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
Statesville Full Gospel Tabernacle	704-873-9923	135 Village Pt Drive	Statesville	NC	28625
Current Property Owner		**Mailing Address**			
Statesville Full Gospel		c/o 124 Islands Park Lane	Statesville	NC	28625

PROPERTY INFORMATION:

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

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

Specific Directions to Property Taylorsville Hwy Left Village Point Drive on Left

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

House _____ Mobile Home _____ ~~Commercial~~ Church 195 Seats w/Kitchen _____ No. Bedrooms _____ No. Baths _____

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

Crawl Space _____ Concrete Slab X _____ 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.

10/22/02 DATE Rev Robert Johnson SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.

SEE @ Attach Form

I hereby convenant that the above representation is correct to the best of my knowledge and ability.

10/22/2002 Date Robert Johnson SIGNATURE OF OWNER/AUTHORIZED AGENT

...forming said person.

* This plat represents an actual field survey that meets or exceeds the minimum requirements of a class B survey in accordance with the Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1600.

* The ratio of precision before any adjustments is 1:134,454

* Area determined by coordinate computations.

* There are no NCGS Monuments within 2,000' of this survey.

PLS

NORTH CAROLINA PROFESSIONAL SEAL L-3175 LAND SURVEYOR TED M. BENBOW

FH ..... FIRE HYDRANT
TPED ..... TELEPHONE PEDESTAL
CBOX ..... CABLE BOX
PB ..... POWER BOX
SW ..... SIDEWALK
EP ..... EDGE OF PAVEMENT
CCM ..... CONCRETE CONTROL MONUMENT
C/L ..... CENTERLINE
R/W ..... RIGHT OF WAY
SSMH ..... SANITARY SEWER MANHOLE
CB ..... CATCH BASIN
RCP ..... REINFORCED CONCRETE PIPE
CMP ..... CORRUGATED METAL PIPE
CO ..... CLEANOUT
FP ..... FLAGPOLE
FL ..... FLOOD LIGHT
CPRL ..... CONTROL POINT
GAS ..... GAS LINE MARKER
FFE ..... FINISH FLOOR ELEVATION
OHL ..... OVERHEAD TELEPHONE LINE
BC ..... BACK OF CURB
CPP ..... CORRUGATED PLASTIC PIPE
DI ..... DROP INLET
TPP ..... TEMPORARY POWER POLE
YI ..... YARD INLET
MH ..... MANHOLE
CAPS ON MONUMENTS SET CONTAIN THE SURVEYORS NAME AND LICENSE NUMBER

NOTE: SUBJECT P

