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
Colin Nowlin	704 784-4592	5391 Davidson Rd	Davidson	NC	28036
Same as above					
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Turby Fill Acres	Lot 2		

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

Specific Directions to Property _____

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

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

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.

7/14/02 DATE Colin Nowlin SIGNATURE OF OWNER/AUTHORIZED AGENT

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ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

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PERSONAL INFORMATION:

BONANZA DEVELOPMENT COMPANY, INC	662-0105	816-G BRAWLEY SCH. RD.	MOORESVILLE	NC	28115
Applicant	Phone #	Mailing Address	City	State	Zip Code

TAFBO	EXECUTIVE CENTRAL 811 CENTRAL AVE, SUITE 1	CHARLOTTE	NC	28204
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

TURBYFILL PINES	2	TAX MAP# 4636344164.000	1114
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

PRIVATE WELL	10/31/97	4636344164.000
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property WEST ON SR 1100 (BRAWLEY SCHOOL RD), LEFT ON SR 1112 (STUTTS RD), RIGHT ON SR 1114 (TURBYFILL RD) PROPERTY IS 500 FEET AHEAD ON RIGHT

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

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

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

Crawl Space _____ Concrete Slab _____ Garbage Disposal N/A Jaccuzi or spa N/A

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.

12/8/97 DATE Scott R. Needham SIGNATURE OF OWNER/AUTHORIZED AGENT