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:

Applicant	Phone #	Mailing Address	City	State	Zip Code
Piedmont Housing	528-7120	1040 Charlotte Hwy	Troutman	NC	28166
William Hefner		P.O. Box 1732	Lincolnton	NC	28093
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Westwinds Phase I	8		

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

Specific Directions to Property: Hwy 21 To Flowerhouse Turn Right go to Rankin hill Rd Turn Right 1st 1/2 mile on Right

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

House ____ Mobile Home ✓ Commercial ____ No. Bedrooms 3 No. Baths 2

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

Crawl Space ✓ 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.

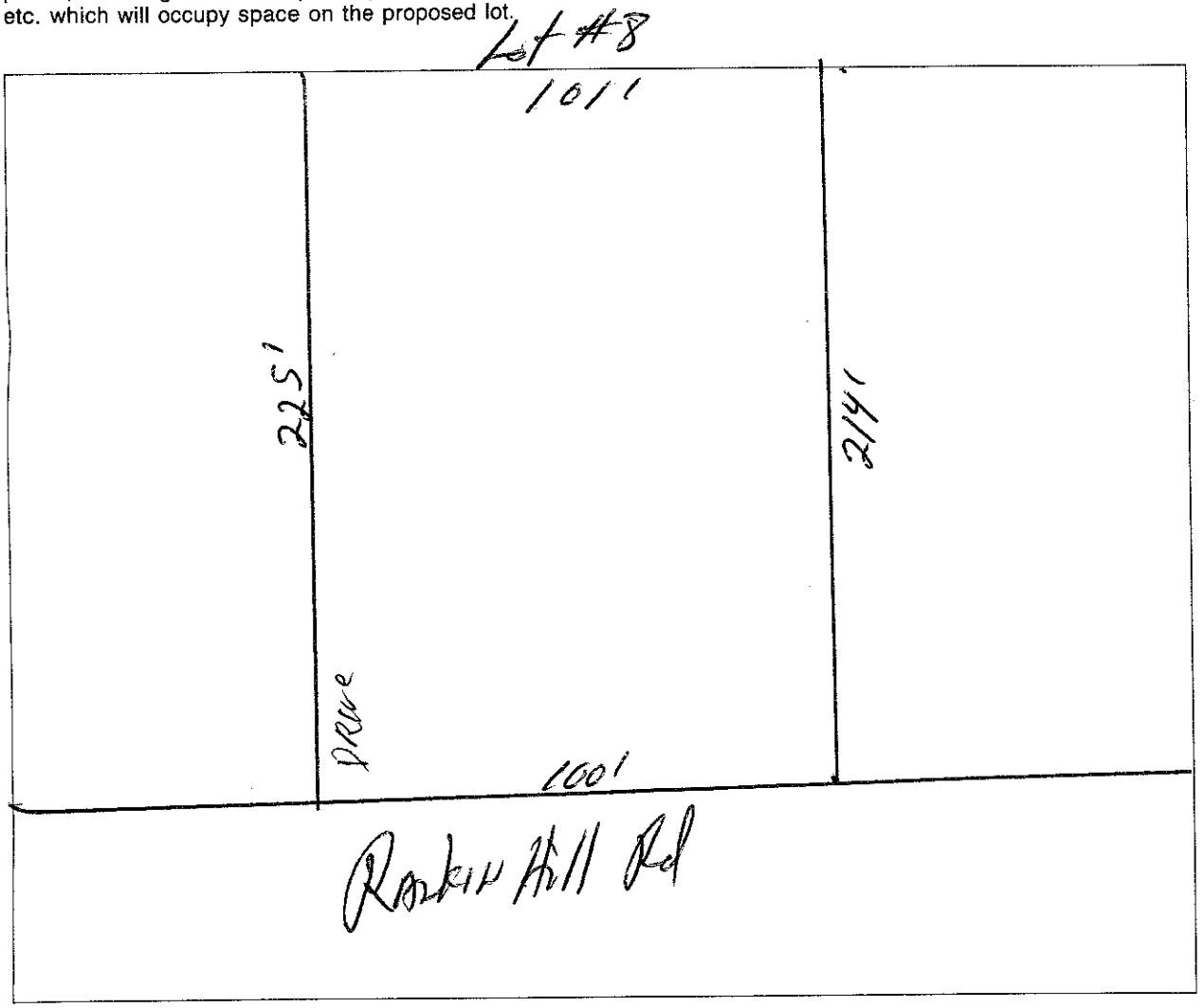
2-22-99 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
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.



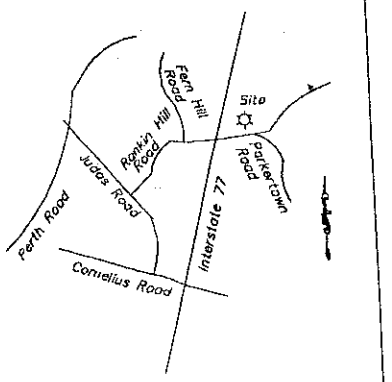
I hereby convenant that the above representation is correct to the best of my knowledge and ability.

22-99 Date _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

I Joel H. Patterson III, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description and/or Map Book: 30, Page 73. That the boundaries not surveyed are clearly indicated as drawn from information as shown survey; that the ratio of precision as calculated is 1: 10,000+ that this plat was prepared in accordance with G.S. 89-C as amended. Witness my original signature, registration number and seal this MARCH day of 30, A.D. 2000.

PRELIMINARY PLAN
NOT FOR RECORDATION,
CONVEYANCES OR SALES

JOEL H. PATTERSON III, PLS
LICENSE NUMBER: L-3717



Vicinity Map Not to Scale

LINE TABLE		
LINE	LENGTH	BEARING
L1	22.99	S04°25'02"E

Westwinds Phase II
Map Book: 32 Page: 50

Lot 49

Lot 50

N04°15'36"E 82.94 L1

16.00

Lot 9 C
0.09 Acres

65.00

N23°34'08"W
111.22

10' Access Easement

PRELIMINARY PLAN
NOT FOR RECORDATION,
CONVEYANCES OR SALES

Lot 9 B
0.20 Acres

102.56

N85°40'50"E 205.56 Total

S85°40'50"W 214.13 Total

62.13

Lot 8

Lot 10

N02°15'57"W
105.07

Lot 9 A
0.21 Acres

20' Drainage Easement

87.00

87.00

S02°15'57"E 105.07

60'

Rankinhill Road