26377

Call Sanitarian Between 8 a.m. and 9 a.m. 664-5281 / 878-5305

PROPERTY DESCRIPTION

APPLICATION FOR- (Not a Permit) ( ) Improvements Permit ( ) Zoning Permit ( ) Special Use ( ) Subdivision Approval ( ) Other

Proposed Use: D/W

Location: [illegible] Fisher Crossing Dr. [illegible]

TAX MAP NO.

Tax Map No.	Township	Jurisdiction	Zoning
4659-11-2449	[illegible]	[illegible]	RA

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Fisher Crossing	22	4.477 AC	( ) yes ( ) no

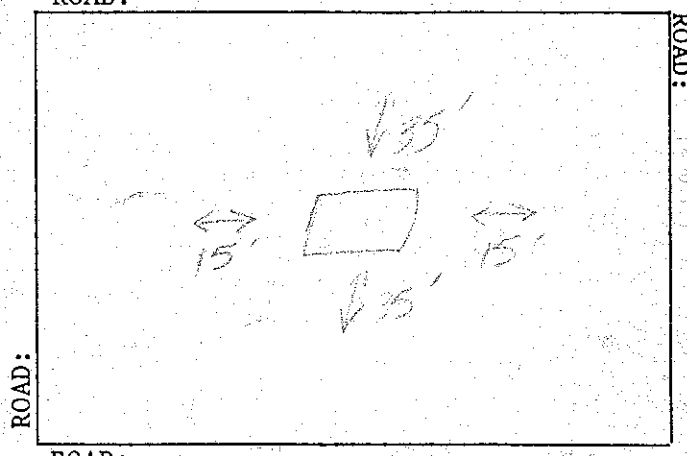
Approx. Area to be disturbed	Street Address	Phone	Watershed

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.

115-Z
75 HID
$70



OWNER	ADDRESS	PHONE NO.
J. Nelson Osborne	130 Bulldog Ct Clover NC 28023	357-4111

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.

J. Nelson Osborne — 2-11-97

Signature of Owner or Authorized Agent — Application Date

If permitted, the following minimum zoning requirements must be met, unless the Health Department requires more land area or other qualifications are indicated in the remarks.

Lot area [illegible] sq. ft. Front yard depth 35 ft. Corner yard depth [illegible] ft.

Lot width [illegible] ft. Side yard depth 15 ft. Rear yard depth 35 ft.

03-11-1997 106896

LAND USE INDICATED (is) (is not) PERMITTED IN THE ZONING DISTRICT.

REMARKS:

ZONING ADMINISTRATION DIVISION

Approved by — 3-11-97 Date

WHITE: Original CANARY: Inspection Copy PINK: Health Dept. GOLD: Owner

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:

J. Nelson Osborne | 704-857-4117 | 180 Gulledge St | China Grove | NC | 28023
Applicant | Phone # | Mailing Address | City | State | Zip Code

Tommy Hendrix | 292 Bailey Rd | Mooresville | NC | 28115
Current Property Owner | Mailing Address | City | State | Zip Code

PROPERTY INFORMATION:

Freeze Crossing | 22 | | #2588
(Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | State Road #

Private Well | | 4659448448
(Proposed) Water Supply: Public, Private Well | **Preliminary Plat Approval Date** (DEVELOPERS ONLY) | Tax Map #

Specific Directions to Property From Mooresville 115 North past Shepherd School T/R Freeze Crossing – Lot 22 aprx 1500' on right.
From Statesville Exit 42 T/R go South 115/21 apprx 1 mile T/L into Freeze Crossing – Lot apx 1500' on right

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

House ____ Mobile Home D/W ✓ Commercial ____ No. Bedrooms 4 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.

3-11-97 DATE J. Nelson Osborne SIGNATURE OF OWNER/AUTHORIZED AGENT