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
JIM BASINGER	7049480451	17503 LULLWATER COVE	HUNTERSVILLE	NC	28078
FRANK HUNNICUTT					
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
MORGAN LANDING	11	121 LYNN COVE LANE	

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

Specific Directions to Property FROM I-77 EXIT 33, ALCOVE Rd SOUTH, TR ON TEMPELTON Rd, TR ONTO LYNN COVE LANE, END OF STREET LOT #11. (LEFT OF COMMON WALKWAY)

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

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

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

Crawl Space _____ Concrete Slab _____ Garbage Disposal X 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.

12-3-97 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

4645294179

DIDDER

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

No 18707

PROPERTY DESCRIPTION

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

Proposed Use: SF Dwelling

Location: Templeton Rd, to Lynn Cove Ln, at end

Tax Map No.	Township	Jurisdiction	Zoning
2G-39-A-44	Davidson	Iredell	R-20

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Morgan Landing	11		( ) yes ( ) no

Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Watershed
				0511-CA

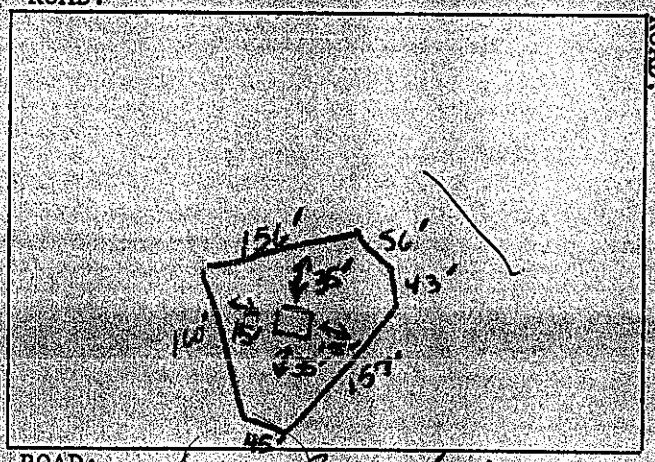
TAX MAP NO.

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.

#15-2 Cl. 151
25-HD
$40 0934 12, Dec



OWNER	ADDRESS	PHONE NO.
Michael Mack	PO Box 1321 Davidson NC 28036	316-0520

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.

Michael Mack 7-26-95

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 ____ 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

K. Yount 7-26-95

Approved by — Date

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