6279

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: Well & Septic SFR & Addition to Mobile

Location: Tommy Lane

TAX MAP NUMBER	TOWNSHIP	JURISDICTION	ZONING	WS DISTRICT
PART OF 4646928912	Eidelchak	Inside	CUR20A	No

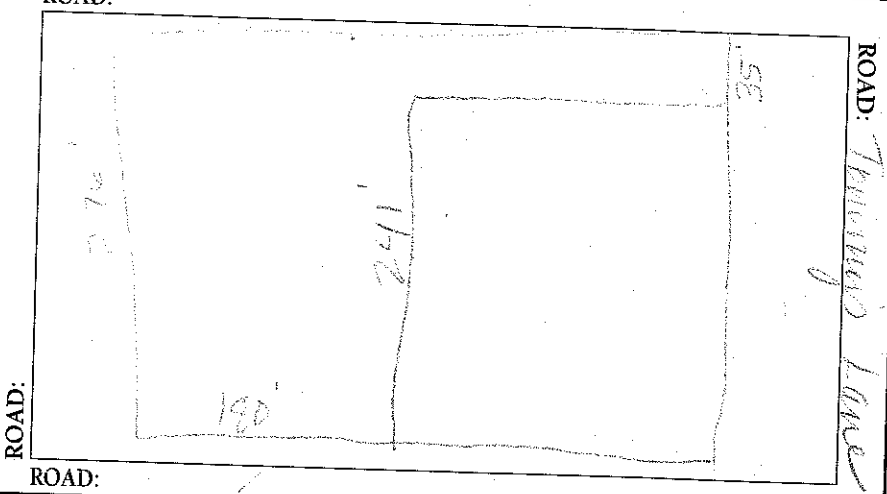
SUBDIVISION / MOBILE HOME PARK	LOT NUMBER	LOT SIZE	FLOOD PLAIN
Freeze Sub	60	1 acre	☐ Yes ☑ No

TAX MAP NO. PART OF 4646928912

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
Roscoe Freeze	145 Tommy Lane	663-0944

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.**

Jonathan A. Freeze for Roscoe B. Freeze Jr. — SIGNATURE OF OWNER OR AUTHORIZED AGENT

1-12-99 — APPLICATION DATE

4646 02 0559

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
20K SQ. FT.	100 FT.	40 FT.	15 FT.	40 FT.	FT.

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

REMARKS:

Is not on city water + sewer.

* Subject to Rezoning approval 1/11/99

ZONING ADMINISTRATION DIVISION

Lisa E. Morris — APPROVED BY

1/12/99 — DATE

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

BCP 5/94

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:

Timothy A. Freeze	663-0944	151 Tommys Ln.	Mooresville	NC	~~28115~~ 28117
Applicant	Phone #	Mailing Address	City	State	Zip Code

Roscoe H. Freeze Jr.	145 Tommys Ln.	Mooresville	NC	28117
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

Freeze	160		
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

Private Well		Part of 4644920912
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property From I-77 Exit 33, 21 North to Waterlynn Rd. Turn Right, go approx. .3 of mile, turn right on Tommy's Ln (dirt rd.) Go to end of road, lot on left side.

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

House ____ Mobile Home X 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.

1-14-99 DATE Timothy A. Freeze SIGNATURE OF OWNER/AUTHORIZED AGENT