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:

ROBERT JACKS	704 581-5604	P.O. BOX 5000 - 269	MOORESVILLE	N.C.	28115
Applicant	Phone #	Mailing Address	City	State	Zip Code

CARSON'S PLACE ASSOCIATES	ROUTE 2 PERRIN DR.	MOORESVILLE	N.C.	28115
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

CARSON'S PLACE	8	01	
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

PRIVATE WELL		2A-6-A-3
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property HWY 1109 TO ALCOVE, ALCOVE TO LANGTREE, RT. ON LANGTREE, RT INTO CARSON'S PLACE, LOT 8 (MARKED) ON LEFT.

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

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 3 1/2

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

Crawl Space ✓ Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa WHIRLPOOL BATH TUB

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.

2/1/95 DATE Robert E Jacks Jr SIGNATURE OF OWNER/AUTHORIZED AGENT

No. 20214

PROPERTY DESCRIPTION

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: SF House

Location: Langtree Rd, TR Carson's Place, Lot 8 Add

TAX MAP NO.

Tax Map No.	Township	Jurisdiction	Zoning
2A-6-1-3	Davidson	Cornelius	R-A

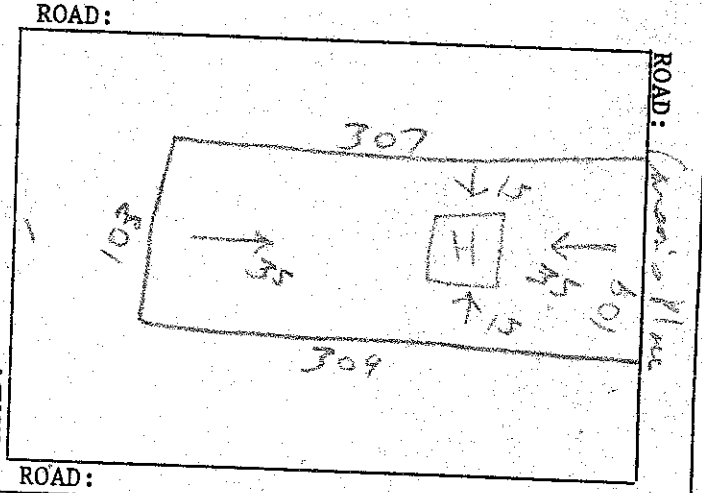
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Carson's Place	8	.75 ac	( ) yes (✓) no

Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Watershed
				WS III-CA

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 - Zoning
25 - Road
540

088007
lsk

OWNER	ADDRESS	PHONE NO.
Robert Jacks	PO Box 5000-269 Mooresville NC 28115	(704) 581-5604

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.

Robert Jacks

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 ____ sq. ft. Front yard depth 35 ft. Corner yard depth ____ ft.

Lot width ____ 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

RP Comish — 1-31-95

Approved by — Date

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