IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION Application For Improvement Permit

must be completed by the prope				egin work. C	
PERSONAL INFORMATION:					
	<u>12-1373</u> hone #	5151 Blackwelde Mailing Address	rRd. Concord City	NC State	$\frac{38027}{\text{Zip Code}}$
Tom Wilson Current Property Owner	M	ailing Address	City	State	Zip Code
PROPERTY INFORMATION:					
Spring Acres	3C	Oule	+ Cove Rd.		
(Proposed) Subdivision Nam	e (Propo		oposed) Block/Secti	ion #	State Road #
Private Well	Li's District	- II	Blot Approval B		L-7-D-30
(Proposed) Water Supply: Pu	blic, Private W		ary Plat Approval D /ELOPERS ONLY)	ate	Тах Мар #
Specific Directions to Property LOT 30 (Marked	Hwy 15 1) is on	OE, left of	on Quiet	Cove	Rd
TYPE OF FACILITY: (use check House Mobile Home _		as appropriate)	o. Bedrooms 3	No. Ba	ths_2_
No. Persons or Employees (com					
·		Garbage Disp	J		a
	oto Glab	Garbage bisp			
COVENANT AND SIGNATURE:			9.49		and decembered
I hereby make application to the above. This evaluation is to be concerned authorize Iredell County Heducting this evaluation. I understate voided if substantial changes Permit by the Iredell County Healt laws or regulations. As owner or a sent the maximum facilities intended and is subject to revocation	onducted for the ealth Departme and that, by sta are made to the Department of authorized ager ded to be placement Permit is:	e sole purpose of ob- int representatives to out ate law, any Improven e designated sewage loes not relieve me fro at, I covenant that the ed on this property to sued on the above pro	taining a septic syst go onto the above prenent Permit issued of system site. The issued compliance with a contents of this apport is apported to of the perty is valid for five	tem Improve toperty for pure on the above suance of ar all other relevalication are to date. (5) years fro	ment Permit. I proses of con- property may in Improvement vant state/local crue and repre-
4/21/94 DATE GLOW	na D. t	found sig	NATURE OF OWN	ER/AUTHOR	RIZED AGENT