IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 116354 PIN# 4730-50-0111 DATE 9-19-06

OWNER OR APPLICANT REGENT BUILDERS PHONE: Business 704-663-5458 Home

ADDRESS 182 N MAIN ST MOORESVILLE NC 28117

LOCATION State Park Rd ① Wildlife ② Sierra Woods ③ Dir Run ④ EAGLE CHASE ON RT

SUBDIVISION Wildlife Run BLOCK / SECTION 1 LOT 57 LOT AREA 33,517 SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 9-4-06
Pump Tank: 1000 Gallons; PT 1014 Date 9-4-06
Pump Make: Gouds Model WE07124 Serial No.
Nitrification Field: No Fields 1 Square Feet EQ=1920' Linear Feet 320'
No Lines 5X64' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☒ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: LOW Pressure 50%
Repair System Description: SAME
Maintenance Agreement Required: ☒ Yes ☐ No

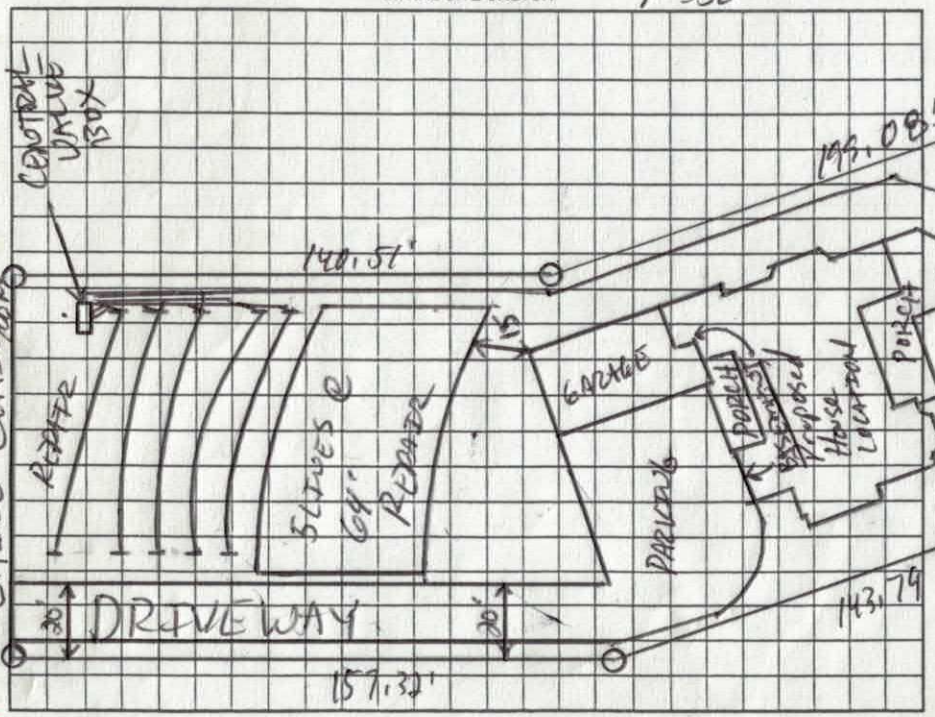
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Persons 8 No. Employees
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

Comments/Conditions: ① Keep House Out of Ground & BACKFILL FOR Positive Drainage Reqmts. DO NOT CUT OR PERMIT WILL BE VOID. ② Keep Supply Line 5' OFF P/L & 10' OFF BASEMENT. ③ House

Comments/Conditions: ④ System Completely Staked. DO NOT CUT Driveway or Permit will be void. ⑤ CALL Prior TO INSTALLATION FOR PUMP SIZING & SYSTEM SPECS IF NECESSARY

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH ⑤ THIS PERMIT IS A REPAIR. Previous Soil Work Performed By Christopher Sherrill, LSS# 125

* CMT BUILDER ON 10-13-06 ELIMINATING BACK PORCH & TANKS WILL SETBACK 5' OFF FOUNDATION. POOL WILL BE MOVED. Keep 15' SEPARATION BETWEEN TANKS & POOL.
* LETTER COPY 10-13-06
* [signature]

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 with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: [signature] date 9-15-06 Installed by: C&S Grading

Improvement Permit by: [signature] RS date 9-19-06 Operation Permit by: [signature] RS date 4-3-07

Authorization to Construct by: [signature] RS date 9-19-06 Existing System Inspection by: date

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

#160 EAGLE CHASE Lot 1

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Craig Carter Bldrs. APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: 11/18/03 DATE EVALUATED: 12/29/
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: State Park Rd (c) Wildlife Bay (B) Sierra (L) Deer Run (B) Eagle Chase Lot 57 on right PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFIL CLASS & LTAR
1	L 3%	0-5	WK SBK SCL	VFR SS/SP SEXP	—	42	N/E	—	PS .25
		5-26	MO SBK/ABK C	FI S/P SEXP					
		26-42	MO SBK SCL	FR S/P SEXP					
		42+	SL M SAP	—					
2	L 3%	0-5	WK SBK SCL	VFR SS/SP SEXP	—	>48	—	—	PS .25
		5-30	MO SBK/ABK C	FI S/P SEXP					
		30-48	MO SBK SCL	FR S/P SEXP					
3	L 3%	0-15	WK SBK SCL	VFR SS/SP SEXP	—	>48	—	—	PS .25
		15-33	MO SBK C	FI S/P SEXP					
		33-48	MO SBK SCL	FR S/P SEXP					
4	L 5%	0-3	WK SBK SCL	VFR SS/SP SEXP	—	>48	—	—	PS .25
		3-18	MO SBK C	FI S/P SEXP					
		18-48	MO SBK SCL	FR S/P SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR	.25 gpd/ft²	.25 gpd/ft²

OTHER FACTORS (.1946): all profiles contain 10% mica in c
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Chris Sewell
OTHER(S) PRESENT: No

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR	LPP .1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Block ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	SI (Silt) SICL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SLC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15		
					MOIST	**WET**
					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky)	SS (Slightly Sticky) S (Sticky) VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)

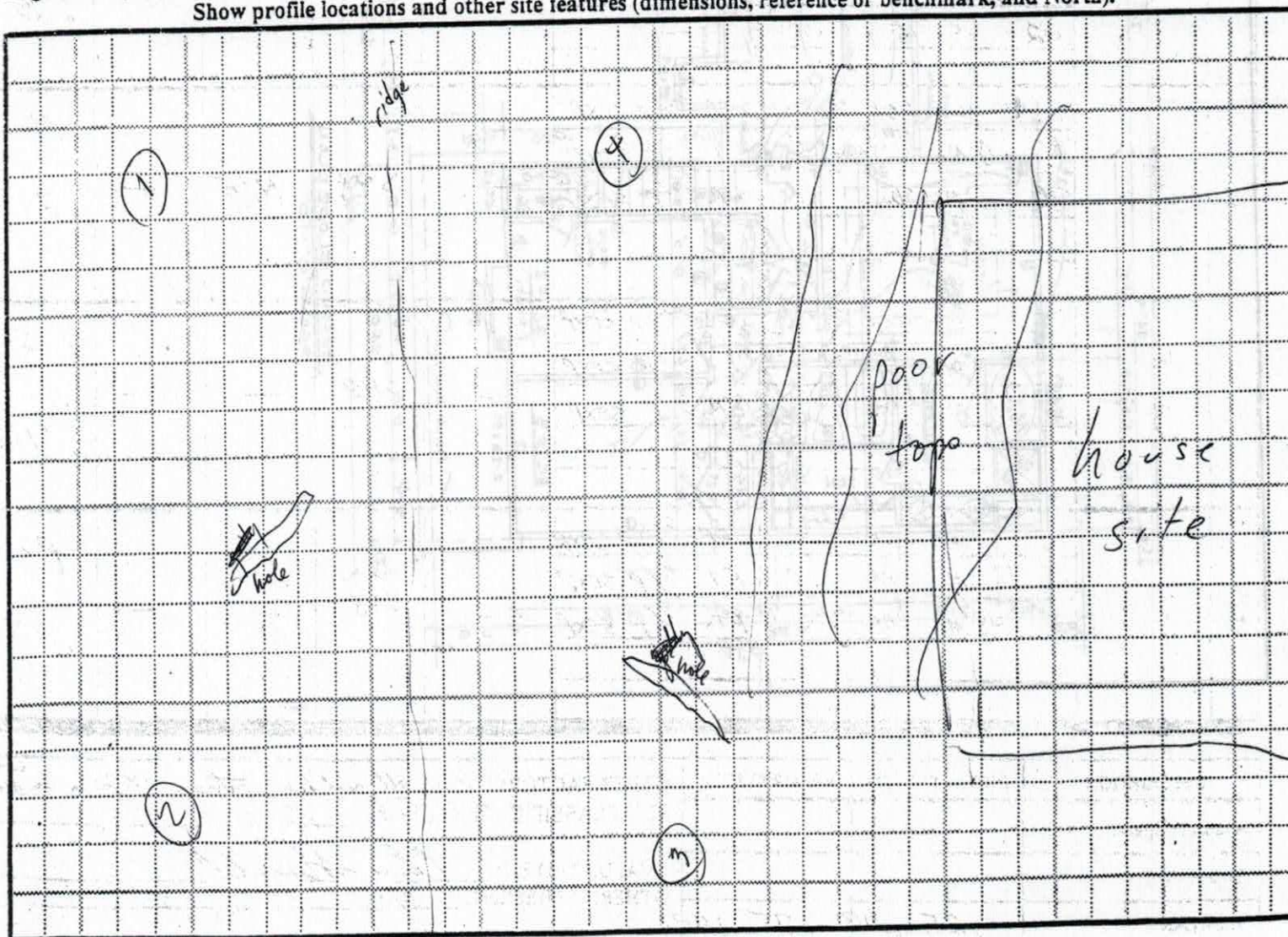
NOTES

HORIZON DEPTH In inches below natural soil surface
DEPTH OF FILL In inches from land surface
RESTRICTIVE HORIZON Thickness and depth from land surface
SAPROLITE S(suitable) or U(unsuitable)
SOIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

