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 BUILDERS INC.	375-5999	909 EAST BLVD.	CHARLOTTE	NC	28036

Current Property Owner	Mailing Address	City	State	Zip Code
HH2 BUILDERS	909 EAST BLVD	CLT	NC	28036

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
THE POINT	447	4	

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

Specific Directions to Property BRAWLEY SCHOOL TO RIGHT ON

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

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 4.5

No. Persons or Employees (commercial only) _____ 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.

1-23-01 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

Rec'd 7-26-99

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

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PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
The Point c/o Numan	660-1185	2214 Brawley Rd	Mooresville	NC	28117
Same					
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
The Point Ph. 4	447	Pt. of	

(Proposed) Water Supply: (Public), Private Well

Preliminary Plat Approval Date (DEVELOPERS ONLY)

Tax Map # 4625944684

Specific Directions to Property Brawley Sch. Rd
TR Marston Mill
past Bay Harbour

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

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

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

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.

7-12-99 DATE P.C. Numan SIGNATURE OF OWNER/AUTHORIZED AGENT