Town of Mooresville Jurisdiction
PROPERTY DESCRIPTION

Application for (not a permit)

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

Number 1199 ☑ Improvements Permi ☐ Zoning Permit ☐ Subdivision Approval ☐ Other

Proposed Use: Well & Septic

Location: 229 Alexander Acres

Tax PIN: 4677-35-7372 Township: Coddle Creek Jurisdiction: Inside Zoning: R20A

Subdivision: Thomas Alexander Lot: Size: 1.03 acre Flood Plain: No Watershed: no

Contractor: Owner: Kirk Pholsina

Address: 267 Alexander Acres Phone: (704) 799-6327

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

3/8/01
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	Lot Width	Front Yard Depth	Side Yard Depth
2000	100	40	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 and sewer.

Holding Permits? no

Tree Board Review? no

Reason:

Has Property Been Recorded? yes

Erosion Plan Required? no

Directions: Off N. Main

ZONING ADMINISTRATOR DIVISION

Approved By:

3/08/01
Date

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
Southern Luxury Homes	704-9377200	1310 N Cannon Blv.	Kannapolis	NC	28083
Thomas W. Alexander		229 Alexander Acres Rd	Mooresville	N.C.	

Current Property Owner

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

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

Preliminary Plat Approval Date
(DEVELOPERS ONLY)

Tax Map # 4677

Specific Directions to Property Go East on Hwy 150 - Turn Right on Alexander Dr Just Before 152 Splits off of 150. Lot App. 1 mi on Left

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

House ____ Mobile Home ✓ 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.

4-3-02 DATE Carl Bradshaw SIGNATURE OF OWNER/AUTHORIZED AGENT