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: 704-506-9074

Applicant	Phone #	Mailing Address	City	State	Zip Code
Atkinson Custom Homes, LLC		490 River Ridge Ln.	Lexington	NC	27295
Same					
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION: 101 Cabana Drive, Mooresville

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Lake Hills Estates	#5		

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

Specific Directions to Property Brawley School Rd, Lt on Isle of Pines, 1.3 miles then Lt on Lake Hills Drive, Lt on Cabana, Lot is at end of Cul De Sac

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

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 2 1/2

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

Crawl Space ✓ 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.

7/3/03 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

maria

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

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PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
EASTER DEVELOP CORP	704 201 6965	227 Hideaway Ln	Mooresville	NC	28117
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Lake Hills Estate	5		

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

Preliminary Plat Approval Date (DEVELOPERS ONLY)

Tax Map #

Specific Directions to Property Brawley School TL Isle of Pines TL Lake Hills Dr.

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

House X Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 3

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

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

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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.

9-25-02 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT