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
CedarCroft Homes	895.0556	PO Box 99	Davidson	NC	28036
Wm. Brewster Co.	"	"			"
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Martha's Vineyard	52		

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

Specific Directions to Property I77 N to Exit 45. Left at the exit over interstate to Murdock Rd. Turn left on Murdock Rd. Go approx. 1 mile to Hoover Rd - Turn left. Approx 2 miles on Right is entrance to Marthas Vineyard

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

House X Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 2.5

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.

6-7-07 DATE Angie Blount SIGNATURE OF OWNER/AUTHORIZED AGENT

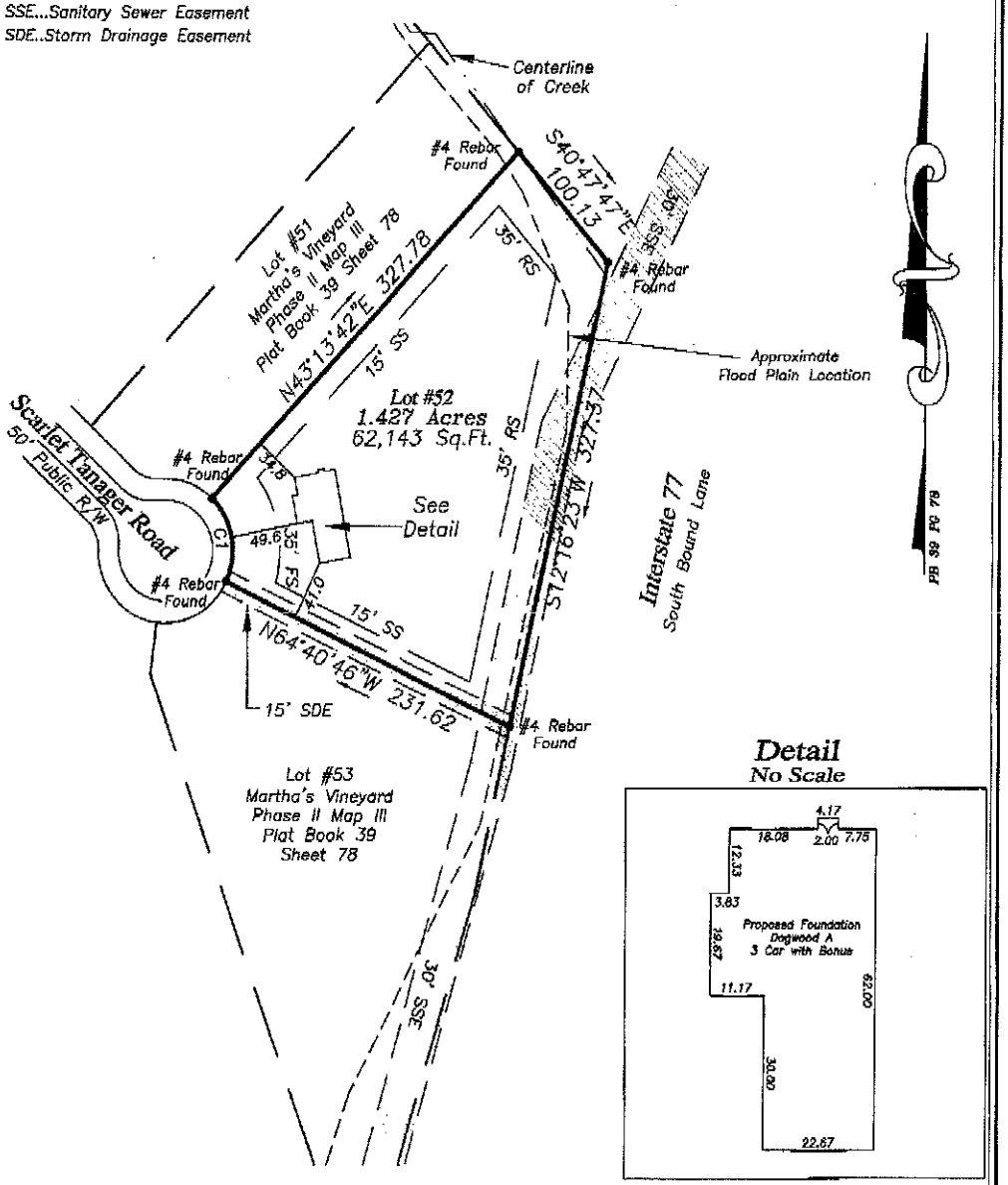
I, Mark S. Pence, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 1215, page 526, etc.) that the ratio of precision as calculated is 1:10,000 +; that this plat was prepared in accordance with G.S. 47-30 as amended. Witness my original signature, registration number and seal this 22nd day of January, A.D. 2007.

Mark S. Pence PLS L-3680

Legend

R/W.....Right of Way
FS.....Front Setback
SS.....Side Setback
RS.....Rear Setback
SSE...Sanitary Sewer Easement
SDE..Storm Drainage Easement

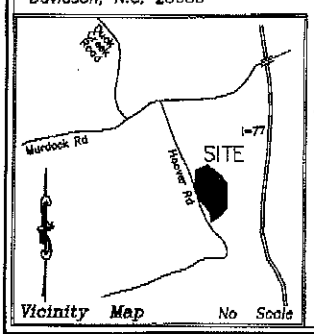
CURVE TABLE				
CURVE	LENGTH	RADIUS	CHORD DIRECTION	CHORD
C1	62.89	50.00	N10°44'24"W	58.82



Detail
No Scale

Owner

William Brewster Company
P.O. Box 99
Davidson, N.C. 28036



Preliminary Site Plan

CedarCroft Homes

Barringer Township *Iredell County* *N. C.*
Scale 1"=100' *Date of Survey January 22nd, 2007*
Reference
Plat Book 39 Page 78 *Lot #52 Martha's Vineyard*

GRAPHIC SCALE
100 0 50 100 200 400
(IN FEET)
1 inch = 100 ft.

PIEDMONT DESIGN ASSOCIATES, P.A.
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