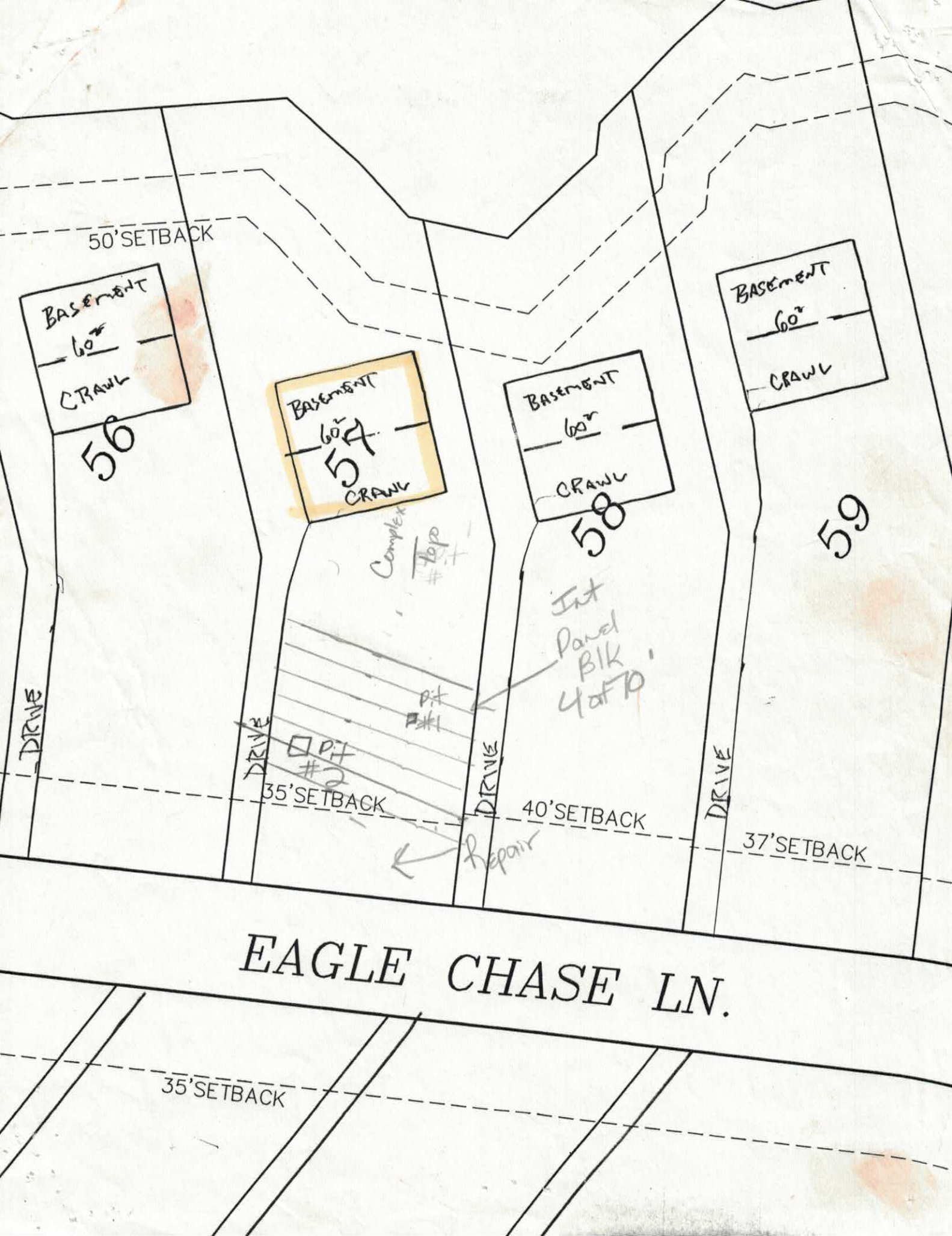
OWNER: Crescent Resources Inc APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 8/5/98
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Wildlife Bay Phase I Lot #57 PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut Hand Auger Pit
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	(1940) LAND-SCAPE POSITION/ SLOPE %	HORI-ZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-8"	Rd/Brn SCL w/SBK						PS .3
		8-43"	Rd CL m-fSBK FR SS,SP						
2		0-11"	Rd/Brn CL w/SBK SS,SP Seq Fi-FR						PS .3
		11-45	Rd/Brn SCL w/ Inclus of LSAP						
		45-48"	SL SAP						
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____


50'SETBACK
BASEMENT
60²
CRAWL
56
BASEMENT
60²
CRAWL
57
BASEMENT
60²
CRAWL
58
BASEMENT
60²
CRAWL
59
Complete
Top
#1
Int
Panel
BLK
4 of 9
Pit
#1
Pit
#2
Repair
DRIVE
DRIVE
DRIVE
DRIVE
35'SETBACK
40'SETBACK
37'SETBACK
EAGLE CHASE LN.
35'SETBACK

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: ___ Improvement Permit ___Authorization To Construct (X) BOTH ___Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted: ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable (X) Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
REGENT BUILDERS	182 N. MAIN	704 660 3496	7046225458
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
JOHN ZALONIS		704 995 2781	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
EAGLE CHASE DR	WILDLIFE BAY	57

Driving Directions: _____

****

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

****

6. **Proposed Water Supply:**

(X) New Well ( ) Existing Well (X) Community Well ( ) City Water ( ) Other Public Water

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional ( ) Innovative (X) Modified Conventional ( ) Other_____ ( ) No Preference

****

8. **Please Answer The Following To The Best of Your Ability:**

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

****

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: _____ 9-19-06
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 116354 PIN# 4720-50-0111 DATE 2-28-04

OWNER OR CONTRACTOR CRAIG CARTER, BUILDER, INC PHONE: Business 336-940-2341 Home

ADDRESS 119 HWY 801 S STE 100 ADVANCE NC 27006

LOCATION STATE PARK RD (L) WILDLIFE (R) SIERRA WOODS (L) DEER RUN (R) EAGLE CHASE ON (R)

SUBDIVISION WILDLIFE BAY BLOCK / SECTION I LOT 57 LOT AREA 33,517 SITE CLASS. DESIGN FLOW L.T.A.R. .25 GPD/FT²

Septic Tank: 1000 Gallons; STB Date

Pump Tank: 1000 Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1920 Linear Feet 320

No Lines 5 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth 24" SAND

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

System Description: LP PANEL 50% RED.

Repair System Description: LP PANEL 150% RED

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

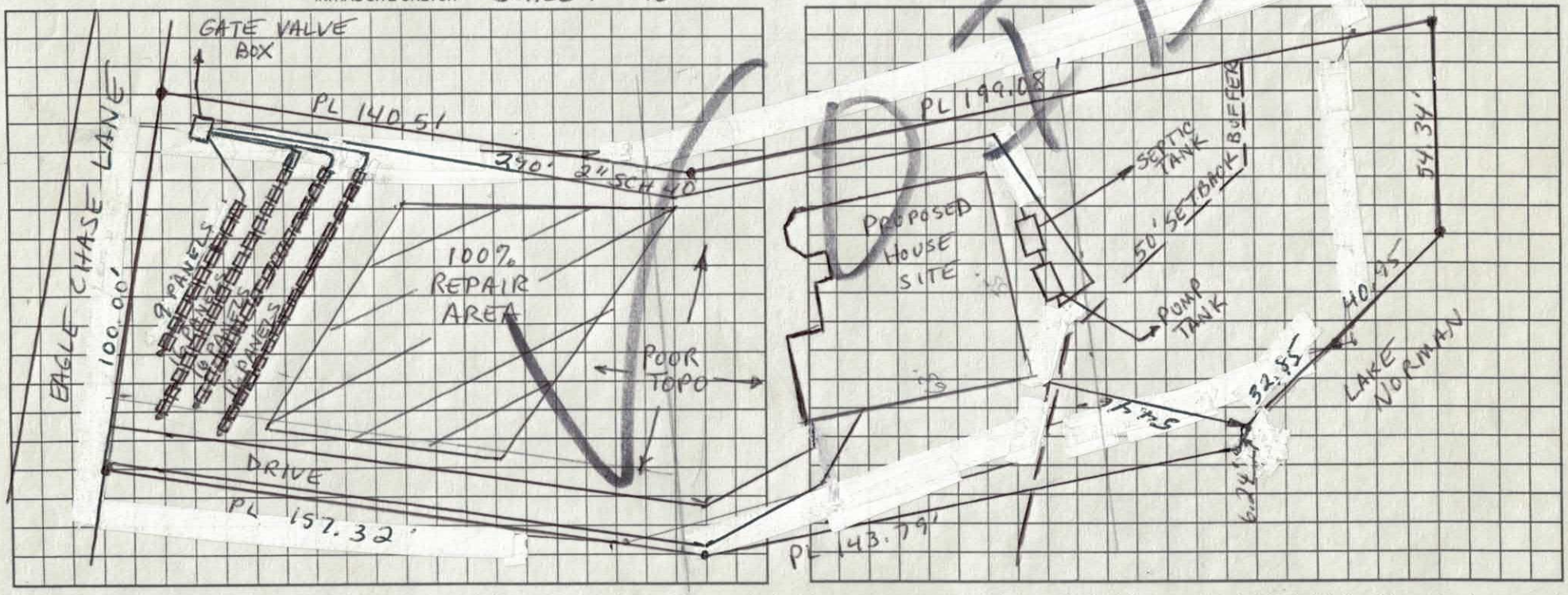
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions: (1) MAINTAIN SETBACKS (2) INSTALL LINES ON CONTOUR (3) SYSTEM REQUIRES MAINTENANCE CONTRACT (4) SEE ATTACHED SHEETS FOR PUMP TANK DESIGN AND PRESSURE DISTRIBUTION

Comments:/Conditions:

INITIAL SITE SKETCH SCALE 1"=40'



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 with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date

Improvement Permit by: Christopher M. Shemill date 2-28-04

Authorization to Construct by: date

Installed by:

Operation Permit by: date

Existing System Inspection by: date

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

IREDELL COUNTY HEALTH DEPARTMENT

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

VOID

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 074570 PIN# 4639734550PT DATE 9/16/98

OWNER OR CONTRACTOR Crescent Resources, Inc. PHONE: Business 663-6905 Home

ADDRESS P.O. Box 1003 Charlotte NC 28201

LOCATION State Park Rd TL Wildlife Bay TR Sierra TL Deer Run TR Eagle Chase

SUBDIVISION Wildlife Bay BLOCK / SECTION 1 LOT 57 LOT AREA 33,517 SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Date

Pump Tank: 1000 Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet Linear Feet 280'

