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: 704-0127 Cornelius

Applicant	Phone #	Mailing Address	City	State	Zip Code
Diesel Enterprises INC.		19315 W. Catawba Ave. Suite 209		NC	28031
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Estates At Sundown Cove	13		

(Proposed) Water Supply: (Public) / Private Well

Preliminary Plat Approval Date (DEVELOPERS ONLY)

Tax Map #

Specific Directions to Property Brawley School Rd TL Williamson, TR Sundown Rd, on Rt.

11-13-02 RP

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

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

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

Crawl Space X Concrete Slab ____ Garbage Disposal ____ 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.

3-12-03 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

12/15/2003
12:35:20

SELECTION ACKNOWLEDGEMENT REPORT
CHARLOTTE NORTH - CTN
COMPANY NAME : Ryan Homes



COMMUNITY #/NAME :SD/SUNDOWN COVE, LLC
LEGAL LOT/BLOCK/SECTION :
NVR LOT/UNIT :0013
NEW ADDRESS :203 CORONA CIRCLE
BUILDING PERMIT # :
START DATE :
PROJECTED SETTLE DATE :05/31/2004

SET #/VERSION :MNT00/02/MONTAGUE
MODEL HOME :N

PER PLAN(STANDARD)/REVERSED :PER PLAN
GARAGE LEFT/RIGHT :
DRIVEWAY LOCATION :RIGHT
DIVISION PHONE: 704-875-9887

========== GENERAL INFORMATION ==========

PRODUCT TYPE :Single Family Dwelling Product
OPTION #1 :CURTAIN WALL FDN
OPTION #2 :ELEVATION A

BASE HOUSE INFORMATION
BEDROOMS :FOUR BEDROOM
BATHROOMS :TWO OR THREE BATH
CARS/GARAGE :TWO OR THREE CAR GARAGE

SUPERVISOR : Stephen Nantz
OFFICE PHONE :

SALESPERSON :Walsh William Michae
FINANCING :CONVENTIONAL
PURCHASER : ANDREW R KATSAMAS
CO-PURCHASER :DANIELLE M SLUG

SALE DATE :12/10/2003
HOME PHONE :704-660-3483
WORK :704-660-3483
WORK :704-660-3483

COMMENTS :
ADD 3 PHONES, 1 CABLE & 1 FAN TO PREWIRE SPECS
FULL BASEMENT (CONDITIONED) - MUST BE DESIGNED
RAISE 2 VANITIES IN OWNERS BATH TO 36"
ADD 15 LITE EXIT DOOR TO REAR OF MASTER BEDROOM
PROVIDE 1 DOOR ACCESS TO MASTER CLOSET- ELIMINATE DIVIDER
(TREAT AS 1 CLOSET)
ADD 6 WINDOWS TO THE BASEMENT- BUYER WILL DESIGNATE LOCATION
ONCE BASEMENT RENDERING DESIGNED
MOVE POWDER ROOM TO THE LIVING ROOM, SO TO PROVIDE A
STAIRCASE TO THE BASEMENT- ELIMINATE CLOSET ALSO
ELIMINATE DOOR AT BONUS ROOM FOR EGRESS PURPOSES- ENTRY WILL
BE ARCHED

========== SELECTED OPTIONS ==========

B=Base R=Required S=Standard E=Elective

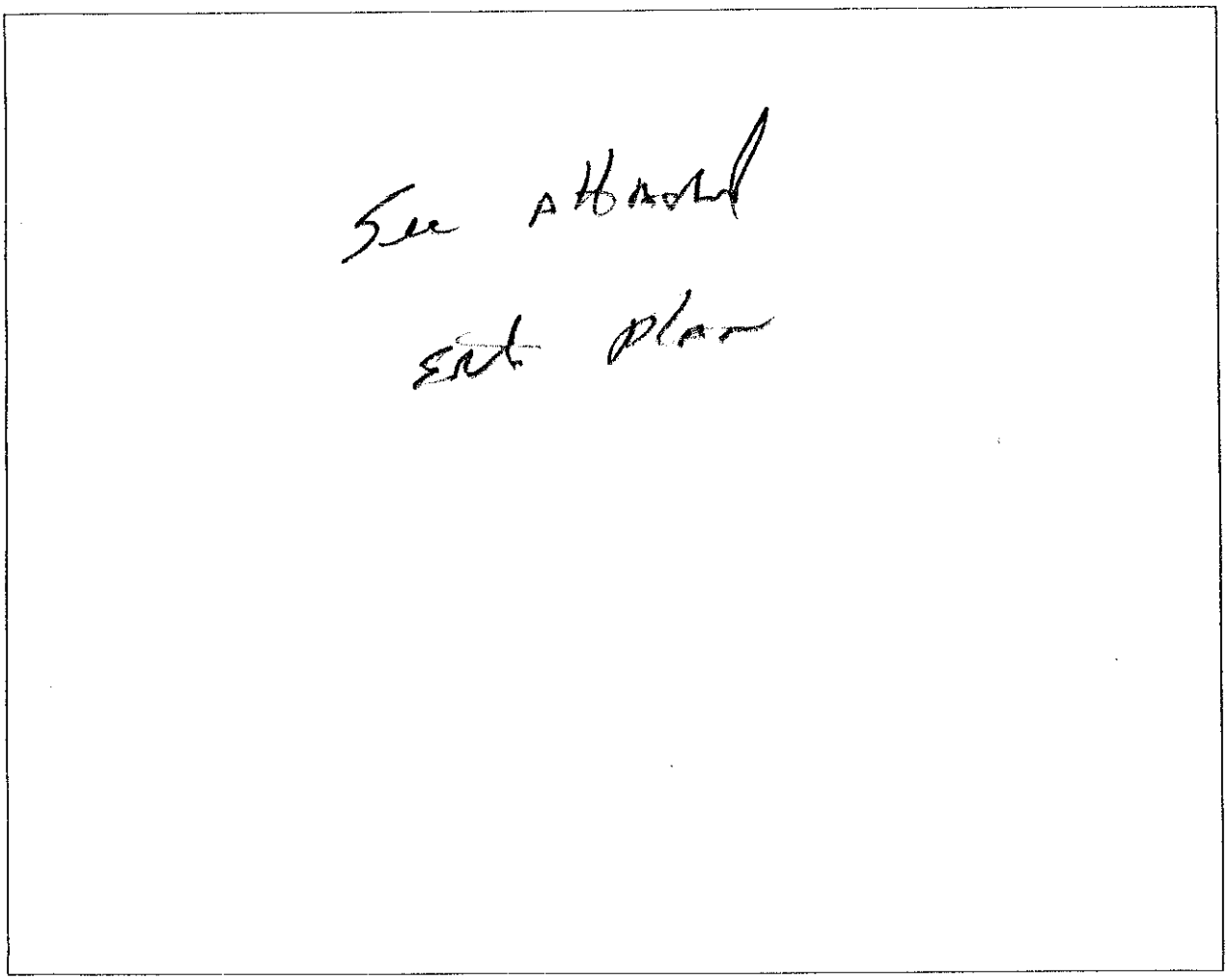
Option#	OC	Qty	Description
			**** CURTAIN WALL FOUNDATION ****
FCW	E	1	CURTAIN WALL FOUNDATION-W/B.T.G. 4 SIDES

IREDELL COUNTY HEALTH DEPARTMENT
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Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.



I hereby convenant that the above representation is correct to the best of my knowledge and ability.

1-12-07 Date _____ SIGNATURE OF OWNER/AUTHORIZED AGENT