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:

HUGHES, HAMELINK ZANOE BLDRS. (704) 375-5999 — Applicant / Phone #
909 EAST BLVD — Mailing Address
CHARLOTTE — City
NC — State
28203 — Zip Code

HHZ BUILDERS (SAME — Current Property Owner
909 EAST BLVD — Mailing Address
CHAR — City
N.C — State
28303 — Zip Code

PROPERTY INFORMATION:

THE POINT — (Proposed) Subdivision Name
#971 — (Proposed) Lot #
900 SECTION — (Proposed) Block/Section #
State Road #

COMMUNITY WELL SYSTEM — (Proposed) Water Supply: Public, Private Well
N/A — **Preliminary Plat Approval Date** (DEVELOPERS ONLY)
Tax Map #

Specific Directions to Property BRAWLEY SCHOOL ROAD TO THE POINT - AT TRAFFIC CIRCLE GO TO 2ND RIGHT - WILL STAY ON BRAWLEY SCHOOL ROAD - GO APPROX 1.7 MILES TO THE 2ND MANSFIELD LOOP - TAKE RIGHT / LEFT AT BROCKTON / GO TO 2ND DEDHAM LOOP - TAKE RIGHT / HOUSE ON LEFT 206 DEDHAM LOOP

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

House X Mobile Home N/A Commercial N/A No. Bedrooms 3 No. Baths 4 1/2

No. Persons or Employees (commercial only) N/A Basement N/A Basement with Plumbing N/A

Crawl Space YES Concrete Slab ONLY GARAGE Garbage Disposal YES Jaccuzi or spa WHIRLPOOL TUB

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.

4-2-03 DATE Charles B Comy JR SIGNATURE OF OWNER/AUTHORIZED AGENT