Town of Mooresville Jurisdiction
PROPERTY DESCRIPTION

Application for (not a permit)

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

Number ____ ☐ Improvements Permit ☑ Zoning Permit ☐ Subdivision Approval ☐ Other

Proposed Use: Single Family Residence

Location: 328 Elysian Drive

Tax PIN: 4666-82-4912 Township: Coddle Creek Jurisdiction: Inside Zoning: R20A

Subdivision: ____ Lot: ____ Size: 2.57 Flood Plain: no Watershed: no

Contractor: Utopia Bldrs. Owner: Michael + Pat Brewer

Address: 328 Elysian Drive Phone: ____

I certify that all 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: Dean Rudge Date: 12-9-02

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: 20,000 Lot Width: 100 Front Yard Depth: 40 Side Yard Depth: 15

Rear Yard Depth: 40 Corner Yard Depth: 25

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

Remarks: Is NOT on city water + sewer

110357 ZO

Holding Permits: N

Tree Board Review? N Reason: ____

Has Property Been Recorded? Y

Erosion Plan Required N

Directions: ____

ZONING ADMINISTRATOR DIVISION

Approved By: Steve Mann Date: 12/9/02

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
Mike Brewer	(w) 704-662-7770 704-663-3389	110 Brewer Lane (Address Below)			
Michael G. Brewer (Current Property Owner)		328 Elysian Dr.	Mooresville	NC	28117

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Michael G. Brewer	6		Book 41

Private Well — (Proposed) Water Supply: Public, Private Well

_____ — **Preliminary Plat Approval Date** (DEVELOPERS ONLY)

Page 15-15 — Tax Map #

Specific Directions to Property Coddle Creek Road go South East approx 3 miles dirt Drive just before Coddle Creek Country Store

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

House X Mobile Home ____ Commercial ____ No. Bedrooms 4 No. Baths 3

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

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.

12-9-02 DATE Dean Rodgers for Utopia Builders, Inc SIGNATURE OF OWNER/AUTHORIZED AGENT