* 704-664-3739
Maria

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
HUGHES, HAMELINK & ZANOE BLDRS	704 375-5999	909 EAST BLVD	CHARLOTTE	NC	28203
HHZ BUILDERS (SAME)		909 EAST BLVD	CHARLOTTE	NC	28203
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
THE POINT	# 1116	1100 SECTION	

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

Specific Directions to Property BRAWLEY SCHOOL ROAD TO THE POINT THRU TRAFFIC CIRCLE STAY ON BRAWLEY SCHOOL ROAD LEFT ON TORRENCE CHAPEL ROAD / LEFT ON SHELBURNE PLACE / LOT ON RIGHT

* 128 SHELBURNE PLACE

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

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

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

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

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.

3/22/04 DATE CHARLES B LONG JR SIGNATURE OF OWNER/AUTHORIZED AGENT