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
David Mullaney	704 664-6443	PO Box 31 Mt Mourne	NC	28123	

Current Property Owner	Mailing Address	City	State	Zip Code
David Mullaney	as above			

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
NA	539	8	1234

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

Specific Directions to Property _____

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

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms 5 No. Baths 3

No. Persons or Employees (commercial only) 2 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.

11-1-01 DATE David S. Mullaney SIGNATURE OF OWNER/AUTHORIZED AGENT

Must Pay $175.00 when you come in with paperwork.

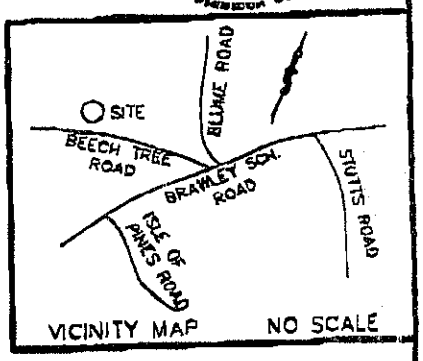
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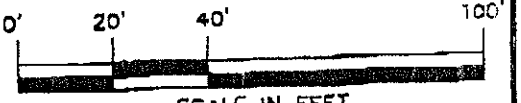
DAS
Complete Surveying
Commercial * Residential * Multi-Family
Construction Staking * Subdivision Design * Topographical
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 619, page 496 and/or plat book 15, page 85, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 47-30, my hand and seal on the 20, day of SEPTEMBER, A.D. 20 01

WILLIAM M. ALLEN, PLS

NORTH CAROLINA PROFESSIONAL SEAL L-2600 LAND SURVEYOR WILLIAM M. ALLEN





LINE	DIRECTION	DISTANCE
L1	N 05°08'00" W	36.67'
L2	N 34°54'00" E	53.12'
L3	N 21°33'00" E	16.32'
L4	N 51°46'00" E	25.96'
L5	N 36°08'00" E	32.06'
L6	N 52°10'00" E	50.25'
L7	N 33°55'00" E	9.85'
L8	N 72°50'00" E	34.89'
L9	S 27°17'00" E	33.96'
L10	S 07°12'00" W	22.47'
L11	S 26°10'00" E	36.95'
L12	S 36°18'00" E	38.02'
L13	S 15°27'00" E	30.37'
L14	S 47°24'00" E	31.14'
L15	S 65°42'00" E	17.26'

(1" = 40')