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:

BILL WHITLEY	704 560 1200	POB 475	HARRISBURG	NC	28075
Applicant	Phone #	Mailing Address	City	State	Zip Code

	SAME			
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

HARBOUR	35	5	
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

(Proposed) Water Supply: (Public), Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property BRAWLEY SCHOOL RIGHT ON BAY HARBOUR, Right [redacted] SHIPYARD, LEFT ON POINTE HARBOUR

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

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms 4 or 5 No. Baths 3 1/2

No. Persons or Employees (commercial only) 2 Basement ✓ Basement with Plumbing ✓

Crawl Space ✓ Concrete Slab _____ Garbage Disposal _____ 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.

8/7/01 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

pd 2K379

Old

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

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PERSONAL INFORMATION:

Crescent Resources Inc.	663-6905	PO Box 1003	Charlotte	NC	28201-1003
Applicant	Phone #	Mailing Address	City	State	Zip Code
		As above			
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

The Harbour	35	phase II	Off Bay Harbor
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

(Proposed) Water Supply: Public, Private Well	Spring '96	Part of 2C-1-3
	Preliminary Plat Approval Date (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property South Brawley School
right Bay Harbor
1st. Hunter Pt.
left Pt. Harbormaster
on left

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

House ✓ Mobile Home ____ Commercial ____ No. Bedrooms 4 No. Baths 4

No. Persons or Employees (commercial only) 8 Basement Partial Basement with Plumbing ✓

Crawl Space ____ Concrete Slab ____ Garbage Disposal ✓ Jaccuzi or spa ✓

Residential / Water

COVENANT AND SIGNATURE:

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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.

7/12/96 DATE Tommy Hunter, CPSS SIGNATURE OF OWNER/AUTHORIZED AGENT