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.

	MATION: LAZAR	7990645	131 SAGA	MORE	Moresun La	e NC.28
Applicant		ne # Mailin			State	Zip Code
Current Property Ov	vner	Mailing Ad	dress	City	State	Zip Code
PROPERTY INFOR	MATION:	#32				et cove
(Proposed) Subo	division Name	(Proposed) Lot	# (Propose	d) Block/Sec	٧	State Road #
(Proposed) Wate	r Supply: Public	c, Private Well	**Preliminary Pl	at Approval [PERS ONLY)	Date** T	ах Мар #
Specific Directions to	Property	150 W	•	,		arl
		or number as appro	•	rooms	No. Bath	s_2_
House Mo	obile Home	Commercial	No. Bed	Basemen	t with Plumbing	g
House Mo	obile Homeoyees (commerce)	Commercial _	No. Bed	Basemen	t with Plumbing	g

NO