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 & ZANOL BLDRS	375-5999 (704)	909 EAST BLVD.	CHARLOTTE	NC.	28203
Applicant	Phone #	Mailing Address	City	State	Zip Code

SCOTT & HEATHER ZUCKER	3109 WILLOW OAK RD.	CHARLOTTE	NC	28209
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

THE POINT	#990	900 SECTION	
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

COMMUNITY WELL SYSTEM	N/A	
(Proposed) Water Supply: Public, Private Well	**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 - TAKE RIGHT ON 2ND MANSFIELD LOOP/ LEFT AT BROCKTON/ TAKE RIGHT ON 2ND DEDHAM LOOP HOUSE IS ON RIGHT

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

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

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

Crawl Space YES Concrete Slab GARAGE ONLY 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.

5/29/03 DATE Charles B Pong JR SIGNATURE OF OWNER/AUTHORIZED AGENT