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:

Charlie V. Stewart | 704-464-3057 | Rt 3, Box 486 | Conover | N.C. | 28613-9549
Applicant | Phone # | Mailing Address | City | State | Zip Code

Charlie V. Stewart | Rt. 3, Box 486 | Conover | N.C. | 28613-9549
Current Property Owner | Mailing Address | City | State | Zip Code

PROPERTY INFORMATION:

Stewart Acres Subdivision | 13 | all lots in same block | Stewart Drive off road 1505
(Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | State Road #

Private Well | 6-5-91 | 8N.A.-79
(Proposed) Water Supply: Public, Private Well | **Preliminary Plat Approval Date** (DEVELOPERS ONLY) | Tax Map #

Specific Directions to Property Mock Mill RD. 1505 where Shady Rest RD. 1507 intersects - Stewart Drive is on North side of Mock Mill RD. - Lot 13 is on right side of Stewart Drive North, Cul-De-Sac.

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 no Basement with Plumbing no

Crawl Space X Concrete Slab _____ Garbage Disposal no Jaccuzi or spa no

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.

July 29-92 DATE Charlie V. Stewart SIGNATURE OF OWNER/AUTHORIZED AGENT