Please fill out & return

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
Tom Stevenson	704 660 6638	631 Brawley School Rd, Suite 503,	Mooresville	NC	28

Current Property Owner	Mailing Address	City	State	Zip Code
Tom Stevenson	C/ 631 Brawley School Rd, Suite 503	Mooresville	NC	28117

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
The Point	822	8	

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

Specific Directions to Property: Brawley School Rd, Go to "The Point" Community; Veer to traffic circle, continue on Brawley School Rd; Turn Rt onto Lightship Rd, Lot is on Right (822)

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

House X Mobile Home ____ Commercial ____ No. Bedrooms ____ No. Baths ____

No. Persons or Employees (commercial only) ____ Basement ____ Basement with Plumbing X

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

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 plan or intended use changes.

DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

Jul 15 03 12:57p tom stevenson 704 660 6640 p.2
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