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:

Grand Bay Development Co 663-5115 1166 Catawba Air Rd Mooresville NC 28115
Applicant Phone # Mailing Address City State Zip Code

Grand Bay Development Co 1166 Catawba Air Rd Mooresville NC 28115
Current Property Owner Mailing Address City State Zip Code

PROPERTY INFORMATION:

Grand Bay 14 Phase II
(Proposed) Subdivision Name (Proposed) Lot # (Proposed) Block/Section # State Road #

2915A 14
Tax Map #

Private Well
(Proposed) Water Supply: Public, Private Well

Preliminary Plat Approval Date (DEVELOPERS ONLY)

Specific Directions to Property Hwy 150 E to Perth (L) on Perth to 2nd Right Normandy to 1ST (R) Grand Bay Drive OFF WATER LAST LOT NEAR Clubhouse

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

House X Mobile Home ____ Commercial ____ No. Bedrooms 4 No. Baths 2½

No. Persons or Employees (commercial only) ____ Basement X 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 ove. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I eby authorize Iredell County Health Department representatives to go onto the above property for purposes of con- ng this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may ded if substantial changes are made to the designated sewage system site. The issuance of an Improvement by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local egulations. As owner or authorized agent, I covenant that the contents of this application are true and repre- aximum facilities intended to be placed on this property to my knowledge to date.
tand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance ubject to revocation if the above described site plans or intended use changes.

DATE Wanda Vanderlinde SIGNATURE OF OWNER/AUTHORIZED AGENT