7240

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

Location: Pickwyck Village

TAX MAP NUMBER	TOWNSHIP	JURISDICTION	ZONING	WS DISTRICT
4677267444	Coddle Creek	Moore	R20A	No

SUBDIVISION / MOBILE HOME PARK	LOT NUMBER	LOT SIZE	FLOOD PLAIN
Pickwyck Village	15	.723	☐ Yes ☑ No

TAX MAP NO. 4677267444

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.

Bill Brunker

ROAD: N/A ROAD:

ROAD:

ROAD:

OWNER	ADDRESS	PHONE NUMBER
Craig Hursman	67 Pickwyck Village	7990775

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.**

Bill Brunker — SIGNATURE OF OWNER OR AUTHORIZED AGENT

11-22-99 — 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 _____ SQ. FT. LOT WIDTH _____ FT. FRONT YARD DEPTH N/A FT. SIDE YARD DEPTH _____ FT. REAR YARD DEPTH _____ FT. CORNER YARD DEPTH _____ FT.

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

REMARKS: Is not on city water + sewer

ZONING ADMINISTRATION DIVISION

Steve E Mann — APPROVED BY — 11/22/99 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:

Bill Brunker | 799-0775 | 147 Wing Haven ct. | Mooresville | N.C. | 28117
Applicant | Phone # | Mailing Address | City | State | Zip Code

Marshall Horsman | Picwyck dr. | Mooresville | N.C. | 28115
Current Property Owner | Mailing Address | City | State | Zip Code

PROPERTY INFORMATION:

Picwyck dr | 15 | | |
(Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | State Road #

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

Specific Directions to Property Main St. N. to R. on Picwyck dr.

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

House X Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 2 1/2

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

Crawl Space X Concrete Slab _____ Garbage Disposal X Jaccuzi or spa X

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.

12-28-98 DATE Bill Brunker SIGNATURE OF OWNER/AUTHORIZED AGENT