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: POC: Jerry Smith 704-902-1836

Applicant	Phone #	Mailing Address	City	State	Zip Code
Mark Stoike	(704) 433-2198	2170 Godbey Rd	Woodleaf	NC	27054

Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Magic Forest	19		

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

Specific Directions to Property I-77 S. to Exit 42 E. on HWY 115 toward Mooresville 1.1 mile Turn R. on Flower House Lp. go 0.3 mile turn L. on Rankin hill Rd go 0.9 mile turn R. on Laramie Ct. go @ 600' to site on L.

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

Modular

House X Mobile Home ____ Commercial ____ No. Bedrooms 4 No. Baths 2

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 Feb 04 DATE Gerald Smith SIGNATURE OF OWNER/AUTHORIZED AGENT

1'TOTAL) 140.18'
180.29'TOTAL)
40.11'
(160.11'TOTAL)
120.00'
(160.11'TOTAL)
80.80
(253
(199.31'TOTAL)
79.31'
ALLSTOWN
(APPROXIMATE LOCATION)
BARRINGER TOWNSHIP
(APPROXIMATE LOCATION)
LOT 18
0.83 ACRES
LOT 19
0.85 ACRES
S00°29'59"W
203.51'
S02°24'49"W
179.64'
35' SETBACK
35' SETBACK
(251.02'TOTAL)
5°07'25"E 180.53'
C11
35.56'
66.43'
N84°29'52"E
79' SETBACK
IE COURT 45' PUBLIC R/W
C12
C13
S82°01'07"E
114.83'
N85°07'25"W 176.30'
(251.02'TOTAL)
C15
19.19
35' SETBACK
C14
35' SETBACK
LOT 23
0.80 ACRES
S01°30'17"E
199.75'
LOT 22
1.00 ACRES
S00°21'38"E
190.00'
175.29'