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:

NVR (RYAN)	704-875-9887	9920 Kincey Ave. #110	Huntersville	NC	28078
Applicant	Phone #	Mailing Address	City	State	Zip Code

Same				
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

Sun Down Cove	24		
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

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

Specific Directions to Property _____

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

House X Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 3.5

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

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

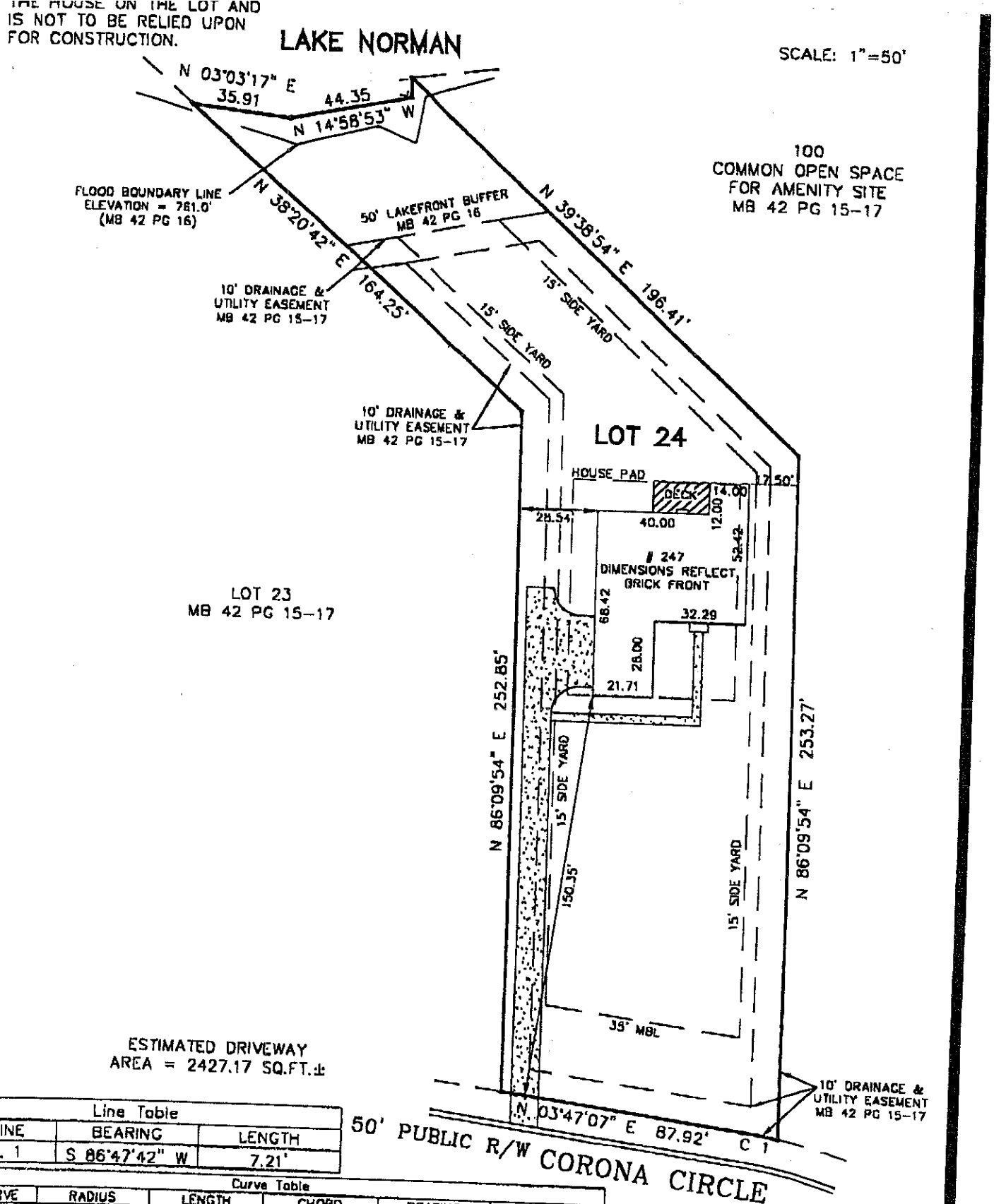
COVENANT AND SIGNATURE:

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.

6/1/04 DATE Patricia Bobbett SIGNATURE OF OWNER/AUTHORIZED AGENT

THE HOUSE ON THE LOT AND IS NOT TO BE RELIED UPON FOR CONSTRUCTION.



Line Table		
LINE	BEARING	LENGTH
L 1	S 86°47'42" W	7.21'

Curve Table					
CURVE	RADIUS	LENGTH	CHORD	BEARING	DELTA
C 1	200.00'	13.08'	13.08'	N 05°39'31" E	03°44'48"

NOT FOR RECORDATION, CONVEYANCES OR SALES

STAKEOUT

Subdivision ESTATES AT SUNDOWN COVE, PHASE 2
Address 247 CORONA CIRCLE County IREDELL
Lot 24 Block ___ Plan MONTAGUE Elevation A Drive (Left) Side (Right) Owner RYAN HOMES
Patio ___ Fireplace Rear Garage (1 Car) ___ (2 Car) ___ (3 Car) X Brick Front Basement ___ (Courtyard) ___ Deck X
Crawl ___ Slab ___ Other MORNING ROOM Curtain Wall X

REVISED: MOVE HOUSE 3' TO RIGHT

DWN: CRB CKD: [illegible] DATE: 06/ 01/ 04

O:\SUNDOWN COVE\SD-0024.DWG - CRB