Site Address: 141 Hager Point Ln-Mrsd.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

4646-64-9592.141 +139

PERMIT# 6626 PIN# 4646648942 DATE 5/28/99

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

ADDRESS 120 Bear Run Circle Mooresville NC

LOCATION Alcove TL Hagers Pt Rd last lot on left

SUBDIVISION Hagers Point BLOCK / SECTION LOT 27 LOT AREA SITE CLASS. DESIGN FLOW Existing L.T.A.R.

Septic Tank: Existing Gallons: STB Date

Pump Tank: Existing Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet Linear Feet

No Lines Existing Trench Width 9 Max Trench Bottom Depth Gravel Depth

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

System Description: Existing

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

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

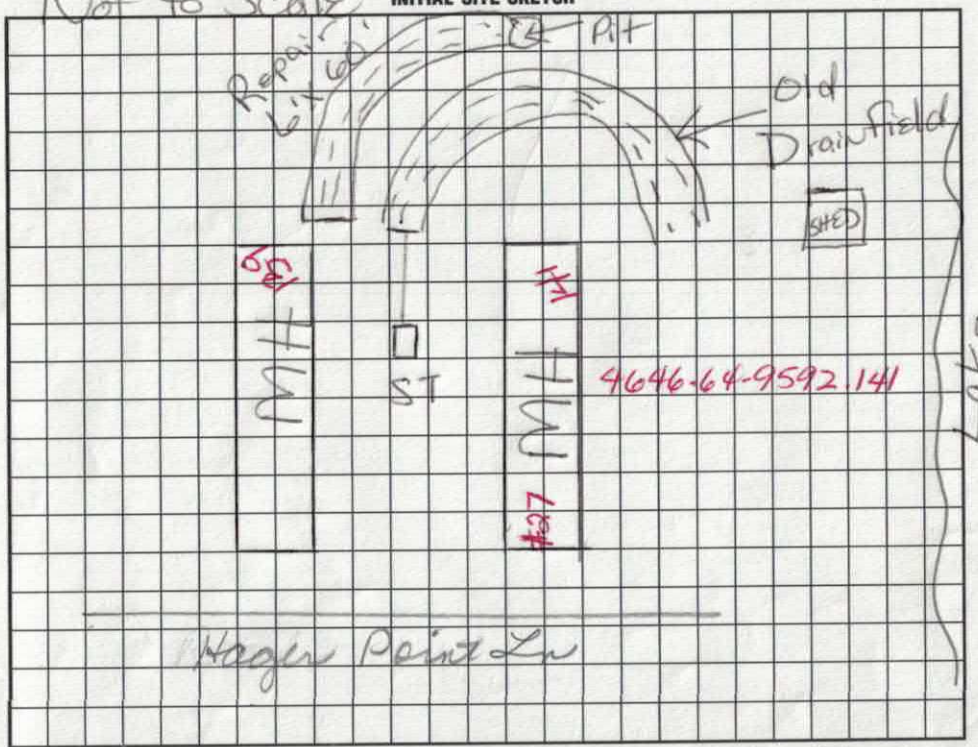
Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments:/Conditions: Repair installed 1979

Not to Scale

INITIAL SITE SKETCH



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: X [signature] date

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

Authorization to Construct by: date

Installed by:

Operation Permit by: date

Existing System Inspection by: Maria 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

* 2 5/28/99 #1000 Lot 27 +13

6626

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: 14 x 70 Mobile Home

Location: Alcove Rd

TAX MAP NO. 4646648942

TAX MAP NUMBER	TOWNSHIP	JURISDICTION	ZONING	WS DISTRICT
4646648942	Davidson	Inside	R20A	WSIVCFIT

SUBDIVISION / MOBILE HOME PARK	LOT NUMBER	LOT SIZE	FLOOD PLAIN
Hagers Point	Lot 27	4.4acre	☐ 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.

#27

ROAD:

ROAD:

ROAD:

4646648942.1141

See Attached

OWNER	ADDRESS	PHONE NUMBER
Bryant Hager	120 Bear Run lane	663-2936

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 Hager — SIGNATURE OF OWNER OR AUTHORIZED AGENT

5-10-99 — 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
_____ SQ. FT.	_____ FT.	_____ FT.	N/A _____ FT.	_____ FT.	_____ FT.

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

REMARKS: Is not on city water + sewer

ZONING ADMINISTRATION DIVISION

Lisa E. Hearn — APPROVED BY

5/10/99 — DATE

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

BCP 5/94