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
Lakemont Homes Mike Harper	704-400-2344	PO Box 1463	Matthews	NC	28104
Sandra King (Current Property Owner)		168 Maple View	Troutman	NC	

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Wildlife Bay	105		

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

Specific Directions to Property Perth Rd to State Park Rd. R. to Wildlife Drive, Left to Wildlife Bay. Right on Maple View Lot on Right

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

House X Mobile Home _____ Commercial _____ No. Bedrooms 3 4 No. Baths 2 1/2

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

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.

5/18/04 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

SEE ATTACHED PLAT

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)

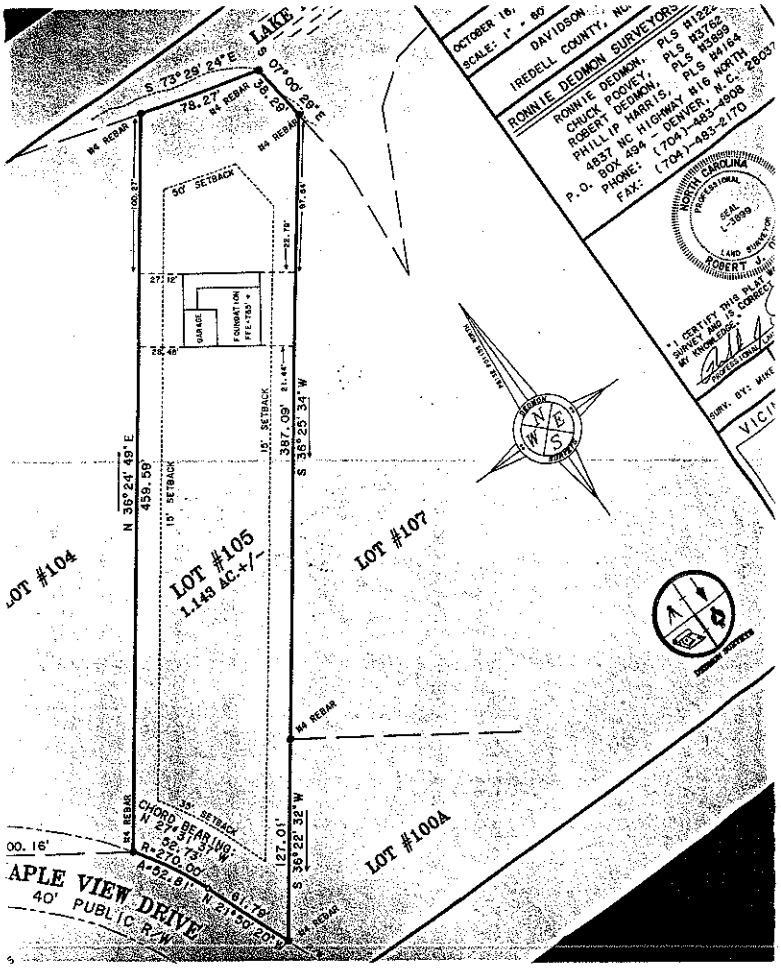
All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement 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 ATTACHED PLAT

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

5/18/04 Date _____ SIGNATURE OF OWNER/AUTHORIZED AGENT


LAKE
S 73° 29' 24" E
78.27'
#4 REBAR
38.28'
N 07° 00' 26" E
50' SETBACK
100.27'
97.94'
22.70'
GARAGE
FOUNDATION FFE=783.0
10' SETBACK
387.09'
S 36° 25' 34" W
N 36° 24' 49" E
459.59'
15' SETBACK
LOT #104
LOT #105
1.143 AC.+/-
LOT #107
LOT #100A
#4 REBAR
CHORD BEARING:
N 27° 31' 37" W
R=270.00'
A=92.81'
61.79'
N 21° 50' 20" W
127.01'
S 36° 22' 32" W
APLE VIEW DRIVE
40' PUBLIC R/W
OCTOBER 16,
SCALE: 1" = 60'
DAVIDSON
IREDELL COUNTY, NC.
RONNIE DEDMON SURVEYORS
RONNIE DEDMON, PLS #1222
CHUCK POOVEY, PLS #3765
ROBERT DEDMON, PLS #3699
PHILLIP HARRIS, PLS #4184
4837 NC HIGHWAY 16 NORTH
P.O. BOX 494 - DENVER, N.C. 28037
PHONE: (704)-483-4906
FAX: (704)-483-2170
NORTH CAROLINA
PROFESSIONAL
SEAL
L-3699
LAND SURVEYOR
ROBERT
I CERTIFY THIS PLAT
SURVEY AND IS CORRECT
MY KNOWLEDGE
SURV. BY: MIKE
VICI