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: 663-6905

Crescent Resources		PO Box 1003	Charlotte	NC	28201
Applicant	Phone #	Mailing Address	City	State	Zip Code

—	Same			
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

Pointe	NA		Brawley
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

	'94	4625946854
(Proposed) Water Supply: (Public), Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property JW Brawley School Rd
on left at Garden Rd

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) ____ Basement No Basement with Plumbing NA

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.

4/6/94 DATE [signature] SIGNATURE OF OWNER/AUTHORIZED AGENT

* This house will be used as a sales office for next 5-10 years. Less than 19 employees on premises per day.

Post-it® Fax Note 7671	Date 3.31.98	# of pages ▶ 1
To Toney Jacobs	From Joe Hendrick	
Co./Dept.	Co.	
Phone #	Phone #	
Fax # 662-9845	Fax # 583-4950	

1" = 60'

LANNIE,

THIS IS A PLOT OF HOW WE HAVE ORIENTED THE HOUSE PLAN TO THE 4 CORNERS WE HAVE ALREADY STAKED. DO YOU HAVE ANY COMMENTS WITH REGARD TO CHANGING IT. IF NOT WE WILL HOLD THIS POSITION.

Thanks. Joe H.

