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:

FRANCES W. JUSTICE	704-394-0456	119 SHADOW LN.	CHARLOTTE	N.C.	28214
Applicant	Phone #	Mailing Address	City	State	Zip Code

HARRY & FRANCES JUSTICE	119 SHADOW LN.	CHARLOTTE	N.C.	28214
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

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

Specific Directions to Property FROM CHARLOTTE TAKE I-77 NORTH TO EXIT # 33 EXIT Y T/L ON WILLIAMSON RD GO TO SECOND LIGHT Y T/L ON BRAWLEY SCHOOL RD. GO TO 1st LIGHT T/L ON CANVASS BACK GO ½ MILE T/R ON OLD SQUAW GO ¼ MILE T/L ON BILLY JOE GO ¼ MILE T/R ON PINTAIL RUN GO ½ MILE ROAD NARROWS - LOT ON LEFT WHERE CAMPING TRAILER IS

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

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

9-28-98 DATE Frances W Justice SIGNATURE OF OWNER/AUTHORIZED AGENT