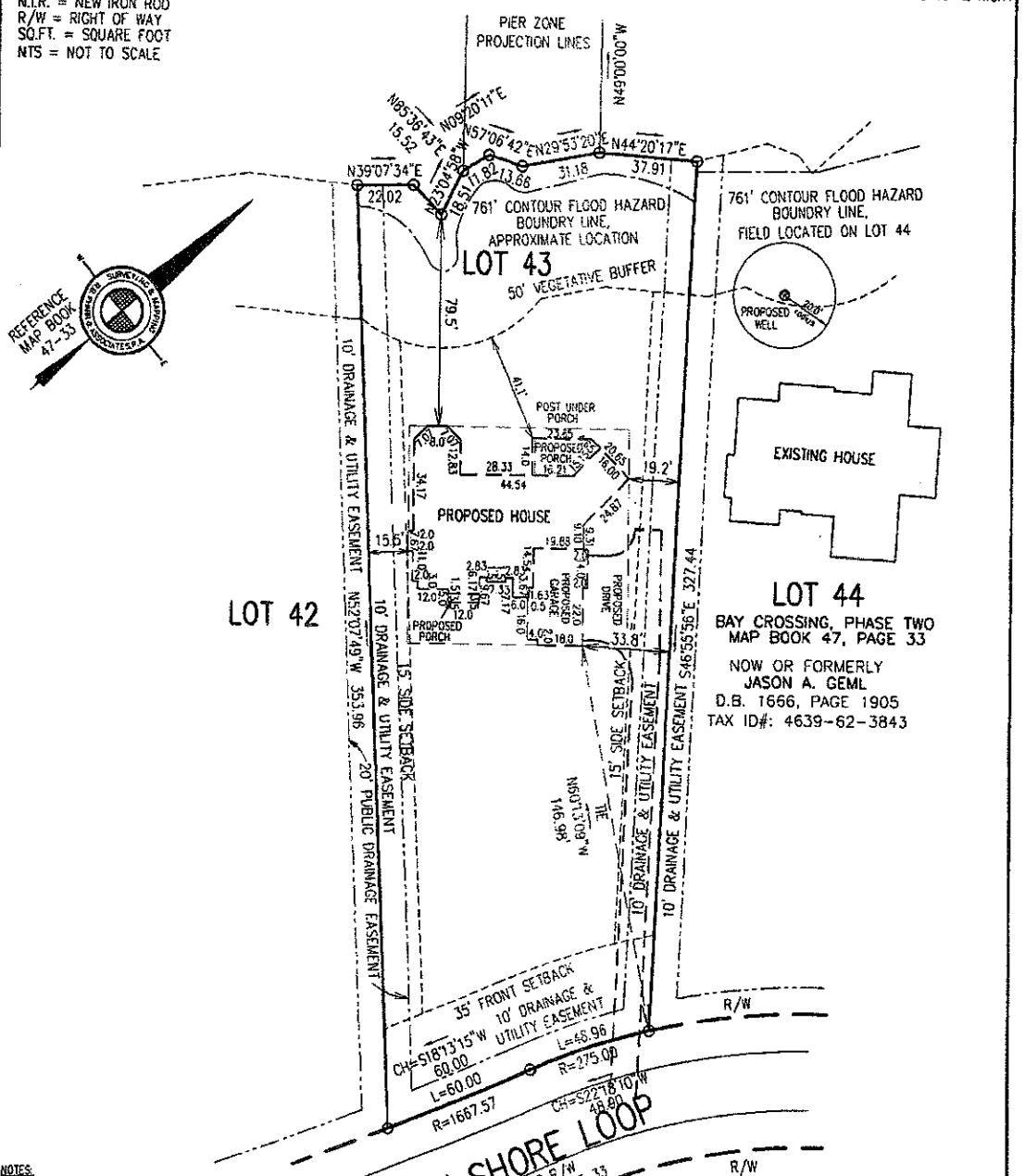
THIS IS TO CERTIFY THAT THE SUBJECT PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS SHOWN ON MAPS PREPARED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY, FEDERAL INSURANCE ADMINISTRATION, DATED JUNE 22, 1998
COMMUNITY PANEL 370313 0150 C

1 INCH = 50 FEET

50 0 50 100

LEGEND
E.I.R. = EXISTING IRON ROD
N.I.R. = NEW IRON ROD
R/W = RIGHT OF WAY
SQ.FT. = SQUARE FOOT
NTS = NOT TO SCALE

REVISED FEBRAURY 19TH, 2007 TO MOVE HOUSE FORWARD & LEFT
REVISED FEBRAURY 20TH, 2007 TO MOVE HOUSE FORWARD 10' & RIGHT



NOTES:
-SETBACKS, BUFFERS, AND EASEMENTS FOR SUBJECT PROPERTY ARE TAKEN FROM MAP BOOK 47, PAGE 33 AND ARE SHOWN HEREON.
-HOUSE DIMENSIONS TAKEN FROM DRAWING PROVIDED BY JOE LAMONICA, DRAWN BY GARRELL ASSOCIATES, INC., TITLED THE BURGANDY, DATED NOVEMBER 01, 2000.
-SUBJECT PROPERTY ZONED R-A (RESIDENTIAL AGRICULTURAL). OWNER TO VERIFY SETBACKS AND ZONING REGULATIONS PRIOR TO ANY PLANNING OR CONSTRUCTION.
-FLOOD HAZARD BOUNDARY LINE (ELEV. 761') TO BE FIELD VERIFIED.

AREA LOT 43
40,080 SQ.FT.
OR 0.9201 ACRE

PLOT PLAN OF
LOT 43, BAY CROSSING, PHASE TWO

R. B. PHARR & ASSOCIATES
PROFESSIONAL SURVEYORS
19801 S. MAIN STREET
CORNELIUS, NC 28031
TEL: 704-895-1730
FAX: 704-895-1964

DAVIDSON TOWNSHIP, IREDELL COUNTY, N.C.
PREPARED FOR
LAMONICA BUILDERS LLC

REFERENCE: MAP BOOK 47, PAGE 33
TAX PARCEL: 4639-62-2743

DRAWN:	REVISED:	VERIFIED:	JOB NUMBER:
TOM K	TOM K		70135