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:

KENNETH BEALER HOMES, INC 704-662-6400 P.O. BOX 3398 MOORESVILLE, NC 28117
Applicant | Phone # | Mailing Address | City | State | Zip Code

WOODLAND & WATERVIEW P.O. BOX 3985 MOORESVILLE NC 28117
Current Property Owner | Mailing Address | City | State | Zip Code

PROPERTY INFORMATION:

TUSKARORA POINT 10 _____ _____
(Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | State Road #

PRIVATE WELL _____ 4614-84-3316
(Proposed) Water Supply: Public, Private Well | **Preliminary Plat Approval Date** (DEVELOPERS ONLY) | Tax Map #

Specific Directions to Property FROM STATESVILLE: I 775 TO EXIT 36, TURN RIGHT ONTO 150/RIVER HWY., ≈ 3RD STOPLIGHT TURN LEFT ON BRAWLEY SCHOOL Rd, GO PAST TRAFFIC CIRCLE IN THE POINT, TURN RIGHT ON [redacted] TUSKARORA TRAIL Rd (≈ 9th Rd. ON RIGHT), THEN TURN [redacted] RIGHT ON [redacted] TUSKARORA PT. LN.

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

House X Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 3.5

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

Crawl Space X Concrete Slab _____ Garbage Disposal X Jaccuzi 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.

_____ DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT