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:

Applicant	Phone #	Mailing Address	City	State	Zip Code
MICHAEL STEWART	704-464-7325	2101 1ST AVE. S.	CONOVER	NC	28613
MICHAEL STEWART (Current Property Owner)		102 G-3 BRANDYWINE DR. (Mailing Address)	CONOVER	NC	28613

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
BUFFALO SHOALS NAT'L GOLF CLUB	70		

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
PUBLIC - IREDELL CTY		

Specific Directions to Property FROM STATESVILLE, TRAVEL I-40 WEST. EXIT SHARON SCHOOL RD. TAKE A LEFT - AFTER CROSSING OVER I-40 TAKE THE FIRST LEFT (MOCK MILL RD) GO TO FIRST RIGHT (ENTRANCE OF BUFFALO SHOALS GOLF COURSE - TRAVEL BROKEN ARROW DRIVE. TAKE RIGHT ON DAKOTA. AT STOP SIGN, TAKE LEFT ON CHEYENNE. 2ND LOT ON RIGHT.

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

House X Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 3 1/2

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

Crawl Space X 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.

1-28-97 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT