IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

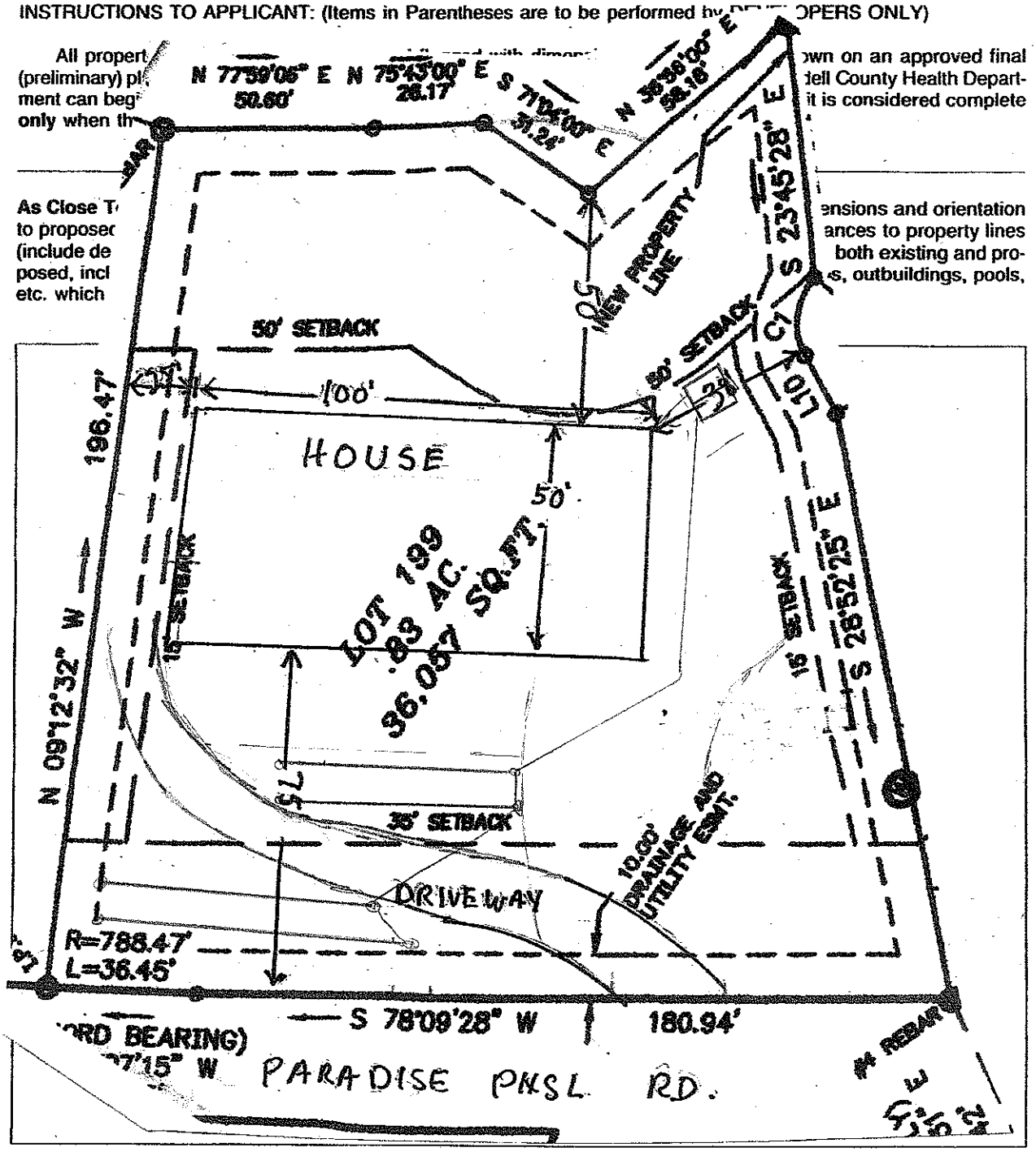
INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by [illegible]OPERS ONLY)

All propert[illegible] (preliminary) pl[illegible] ment can beg[illegible] only when th[illegible]

own on an approved final dell County Health Depart- it is considered complete

As Close T[illegible] to proposed (include de posed, incl etc. which

ensions and orientation ances to property lines both existing and pro- s, outbuildings, pools,



I hereby convenant that the above representation is correct to the best of my knowledge and ability.

04.21.04 Date J. DeFelice, Ph.D. SIGNATURE OF OWNER/AUTHORIZED AGENT