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:

Sidney H. Blankenship (Applicant) 664-5350 (Phone #) 121 Crescent Pl. Ln. (Mailing Address) Mooresville (City) N.C. (State) 28115 (Zip Code)

Sidney H. Blankenship (Current Property Owner) 121 Crescent Pl. Ln. (Mailing Address) Mooresville (City) N.C. (State) 28115 (Zip Code)

PROPERTY INFORMATION:

Marina Village (Proposed) Subdivision Name) 41 (Proposed) Lot #) (Proposed) Block/Section #) Stutts Rd. (State Road #)

Well (Proposed) Water Supply: Public, Private Well) **Preliminary Plat Approval Date** (DEVELOPERS ONLY)) 2-68-A-41 (Tax Map #)

Specific Directions to Property From Hwy 150 Turn Left on Williamson Rd., Come To Red Light + Turn Right on Brawley school Rd. go to stutts Rd + turn Left just before Fast Phills. on stutts Rd There is A flat water Tank, take the next Right on Bay Watch Dr. + turn Left on South Wood, Turn Left on Crescent Place Ln.

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

House House Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 2

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

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.

2-19-96 DATE Sidney H. Blankenship SIGNATURE OF OWNER/AUTHORIZED AGENT