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
Greg Smith	7048920909	PO Box 908	Davidson	NC	28036

Current Property Owner	Mailing Address	City	State	Zip Code
Regency Lake LLC	PO Box 908	Davidson	NC	28036

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Regency Lake	15		

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

Specific Directions to Property Brawley School Rd, ~~left~~ Left on Canvas Back Lot on Left

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

House X Mobile Home ____ Commercial ____ No. Bedrooms 3 No. Baths 2.5

___ans ___(commercial only) ___ Basement ___ Basement with Plumbing ___

___ge Disposal X Jaccuzi or spa ___

___on of the property described
___mprovement Permit. I
___r purposes of con-
___roperty may
___ement