No Lines 4 at 70' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

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

System Description: LPP-Panel Blk

Repair System Description: LPP-Panel Blk

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

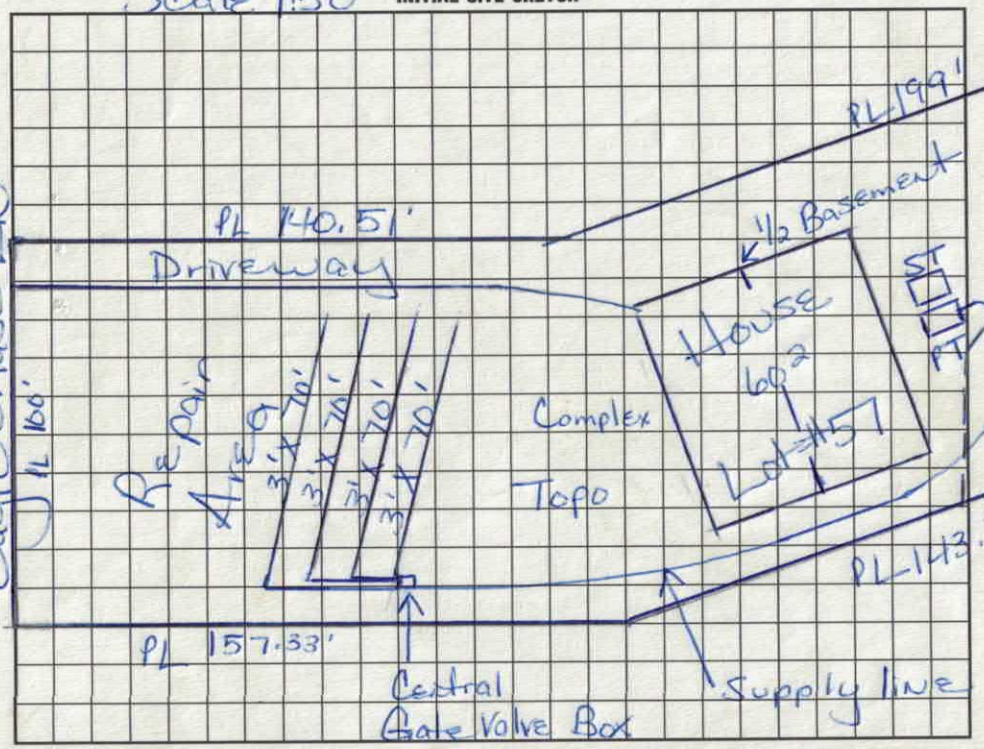
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

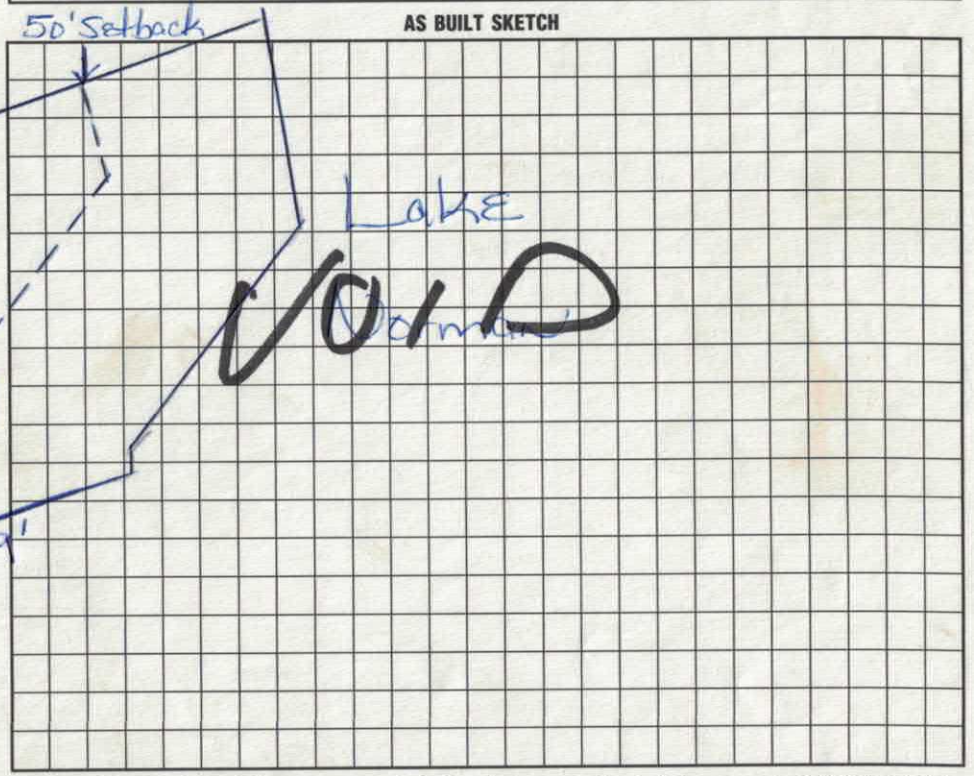
Comments:/Conditions: Keep Septic System at least 10' from PL & 50' from lake.

Comments:/Conditions: Partial

Scale 1:50 **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 with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Paul G. Perry date 10-5-98

Improvement Permit by: Maria H. Johnson date 9/16/98

Authorization to Construct by: date

Installed by:

Operation Permit by: date

Existing System Inspection by: date

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

IREDELL COUNTY HEATLH DEPARTMENT

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE SAMPLE SITE PLAN BELOW. INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!

Place an (X) beside each item as you complete the site plan:

- ✓ **Property Line measurements are clearly identified…**
- ✓ **All proposed structures are indicated…**
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- ✓ **Front and side setbacks from property line…**
- ✓ **Preferred driveway location and configuration, preferred well location…**
- ✓ **Area you prefer your septic system to be placed…**
- ✓ **North arrow, or other sufficient indicator of direction…**

Circle N/A on the following if appropriate:

