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:

Beasley F. J. Jr.	933-1104	1520 S. Cannon Blvd.	Kannapolis, NC	28081
Applicant	Phone #	Mailing Address	City State	Zip Code

Same				
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

EXISTING	Lot #101	10	GREEN BAY DR.
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

PRIVATE WELL	MAP BOOK 15 PG. 11 EXISTING JUNE 25, 1977	
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property From I-85 West on 150 3.2 mile to Apple House, turn left on Quiet Cove Road for approximately 200 yards, then right on Ridge Top for approximately three hundred yards where it runs into the end of Green Bay Drive follow Green Bay for 100 yards to Molley Rex Lane. This is a private gravel lane about 100 yards long with only three houses. This property is last house on point.

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

House X Mobile Home N/A Commercial N/A | 2-EXISTING 1-NEW No. Bedrooms 3 | 1-EXISTING 2-NEW No. Baths 3

No. Persons or Employees (commercial only) _____ Basement N/A Basement with Plumbing N/A

Crawl Space X Concrete Slab N/A Garbage Disposal N/A Jaccuzi or spa X

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.

5-21-97 DATE Carlos J. Moore Architect (agent) SIGNATURE OF OWNER/AUTHORIZED AGENT