07/24/2003 03:42 [illegible]

~~Please fill out a reciept~~
Attn: Maria

IREDE L COUNTY HEALTH EPARTMENT
ENV IRONMENTAL HEALT H DIVISION
Ap lication For Improver ent Permit

ALL items on this application form m st be completed before H alth Department can begin work. One application must be completed by the property owr r or agent for each (proposed) site.

PERSONAL INFORMATION:

Tom Stevenson Building Co 660-6638/631 Brawley School Rd, Suite 503
Applicant — Phone # — Mailing Addres — City — State — Zip Code
Mooresville, NC 28117

John Osteshaw 10 Chatham Rd Mooresville NC 28117
Current Property Owner — Mailing Address — City — State — Zip Code

PROPERTY INFORMATION:

The Point — 134 — 4635 — [blank]
(Proposed) Subdivision Name — (Proposed) Lot # — (Proposed) Block/Section # — State Road #

Public — [blank] — [blank] — [blank]
(Proposed) Water Supply: Public, P vate Well — **Preli minary Plat Approval Date** (DEVELOPERS ONLY) — Tax Map #

Specific Directions to Property 7 S, exit exit 36 turn Right, turn Left onto Williamson Rd Turn Right onto Brawley Sch Rd, Left onto Chatham Road, Lot # 4

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

House X Mobile Home ___ Commercial ___ No. Bedrooms 4 No. Baths 5

No. Persons or Employees (commercia only) ___ Basemi t X Basement with Plumbing X

Crawl Space X Concrete Sl b X Garbage isposal ___ Jaccuzi or spa ___

COVENANT AND SIGNATURE:

I hereby make application to the Ired ll County Health Departm nt for a soils/site evaluation of the property described above. This evaluation is to be conduc ed for the sole purpose o obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health eparlment representative to go onto the above property for purposes of conducting this evaluation. I understand th t, by state law, any Impr vement Permit issued on the above property may be voided if substantial changes are m de to the designated sew age system site. The issuance of an Improvement Permit by the Iredell County Health Dep rtment does not relieve m e from compliance with all other relevant state/local laws or regulations. As owner or author zed agent, I covenant tha the contents of this application are true and represent the maximum facilities intended t be placed on this prope ty to my knowledge to date.

I understand that any Improvement Permit issued on the abov property is valid for five (5) years from the issuance date and is subject to revocation if the above described site pla is or intended use changes.

7/24/03 DATE Owner SIGNATURE OF OWNER/AUTHORIZED AGENT

Jul 24 03 02:38p tom stevenson 704 660 6640 p.1