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:

Fred Hefner	828.256-9487	12265 Oxford School Rd	Claremont	NC	28610
Applicant	Phone #	Mailing Address	City	State	Zip Code

Frank Waugh	1163 Sharon School rd.	~~Claremont~~ Statesville	NC	28625
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

			1529
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

Private Well		portion of 3784460150
(Proposed) Water Supply: Public, Private Well	"Preliminary Plat Approval Date" (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property I-40 to Sharon School Road, Right at top of ramp toward Sharon School past School on around curve approx. 3 miles property on left side of Sharon School Road with a United Country realtor sign up at road, go past sign & cut down Gun Club Rd on left go 100' on gun club Rd. property staked on left.

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

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

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

Crawl Space _____ Concrete Slab _____ Garbage Disposal X Jaccuzi or spa X

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.

3-2-00 DATE Fred Hefner _____ SIGNATURE OF OWNER/AUTHORIZED AGENT