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:

ARCADIA HOMES	704-889-4663	RO Box 471941	CHARLOTTE	NC	28247
Applicant	Phone #	Mailing Address	City	State	Zip Code

WARREN + LYNNE BRANACH				
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

THE POINT	116 A		EASTON RD
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

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

Specific Directions to Property BRANLEY SCHOOL RD TO TRAFFIC CIRCLE RIGHT ON THE POINT DRIVE LEFT ON MEETING HOUSE CIRCLE LEFT ON EASTON RD

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

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 3 1/2

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

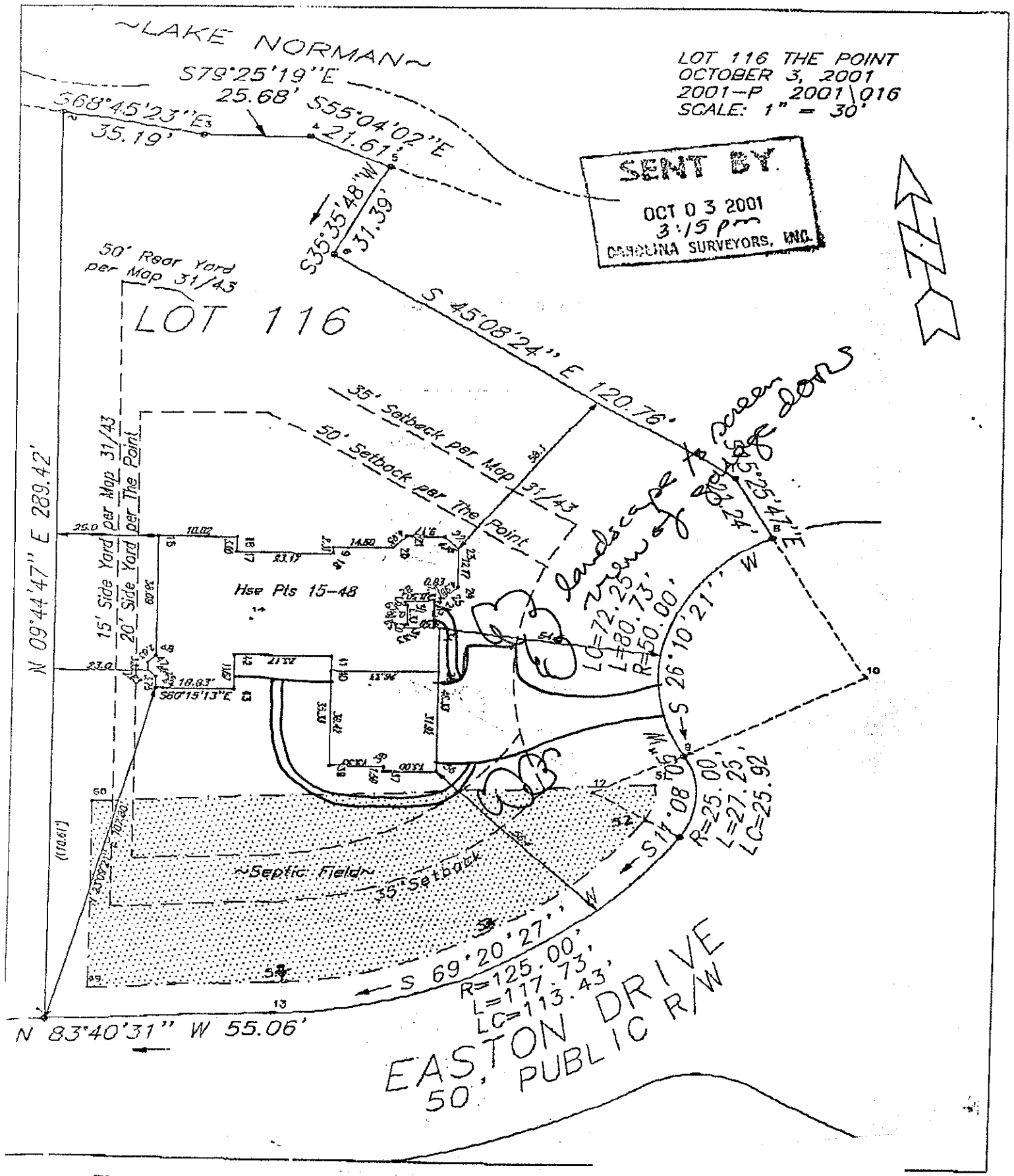
Crawl Space ✓ Concrete Slab _____ Garbage Disposal ✓ Jaccuzi or spa JACUZZI

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.

12-10-01 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT



FINAL HOUSE LOCATION
SUBJECT TO IREDELL
HEALTH DEPARTMENT APPROVAL

SEE UNRECORDED PLAT MAP
FOR LOCATION OF STREET TREES