Site address: 129 Hager Point Ln

# IREDELL COUNTY HEALTH DEPARTMENT

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

## IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 6549 PIN# 4646648942.129 / .125 DATE 5/28/99

OWNER OR CONTRACTOR Bryant Hager PHONE: Business _____ Home 663-2936

ADDRESS 120 Bear Run Circle Mooresville NC

LOCATION Williamson Rd TR Moore on Left

SUBDIVISION Hagers Pt MH BLOCK / SECTION _____ LOT 13 & 11 LOT AREA Existing SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. Existing

Septic Tank: Existing 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 Existing Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: _____

Repair System Description: Existing

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

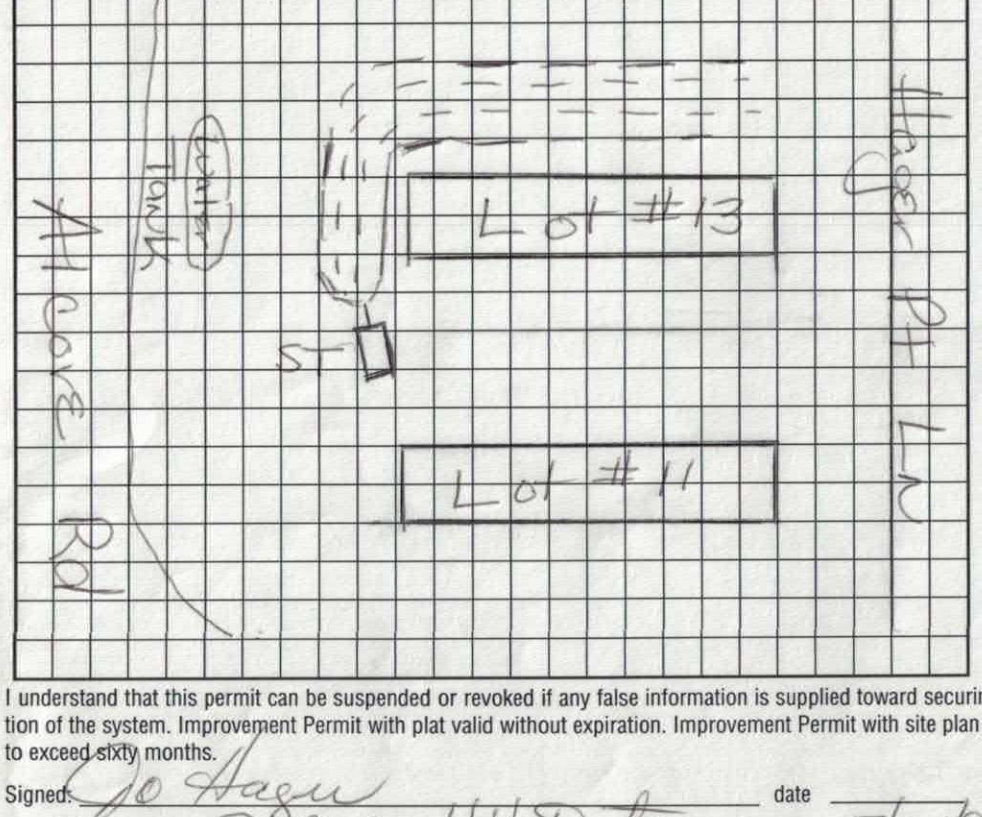
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☒ Public
☒ Community

Comments:/Conditions: Septic System appears to be Functioning okay at time of inspection. No problems noticed.

Comments:/Conditions:

**INITIAL SITE SKETCH** Not to Scale




**AS BUILT SKETCH**

I understand that this 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: Bryant Hager date _____

Improvement Permit by: Maria H. Dotson date 5/28/99

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Maria H. Dotson date 5/28/99

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

6549

# 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: SINGLE WIDE MOBILE HOME (60x14)

Location: Hager Point Lane

| TAX MAP NUMBER | TOWNSHIP | JURISDICTION | ZONING | WS DISTRICT |
|---|---|---|---|---|
| 4646648942 | DAVIDSON | OUTSIDE | R-20A | WS-IV CRIT |

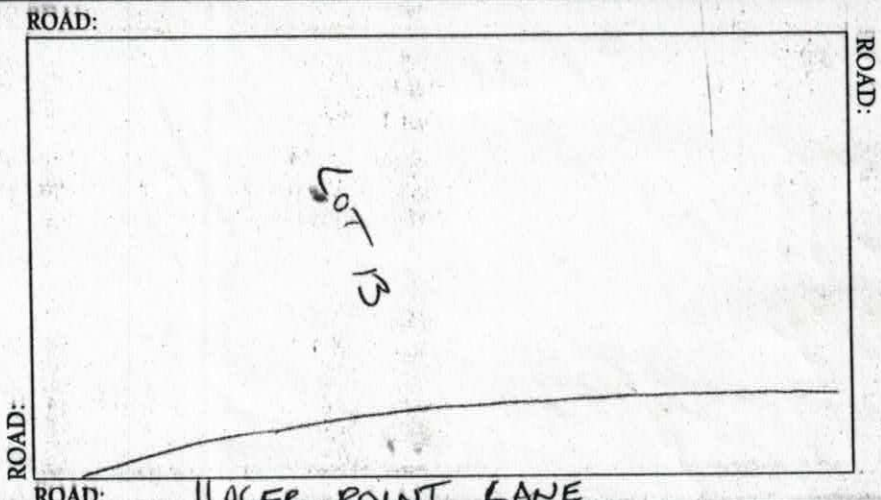
| SUBDIVISION / MOBILE HOME PARK | LOT NUMBER | LOT SIZE | FLOOD PLAIN |
|---|---|---|---|
| HAGER POINT MHP | 13 | 4.40 PART OF PARK | ☐ Yes ☑ No |

TAX MAP NO. 4646648942

**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.




| OWNER | ADDRESS | PHONE NUMBER |
|---|---|---|
| BRYANT HAGER | 120 BEAR RUN CIRCLE | |

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.**

Josephine H. Hager — SIGNATURE OF OWNER OR AUTHORIZED AGENT

4-12-99 — 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 | LOT WIDTH | FRONT YARD DEPTH | SIDE YARD DEPTH | REAR YARD DEPTH | CORNER YARD DEPTH |
|---|---|---|---|---|---|
| 5000 SQ. FT. | 50 X100 FT. | 25 FT. | 15 FT. | 25 FT. | _____ FT. |

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

REMARKS: IS NOT ON CITY WATER & SEWER
2 SPIKES PER LOT

ZONING ADMINISTRATION DIVISION

APPROVED BY _____ DATE _____

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

BCP 8/94