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: (65-135 MITTERESUILLE The Point on Normal 2214 Branking St. Rt NC 28117

Applicant Phone # Mailing Address City State Zip Code ンパ かい Current Property Owner Mailing Address City State Zip Code PROPERTY INFORMATION: State Road # **Preliminary Plat Approval Date** Tax Map # (Proposed) Water Supply: Public, Private Well (DEVELOPERS ONLY) Specific Directions to Property - Kauley ントロックサ TYPE OF FACILITY: (use check (X) or number as appropriate) ___Mobile Home ______ Commercial ______ No. Bedrooms _____ No. Persons or Employees (commercial only)______Basement Paking_____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. 3-8-99 DATE FIRE. P. SIGNATURE OF OWNER/AUTHORIZED AGENT