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
KENNETH BEALER HOMES, INC.	704-662-6400	P.O. BOX 3398	MOORESVILLE,	NC	28117

Current Property Owner	Mailing Address	City	State	Zip Code
WOODLAND & WATERVIEW, LLC	P.O. BOX 3785	MOORESVILLE	NC	28117

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
TUSKARORA POINT	19		

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

Specific Directions to Property FROM STATESVILLE: I-77S TO EXIT 36, TURN RIGHT ONTO 150/RIVER HWY, ~3.20 STOPLIGHT TURN LEFT ONTO WILLIAMSON RD, TURN RIGHT BRAWLEY SCHOOL RD, GO PAST TRAFFIC CIRCLE IN POINT, (~ 9TH RD ON RIGHT → TURN = TUSKARORA TRAIL RD., TURN RIGHT ON TUSKARORA POINT 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