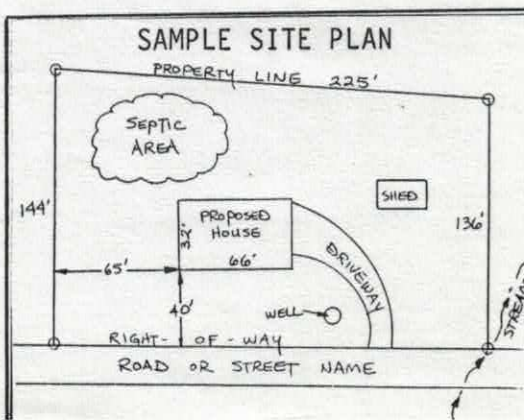
- ✓ **Location of septic systems and wells within 100' of your property… N/A**
- ✓ **Location of easements and rights of ways on your property… N/A**
- **Location of any designated wetlands on the property… N/A**

Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

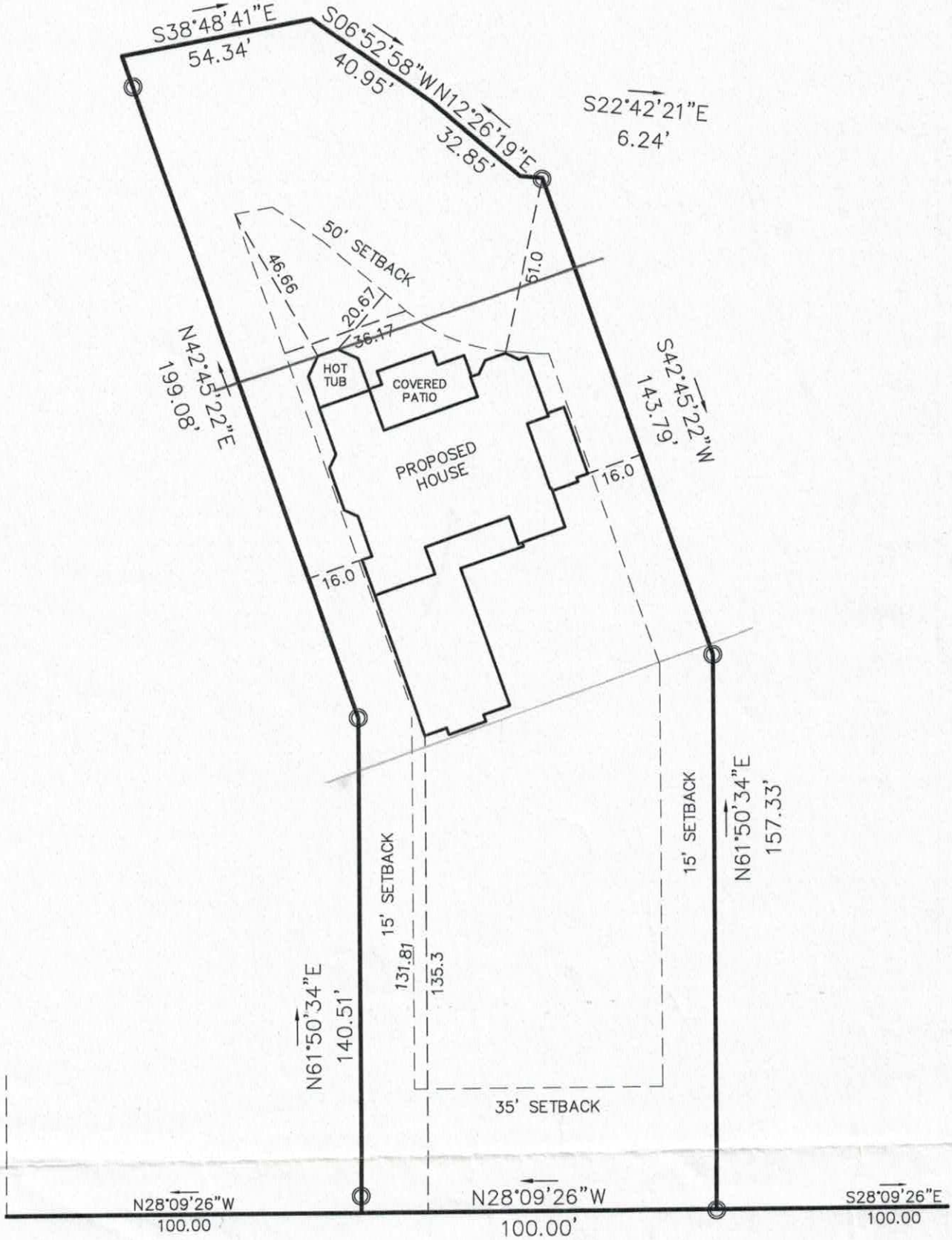
9-19-06
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

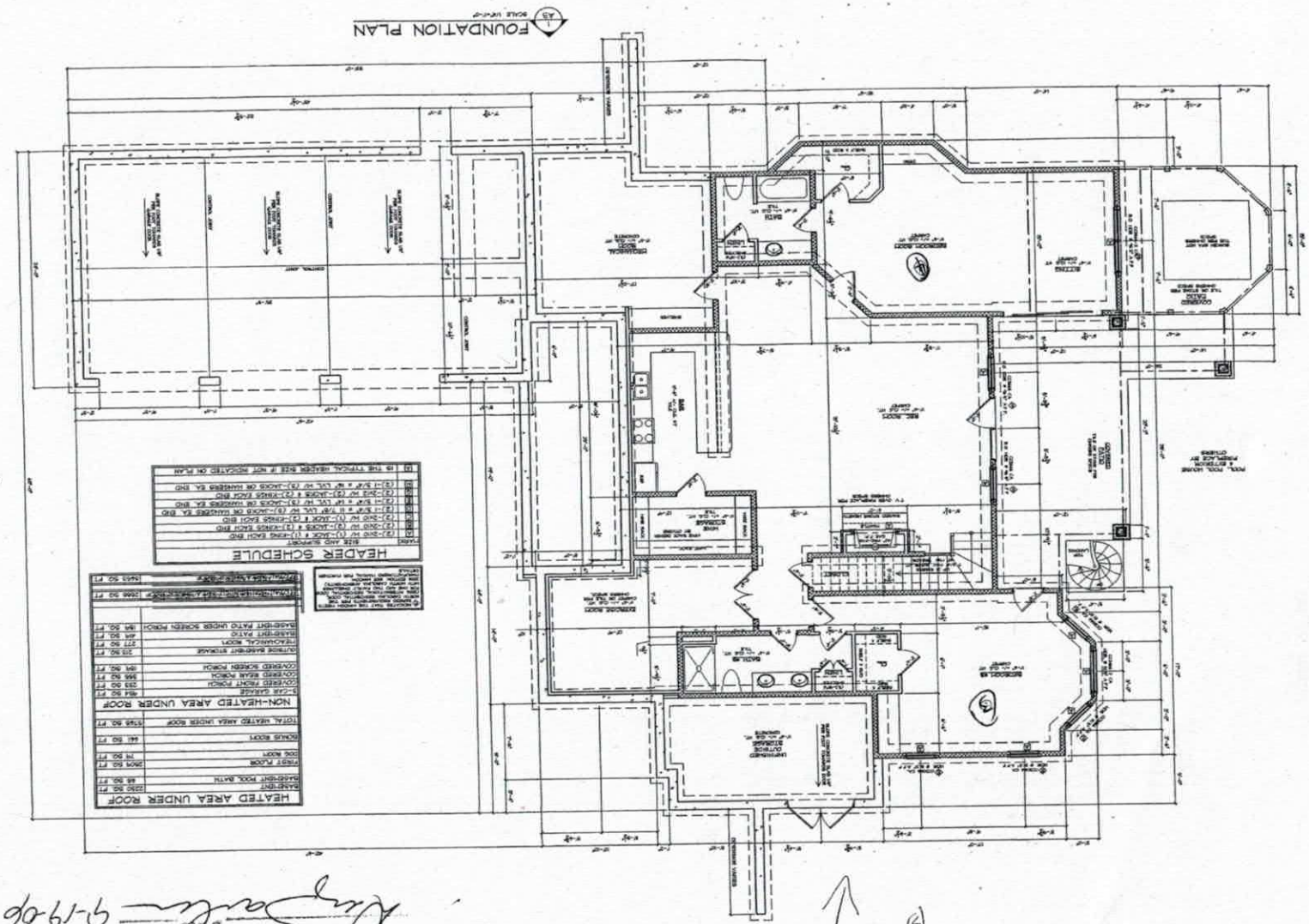
SEE ATTACHED PLAT



LAKE NORMAN



EAGLE CHASE LANE



Approved w Bedroom PWV

9-19-06

9-19-06

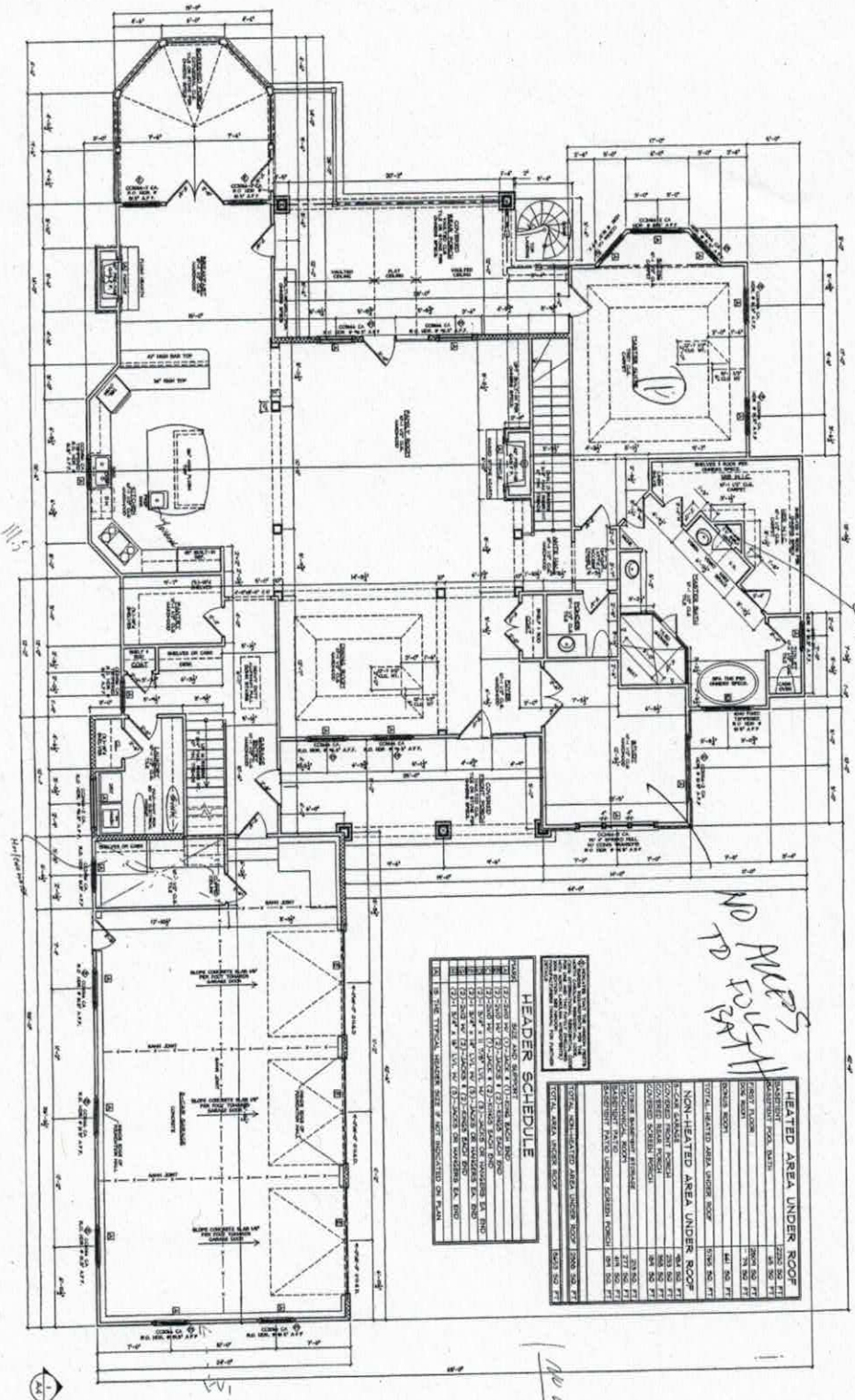
DO NOT MAKE ILLEGAL COPIES-PRELIMINARY DRAWINGS ONLY-NOT FOR CONSTRUCTION

Mr. & Mrs. John Zalonis Residence
Lot #57, Wildlife Bay
Mooresville, NC 28117

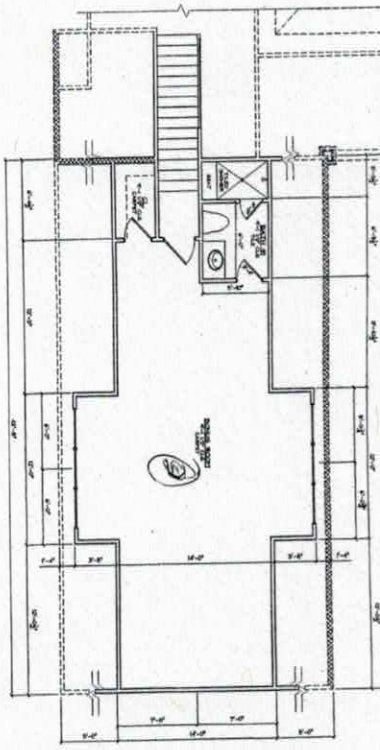
Swan Design, Inc.
Traditional to Transitional House Plan Drawings

A3

89



FIRST FLOOR PLAN



BONUS ROOM PLAN

DO NOT MAKE ILLEGAL COPIES-PRELIMINARY DRAWINGS ONLY-NOT FOR CONSTRUCTION

Mr. & Mrs. John Zalonis Residence

Swan Design, Inc.

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	116354zo	Subdivision:	Wildlife Bay
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	160 Eagle Chase Ln. Troutman NC 28166		
Parcel #:	4720-50-0111	Zoning:	R20
Lot #:	57 Size: 33,517	Flood Plain:	No Watershed: WSIV-CA
Applicant:	Craig Carter, Builder, Inc	Owner:	Barbara J Wilson
Address:	119 Hwy 801 S Suite 100 Advance NC 27006	Address:	950 Jetton St. Unit 2 Davidson, NC 28036
Phone:	336-940-2341	Phone:	704-987-3417
Property Recorded: Yes	Site Plan Reviewed:	Community Water: Yes	Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 21,780 Min. Front Yard: 35 ft Min. Left Side Yard: 15 ft

Min. Lot Width: 100 Min: Rear Yard: 50 ft Min: Right Side Yard: 15 ft

Min. Number Parking Spaces: Max. Built Upon Area:

Comments:

