IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 2707 DATE 3/22/94 TAX MAP NO. 1E-A-132 4675-36-5898 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR TE BOWLES SR. PHONE: Business _____ Home 663-3344

ADDRESS Rt 1 Box 516 MOORESVILLE, NC. 28115 1720 Caddle Creek Hwy - Mrsvl.

LOCATION KISTLER RD., ON (R) BEFORE WELDING SHOP

SUBDIVISION — BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. P DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: ENSTING SYSTEM

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

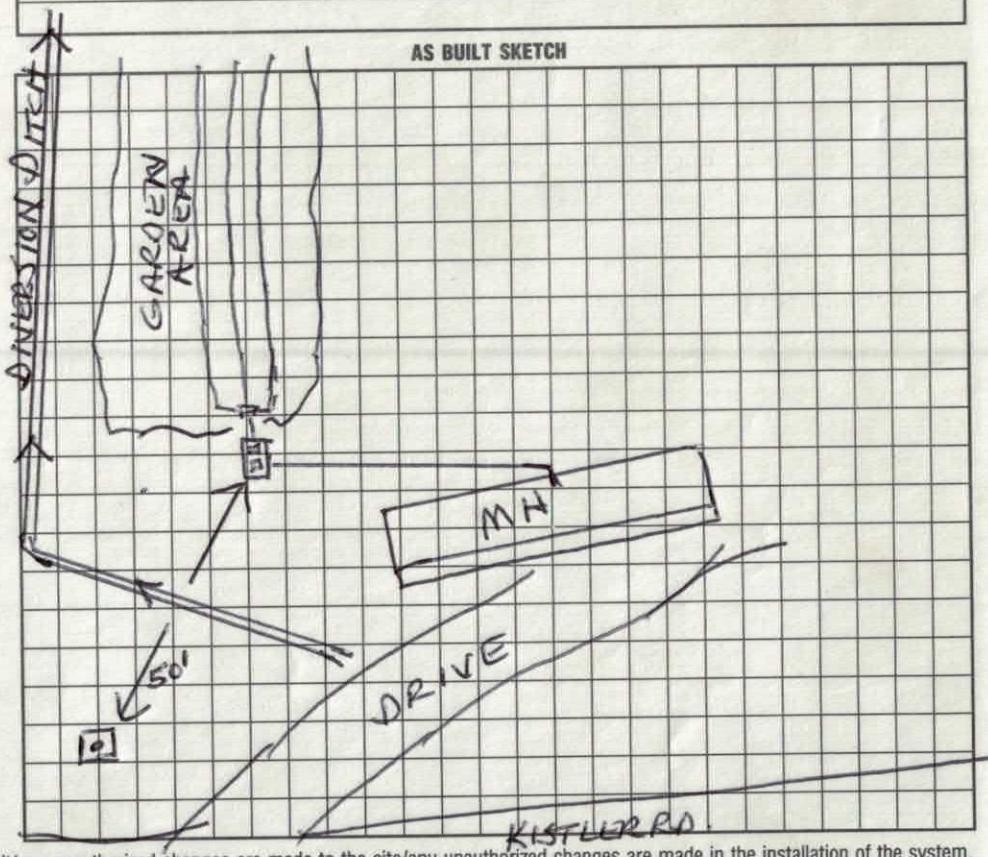
Water Supply:
☑ Individual
☐ Community
☐ Public
PROPOSED

Comments:

Comments:

INITIAL SITE SKETCH

AS BUILT SKETCH



I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: Wesley Sparks RS. date 3/22/94

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

3 1E 7 132

2707

MOORESVILLE JURISDICTION

PROPERTY DESCRIPTION

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

Proposed Use: 1994 Single wide Mobile Home ≈ 1039 SF.

Location: Kistler Road

TAX MAP NO. 1E-A-132

Tax Map No.	Township	Jurisdiction	Zoning
1E-A-132	Coddle Creek	Outside	R-20A

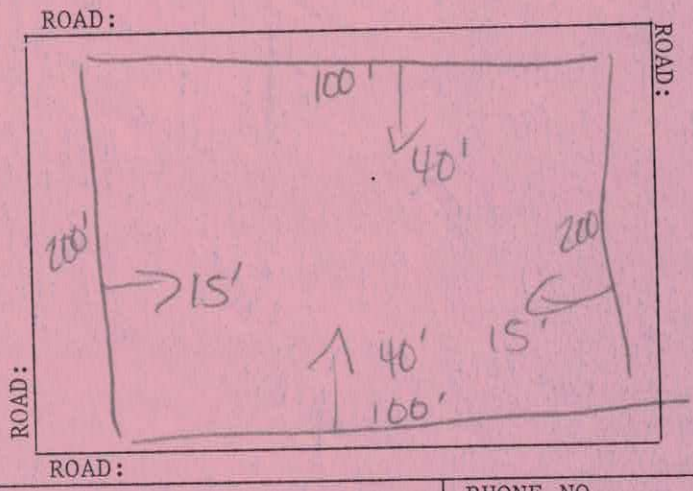
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain ( ) yes (✓) no

Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

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.



Renter: Kevin Liscomb

OWNER	ADDRESS	PHONE NO.
T.E. Bowles, Sr.	Rt. 1 Box 516 Mooresville, NC	663-3344

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.

T.E. Bowles SR. _____

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 20,000 sq. ft. Front yard depth 40 ft. Corner yard depth 25 ft.

Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 40 ft.

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

REMARKS: Mobile Home must meet 1976 NMHSS Act, Mobile Home must be underpinned.

ZONING ADMINISTRATION DIVISION

Approved by — Date 3/21/94

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