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

№ 16067

PROPERTY DESCRIPTION

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

Proposed Use: Single mod. dwelling lot #5

Location: 1100 N. Carrasback, N Wood Duck Ln. to Town, straight ahead

TAX MAP NO.

Tax Map No.	Township	Jurisdiction	Zoning
2K-3-A-50	Davidson	Mcdell	R-20

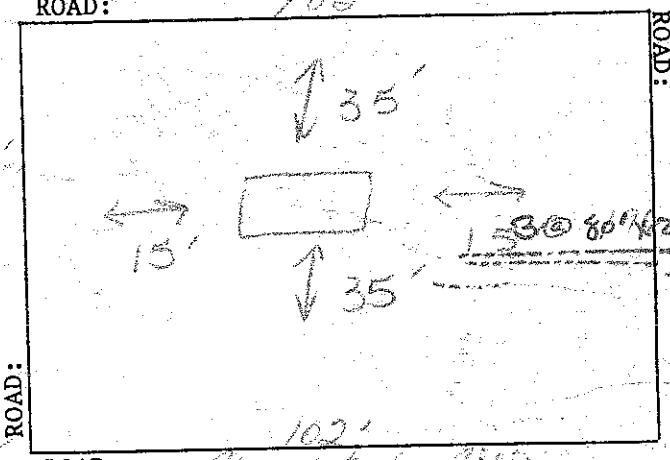
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Crystal Bay	50		( ) yes ( ) no

Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address
4/7/93 Aws				

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 - 72153
$25-HD - 72153,
$40.
X X X X
Pd

OWNER	ADDRESS	PHONE NO.
Frances Swaim	20205 Biscayne Dr. Davidson NC 28036	892-4570

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.

Frances Swaim — 4-1-93

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 _____ ft.

Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 35 ft.

4/7/93 LAND USE INDICATED (is) (is not) PERMITTED IN THE ZONING DISTRICT. Aws.

REMARKS:

ZONING ADMINISTRATION DIVISION — Approved by — Date 4-1-93

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:

LANCE LUCAS (Applicant) | 892-4570 (Phone #) | 20225 Biscayne Dr. (Mailing Address) | Davidson (City) | NC (State) | 28036 (Zip Code)

LANCE LUCAS (Current Property Owner) | 20225 Biscayne Dr. (Mailing Address) | Davidson (City) | NC (State) | 28036 (Zip Code)

PROPERTY INFORMATION:

Crystal Bay (Proposed) Subdivision Name | 50 (Proposed) Lot # | (Proposed) Block/Section # | State Road #

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

Specific Directions to Property Brawley School Rd to Canvasback - Left to Wood Duck Loop - Left to Crystal Circle - Turn Right on Topaz - lot is straight ahead at end.

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

House X Mobile Home ____ Commercial ____ No. Bedrooms 4 No. Baths 3

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

Crawl Space X Concrete Slab ____ Garbage Disposal ____ Jaccuzi or spa X

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.

4-1-93 DATE Lance Lucas SIGNATURE OF OWNER/AUTHORIZED AGENT