- $50 REVIEW FEE WITH SIGN FOR PERMIT
- FILL OUT APPL.
- SITE PLAN/HOUSE/DRIVE/WATER

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:

Applicant	Phone #	Mailing Address	City	State	Zip Code
REYNOLDS, DAVID	895-2340	18843 VINEYARD POINT LN.	CORNELIUS	N.C.	28031

Current Property Owner	Mailing Address	City	State	Zip Code
REYNOLDS, DAVID	18843 VINEYARD POINT LN.	CORNELIUS	NC	28031

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
LAKEVIEW SHORES	23	A/	1294 AQUA DRIVE

MB - No. 7 - P47-48

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
WELL		17-2BE-C23

Specific Directions to Property FROM CHARLOTTE GO NORTH ON I-77 TO EXIT No. 33 TURN LEFT ACROSS I-77 TO LEFT AT TRAFFIC LIGHT ON TO ALCOVE RD. TO STOP SIGN, TURN RIGHT ON CANE TREE RD., TURN RIGHT ON LAKE SHORE DRIVE TO LEFT ON AQUA DRIVE, LOT ON LEFT.

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

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 2.5

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.

11/22/99 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

DAVID W. REYNOLDS