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: 660-1185 PROFESSIONAL

The Point on Norwood		2314 Brawley Sch Rd		NC	28117
Applicant	Phone #	Mailing Address	City	State	Zip Code
SAME					
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

The Point	319	Ph 3	
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

(Proposed) Water Supply: (Public), Private Well — **Preliminary Plat Approval Date** (DEVELOPERS ONLY) — 4625947684 pt Tax Map #

Specific Directions to Property — Brawley SCH Rd
- TL GREAT POINT WAY
to Breakwater

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 ____ Basement with Plumbing ____

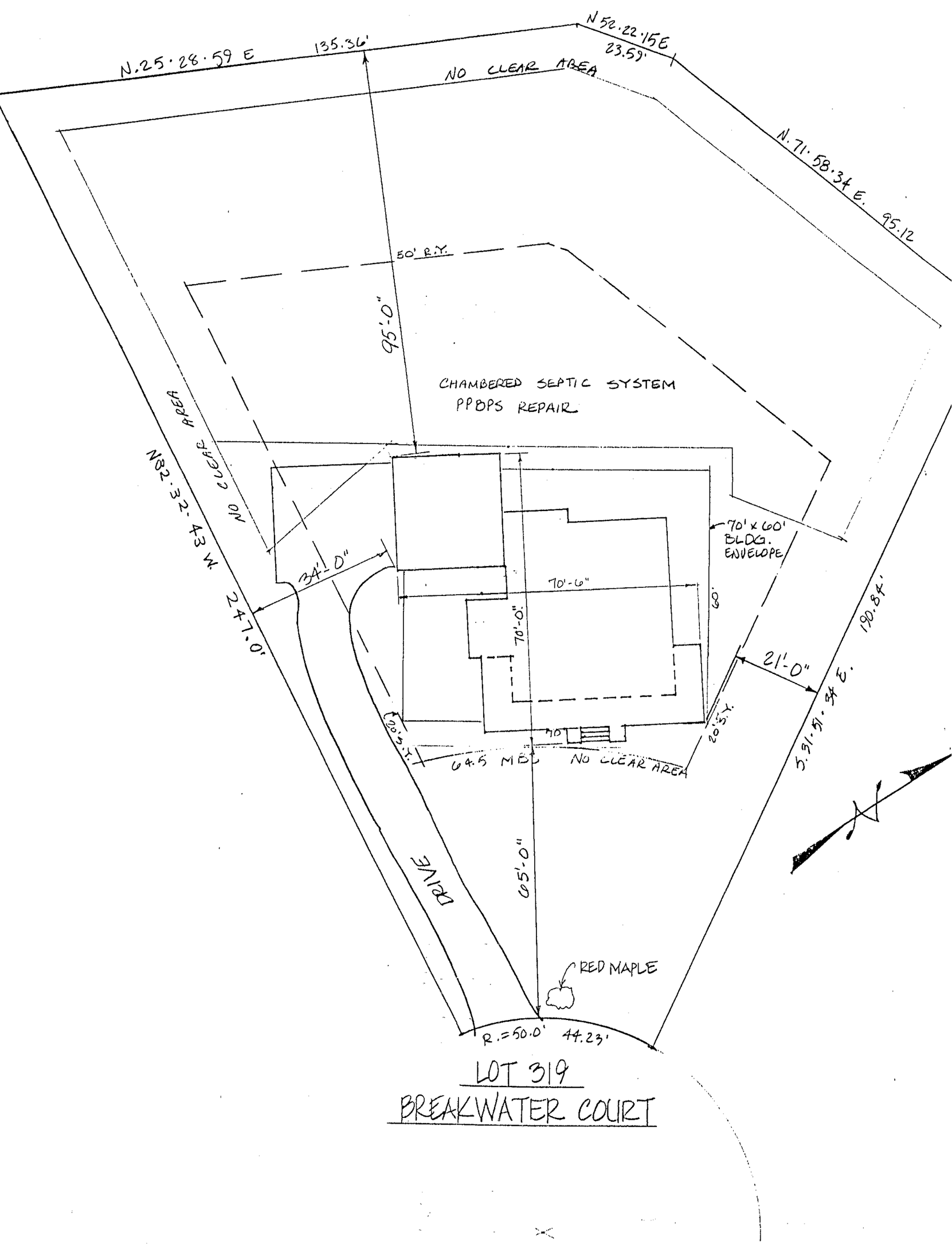
Crawl Space X Concrete Slab ____ Garbage Disposal ____ Jaccuzi or spa ____

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.

3-8-99 DATE Paul C. Pinyan SIGNATURE OF OWNER/AUTHORIZED AGENT


N.25·28·59 E
135.36'
N 52·22·15E
23.59'
NO CLEAR AREA
N. 71· 58·34 E. 95.12
50' R.Y.
95'-0"
CHAMBERED SEPTIC SYSTEM
PPBPS REPAIR
NO CLEAR AREA
N82·32·43 W. 247.0'
34'-0"
70' x 60'
BLDG.
ENVELOPE
70'-6"
70'-0"
60'
21'-0"
S. 31·51·34 E. 190.84'
20'-5"
20'-5"
64.5 MBL
NO CLEAR AREA
DRIVE
65'-0"
RED MAPLE
R.=50.0'
44.23'
LOT 319
BREAKWATER COURT