87-

**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 |
|---|---|---|---|---|---|
| * Gary E. CHAPMAN | 704 663-5265 | 163 Pineridge Dr. | Mooresville | N.C. | 28115 |
| Gary & JoAnn Chapman | | 163 Pineridge Dr. | Mooresville | NC | 28115 |
| Current Property Owner | | Mailing Address | City | State | Zip Code |

PROPERTY INFORMATION:

| (Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | State Road # |
|---|---|---|---|
| Mooresville Country Est. | 18 | | off 150 W |

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

Specific Directions to Property Go out 150 WEST Keep on 150. Pineridge Dr. is 9/10 of a mile from where 150 + 152 divide. Go L on Pineridge Dr. 6th Place on L Chapman is on the MAIL Bx.

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

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

No. Persons or Employees (commercial only) _____ Basement X 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.

10/7/96 DATE JoAnn Chapman SIGNATURE OF OWNER/AUTHORIZED AGENT

25334

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: To Replace a Sin. W.M. with a Modular Home

Location: 1155 ft. to Pine Ridge Dr. 4th Lot

TAX MAP NO. 2548

| Tax Map No. | Township | Jurisdiction | Zoning |
|---|---|---|---|
| 1R1-1-15 | FC | Iredell | RA |

| Subdivision/Mobile Home Park | Lot No. | Lot Size | Flood Plain |
|---|---|---|---|
| Mooresville Country Estates | 15 | 5.49 | ( ) yes (✓) no |

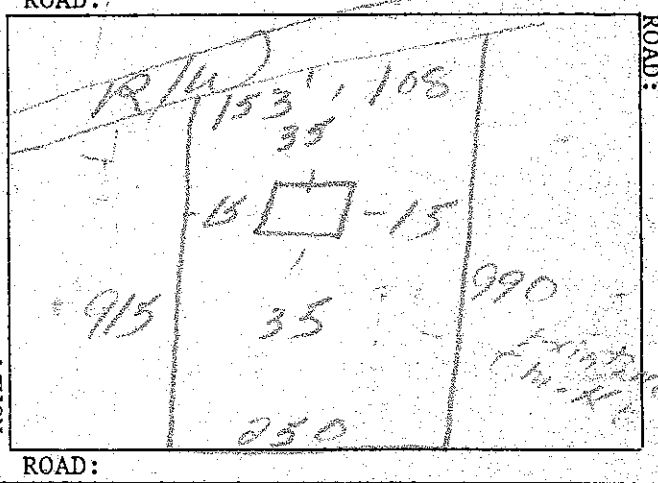
| Approx. Area to be disturbed | Street Address | Phone | Watershed |
|---|---|---|---|
| | | | WSIV |

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.

2-15.00
HP 50.00
#16500




| OWNER | ADDRESS | PHONE NO. |
|---|---|---|
| Mrs. Thomas | 163 Timberlake Dr. Mooresville | 663-5265 |

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.

Signature of Owner or Authorized Agent — Application Date: 10-1-96

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 1A/C sq. ft. Front yard depth 35 ft. Corner yard depth 25 ft.

Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 55 ft.

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

REMARKS: Existing M.H. must be removed before occupying New mod. home

ZONING ADMINISTRATION DIVISION

Approved by — Date: 10-1-96

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

Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 873-7291

# PROPERTY DESCRIPTION

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

Proposed Use: mobile home

Location: 150 E Old Statesville Rd

TAX MAP NO. _____

| Tax Map No. | Township | Jurisdiction | Zoning |
|---|---|---|---|
| 1P-1-A-13 | Cobble Creek | Statesville | N/A |

| Subdivision/Mobile Home Park | Lot No. | Lot Size | Flood Plain ( ) yes ( ) no |
|---|---|---|---|
| Statesville | | 5.49 ac | |

| 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.

4 12 x 60

2100 Bldg
1000 Plmb
1000 Elec
4100

47 Permit
50 Health
897 Total

ROAD:

ROAD:

ROAD:

ROAD:

| OWNER | ADDRESS | PHONE NO. |
|---|---|---|
| Mona Chisenhall | Rt 9 Box 430 Statesville | 662-9265 |

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.

Mona Chisenhall 4-15-87

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 _____ sq. ft. Front yard depth _____ ft. Corner yard depth _____ ft.

Lot width _____ ft. Side yard depth _____ ft. Rear yard depth _____ ft.

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

REMARKS: _____

ZONING ADMINISTRATION DIVISION

Approved by — Date

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