**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 |
|---|---|---|---|---|---|
| MICHAEL L SACOSKY SR | 704 664 9672 | 2562 KERR AVE | MOORESVILLE | NC | 28115 |
| | 704 736 4352 -WORK | | | | |
| Current Property Owner | | Mailing Address | City | State | Zip Code |
| CRESCENT RESOURCES INC | | 400 S. TRYON ST #1300 | CHARLOTTE | NC | 28201-1033 |

PROPERTY INFORMATION:

| (Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | State Road # |
|---|---|---|---|
| SECTION 17 | 818 | | |

| (Proposed) Water Supply: Public, Private (Well) | **Preliminary Plat Approval Date** (DEVELOPERS ONLY) | Tax Map # |
|---|---|---|
| WELL | | 3C-11-A -175 |

Specific Directions to Property SOUTH FROM STATESVILLE THROUGH BARIUM SPRINGS INTO TROUTMAN ON NW MAIN ST TURN RT ONTO WAGNER TRAVEL 1.6 MILES TURN RT ONTO STATE PARK RD TO MORRISON FARM RD APPROX 1.4 MILES TRAVEL ABOUT 1.7 MILES TURN RT ONTO ABINGTON PROPERTY ON LEFT

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

House ____ Mobile Home DOUBLE WIDE X Commercial ____ No. Bedrooms 3 No. Baths 2

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.

3-26-96 DATE Michael L Sacosky SIGNATURE OF OWNER/AUTHORIZED AGENT