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:

B. Hall	3093253	817 E. Monbleau St	Salisbury	NC	28202
Applicant Simonini	Phone #	Mailing Address	City	State	Zip Code
Simonini Bldg	SAme				
Current Property Owner	Mailing Address	City	State	Zip Code	

PROPERTY INFORMATION:

Point	409	4	
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Community well			
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)		Tax Map #

Specific Directions to Property Left on Amsterdam Mills right on White House in Back Cul de sac

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

House X Mobile Home _____ Commercial _____ No. Bedrooms 5 No. Baths 5 1/2

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

Crawl Space _____ Concrete Slab _____ Garbage Disposal X 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 plans or intended use changes.

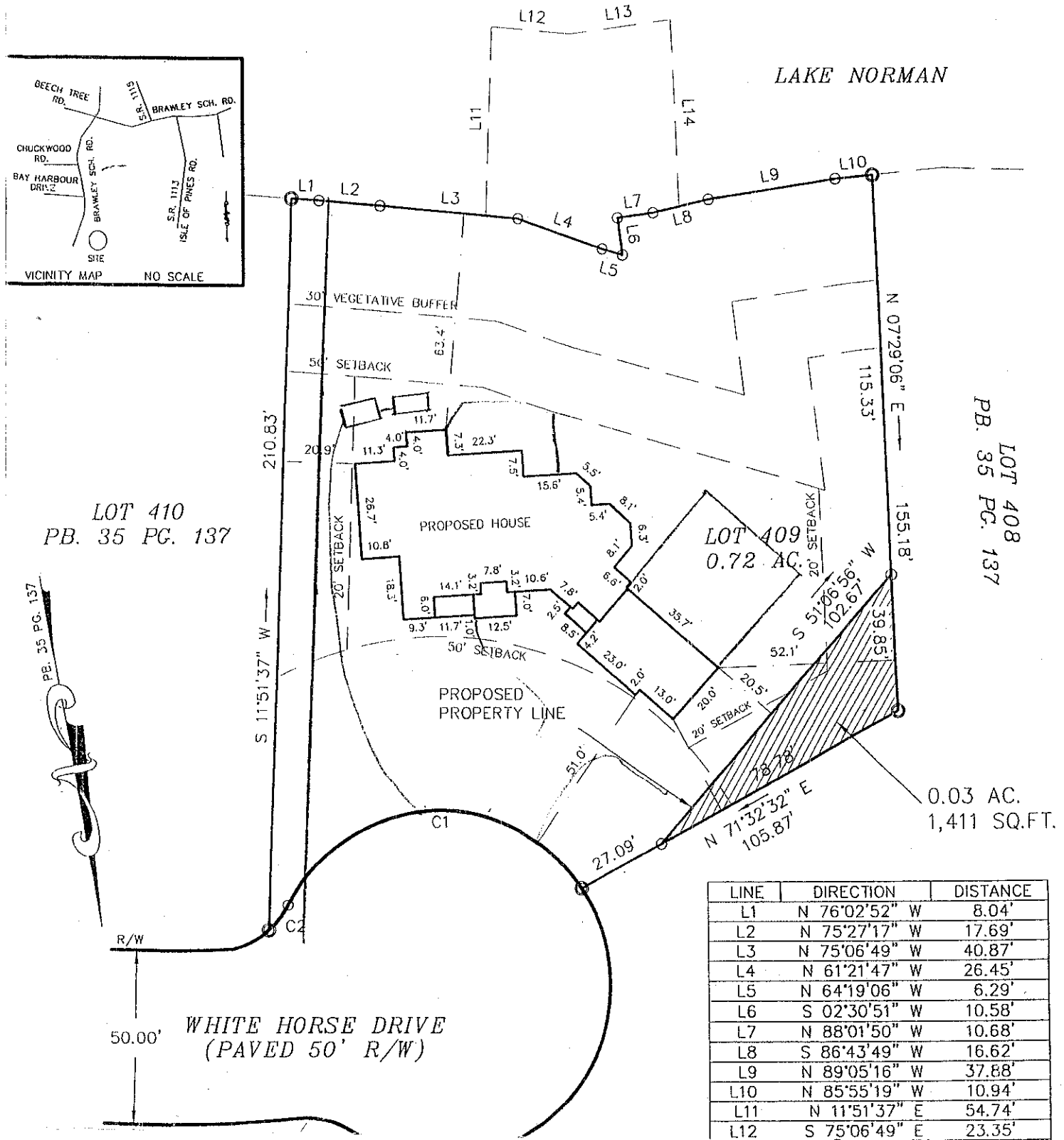
11/26/02 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

DAS DON ALLEN & ASSOCIATES, P. A.
Complete Surveying
Commercial * Residential * Multi-Family
Construction Staking * Subdivision Design * Topographical
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book_____, page_____, and/or plat book 35, page 137, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 28, day of AUGUST, A.D. 20 02.

CURVE	RADIUS	LENGTH	CHORD	BEARING
C1	50.00'	104.10'	86.29'	S 83°29'20" E
C2	25.00'	9.26'	9.21'	S 47°28'06" W

WILLIAM M. ALLEN, PLS



LINE	DIRECTION	DISTANCE
L1	N 76°02'52" W	8.04'
L2	N 75°27'17" W	17.69'
L3	N 75°06'49" W	40.87'
L4	N 61°21'47" W	26.45'
L5	N 64°19'06" W	6.29'
L6	S 02°30'51" W	10.58'
L7	N 88°01'50" W	10.68'
L8	S 86°43'49" W	16.62'
L9	N 89°05'16" W	37.88'
L10	N 85°55'19" W	10.94'
L11	N 11°51'37" E	54.74'
L12	S 75°06'49" E	23.35'