Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

23257

PROPERTY DESCRIPTION

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

Proposed Use: To Go Temp. ft. w. M.H.

Location: Overcash Trl. Hilton's Crest Trl. Davis

Tax Map No.	Township	Jurisdiction	Zoning
4G-4-52 ptd	Barium Sp.	Iredell	R-A

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Kelly C. Davis	4	4.013	(Y) yes (X) no

Approx. Area to be disturbed	Street Address	Phone	Watershed
			N/A

TAX MAP NO.

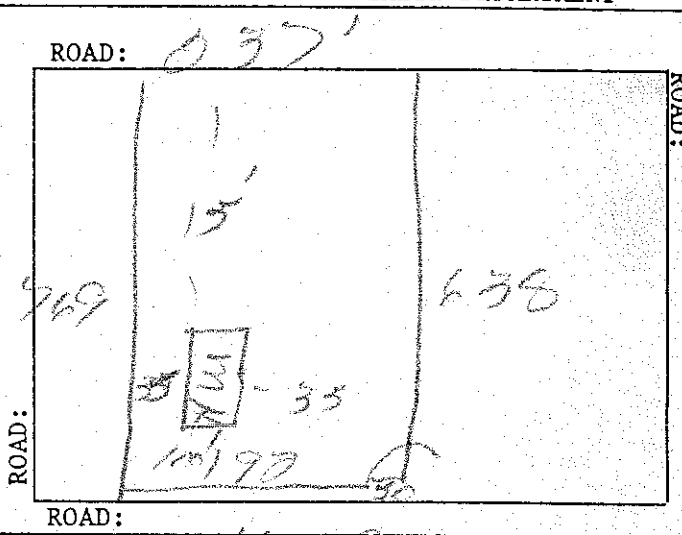
REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

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
MD 50.00
45.00

02-28-1996 096532



OWNER	ADDRESS	PHONE NO.
Kelly C. Davis	459 Hilton's Crest Trl. Mocksville NC.	528-4975

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.

Kelly C. Davis — 2-25-96

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 20,000 sq. ft. Front yard depth 35 ft. Corner yard depth 25 ft.
Lot width 200 ft. Side yard depth 15 ft. Rear yard depth 35 ft.

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

REMARKS:

ZONING ADMINISTRATION DIVISION

Approved by — Date 2-25-96

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

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:

Bobby Davis	5284926	489 weathers creek rd	Troutman	N.C.	28166
Applicant	Phone #	Mailing Address	City	State	Zip Code

Bobby Davis	489 weathers Creek Rd	Troutman	N.C.	28166
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

Bobby Davis	4		
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

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

Specific Directions to Property From Statesville 77 south to Exit 45. Left on Amity Hill Rd Go To END. Left on Amity asphalt 1st Road on Right will be Weathers Creek Rd. Turn Right Go To Davis Trail Ln. Turn Left Last Lot on Left

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

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

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.

2-28-96 DATE Bobby Davis SIGNATURE OF OWNER/AUTHORIZED AGENT