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:

DAN GOETZ	889-4663	POBox 471941	CHAR	NC	28247
Applicant	Phone #	Mailing Address	City	State	Zip Code

662-6631

MARK TAUNETTO ROWER				
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

THE POINT	8C	PHASE C	
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

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

Specific Directions to Property _____

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

House V Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 4 + 2 ½ BATHS

No. Persons or Employees (commercial only) _____ Basement V Basement with Plumbing V

Crawl Space _____ Concrete Slab _____ Garbage Disposal V Jaccuzi or spa V

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.

12-12-00 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

Note: Office or Media room Could be turned into future bedroom. Therefore Septic sized for 5 Bdrm. MD

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

9-24-98 Paul due to space

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: 663-6405

CRESCENT. RESC. INC.	P.O. Box 1003	CHAS.	NC	28201
Applicant / Phone #	Mailing Address	City	State	Zip Code

SAME				
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

THE POINTE I-C	8	PH. I-C	
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

(Proposed) Water Supply: (Public,) Private Well

Preliminary Plat Approval Date (DEVELOPERS ONLY)

(PT) 4625 94 1684 Tax Map #

Specific Directions to Property BRAWLEY SCHOOL RD. L QUAKER RD

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

House X Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 4

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.

7-14-98 DATE Paul G. Pennington SIGNATURE OF OWNER/AUTHORIZED AGENT