

**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: 382-1269

CRESCENT RESC. INC      663-6905      P.O. Box 1003      Charlotte      NC      28201-1003  
Applicant      Phone #      Mailing Address      City      State      Zip Code

SAME  
Current Property Owner      Mailing Address      City      State      Zip Code

PROPERTY INFORMATION:

WESTVIEW      24  
(Proposed) Subdivision Name      (Proposed) Lot #      (Proposed) Block/Section #      State Road #

(Proposed) Water Supply: Public Private Well

\*\*Preliminary Plat Approval Date\*\*  
(DEVELOPERS ONLY)

4644481479 A.  
Tax Map #

Specific Directions to Property

LANGTREE Rd  
TL MAEKLYNN Rd  
TR WEST PACES Rd

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

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

No. Persons or Employees (commercial only)      Basement Partial      Basement with Plumbing

Crawl Space ✓      Concrete Slab      Garbage Disposal      Jacuzzi 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.

5-5-97 DATE K. B. Puzin SIGNATURE OF OWNER/AUTHORIZED AGENT