Site Address: 105 Hager Point Ln. Mrsvl.

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECT

PERMIT# 6499 PIN# 4646-64-8942.105 ~~4646-65-7018~~ DATE 4/12/99

OWNER OR CONTRACTOR JO HAGER PHONE: Business Home

ADDRESS HAGERS PT -

LOCATION 215 - TR ALCOVE - TL HAGERS PT. ON LT

SUBDIVISION HAGER PT. BLOCK / SECTION LOT 1 LOT AREA .5± SITE CLASS. 15 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: EXIST ~~Gallons: STB~~ Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet Linear Feet

No Lines Trench Width Max Trench Bottom Depth Gravel Depth

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: GRAVITY CONVENTIONAL

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

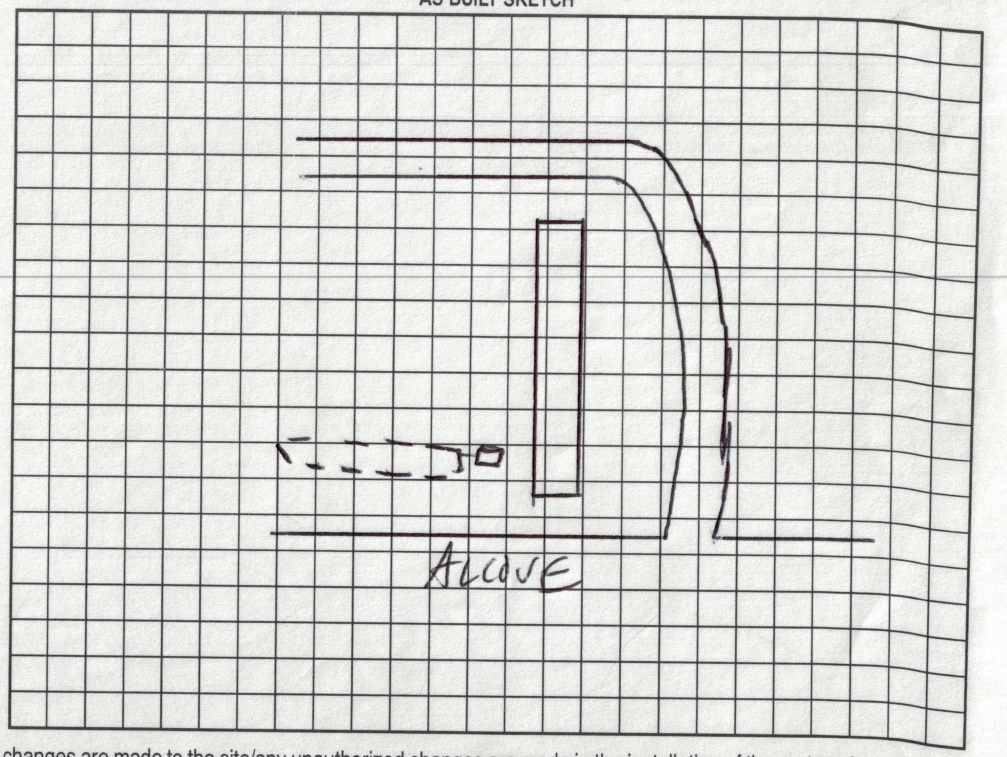
Water Supply:
☒ Individual
☐ Public
☒ ~~Community~~

Comments:/Conditions:

Comments:/Conditions:
EXISTING

INITIAL SITE SKETCH

AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Josephine N. Hager date 4/13/99

Improvement Permit by: date

Authorization to Construct by: date

Installed by:

Operation Permit by: date

Existing System Inspection by: C. [illegible] RS date 4/12/99

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

6499

MOORESVILLE JURISDICTION

PROPERTY DESCRIPTION

Call Sanitarian Between 8 a.m. and 9 a.m.

664-5281

APPLICATION FOR (Not a Permit):

☐ Improvements Permit ☑ Zoning Permit ☐ Special Use ☐ Subdivision Approval ☐ Other

Proposed Use: 62x62 Mobile Home

Location: 1± Hager Point Lane

TAX MAP NUMBER	TOWNSHIP	JURISDICTION	ZONING	WS DISTRICT
4646618942	Davidson	Outside	R20A	LWSWCRIT

SUBDIVISION / MOBILE HOME PARK	LOT NUMBER	LOT SIZE	FLOOD PLAIN
Hager Point MHP	5	4.4± acre	☐ Yes ☐ 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.

ROAD:

ROAD:

ROAD:

See Attached

ROAD:

OWNER	ADDRESS	PHONE NUMBER
Bryant Hager	120 Bear Run Circle	663936

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.**

Bryant L Hager — 3/23/99

SIGNATURE OF OWNER OR AUTHORIZED AGENT — APPLICATION DATE

If permitted, the following minimum zoning requirements must be met, unless the Health Department requirements more land area or other qualifications are indicated in the remarks.

LOT AREA _____ SQ. FT. LOT WIDTH _____ FT. FRONT YARD DEPTH _____ FT. SIDE YARD DEPTH N/A FT. REAR YARD DEPTH _____ FT. CORNER YARD DEPTH _____ FT.

LAND USE INDICATED [☑ IS ☐ IS NOT] PERMITTED IN THE ZONING DISTRICT.

REMARKS: Is not on city water + sewer

ZONING ADMINISTRATION DIVISION

Irene E. Mann — 3/23/99

APPROVED BY — DATE

WHITE: Original CANARY: Inspection Copy PINK: Health Department GOLD: Owner

BCP 5/94

TAX MAP NO. 4646 94 2942