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 Building Company, Inc.	660-6638	631 Brawley School Rd. Suite 503	Mooresville	NC	28117

Current Property Owner	Mailing Address	City	State	Zip Code
same as above				

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
The Point	285	____ (don't need per Maria)	____ (don't need per Maria)

(Proposed) Water Supply: Public / Private Well	"Preliminary Plat Approval Date" (DEVELOPERS ONLY)	Tax Map #
Community Well (Public)	____ (don't need per Maria)	____ (don't need per Maria)

From 77 area → (From Williamson)

Specific Directions to Property: Take a left on Brawley School Rd. and go all the way until you see "The Point" sign on your right. Then after that sign, you'll see Great Pointe Dr. on your left - take a left. Go all the way down into the cul-de-sac. House down on left

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

House ____ Mobile Home ____ Commercial ____ No. Bedrooms 4 No. Baths 5 1/2

No. Persons or Employees (commercial only) ____ Basement ____ 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.

11/3/00 DATE Jamie L. Anderson SIGNATURE OF OWNER/AUTHORIZED AGENT
(office manager)