Renewal of zoning for #074570, which the septic permit expired.

Directions:

Statpark Road, Left Wildlife Road, Right Sierra Woods, Left Deer Run, Right Eagle chase, on Right

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

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 Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant: _____ Date: 10/3/03

A non-refundable fee of $45.00 is charged on all permit applications.

ELLIOTTE BLACKWELL Printed: 10/3/03

IREDELL COUNTY
PROPERTY DESCRIPTION FORM
P.O. BOX 788 277 S. CENTER ST.
STATESVILLE, NC 28687
Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

Permit No: 074570 Zoning Permit: X Improvements Permit: 1

Name: CRESCENT RESOURCES Address: PO BOX 1003

City: CHARLOTTE State: NC Zip: 282010000

Phone: 0006636905

Proposed Use: 01

PIN #: 4639734550 PT Zoning: R20 Township: 1700

Street Address: EAGLE CHASE LN

Flood Zone: Panel #: Effective Date: / /

Subdivision/MHP: WILDLIFE BAY Lot #: 57 Lot Size: 33517

Has Property been recorded? N Community Water? Sewer?

Provider:

Watershed: WSIVCA Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: 35F 50R 15S

Minimum Lot Size: 25000 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments:

Hold Building Permits? Y Reason: PLAT HAS NOT BEEN RECORDED

Location: STATPARK L WILDL R SIERRA L DEER R EAGLE 11 ON RT

Staff: RRS Date: 06/18/98

Fees: Zoning: $ 15.00 Health: $ 75.00

Signature of Applicant:_____
Owner: Agent: