5815

# 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 Family Residence

Location: 7913 Clarkester Road

TAX MAP NO. 4650-14-6813

| TAX MAP NUMBER | TOWNSHIP | JURISDICTION | ZONING | WS DISTRICT |
|---|---|---|---|---|
| 4650-14-6813 | Coddle Creek | County | R-20A | N/A |

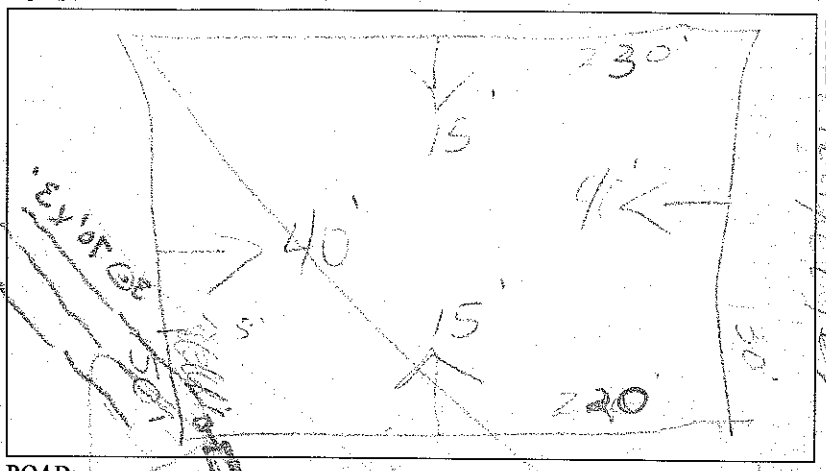
| SUBDIVISION / MOBILE HOME PARK | LOT NUMBER | LOT SIZE | FLOOD PLAIN |
|---|---|---|---|
| | 15 / Lot 1 | 1.71 Acres | ☐ Yes ☐ No |

**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.

Buyer: Brian Kalstek




| OWNER | ADDRESS | PHONE NUMBER |
|---|---|---|
| Kirby Simmons | PO Box 2626 Mooresville | 660-6765 |

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.**

SIGNATURE OF OWNER OR AUTHORIZED AGENT — 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 |
|---|---|---|---|---|---|
| 20000 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

Clarkester Rd

ZONING ADMINISTRATION DIVISION

APPROVED BY — DATE 7/30/13

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:

| Applicant | Phone # | Mailing Address | City | State | Zip Code |
|---|---|---|---|---|---|
| Brian Kalstek | 660-6765 (o 872-2481) | 610 Emerson | Mooresville | NC | 28115 |
| | | | | | |
| Current Property Owner | | Mailing Address | City | State | Zip Code |

PROPERTY INFORMATION:

| (Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | State Road # |
|---|---|---|---|
| ~ | #1 | ~ | 1249 |

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

Specific Directions to Property _____

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.

8-24-98 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT