DGH22

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: DAVID RUSHING 387-5440

Jessica S. Wolfe	370-7109	1043E. Morehead St. Suite 200	Charlotte	NC	28204
Applicant	Phone #	Mailing Address	City	State	Zip Code

Zaring Homes, Inc.		1043E. Morehead St. Suite 200	Charlotte	NC	28204
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

Beacon Pointe	9	240 Bulfinch Road	Fallston Twsp. Iredell County
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

Community		4639039799
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property Fern Hill Pointe. TR Bullfinch on Right before Cul-D-Sac

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

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 2½

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.

11/16/99 DATE Jessica S. Wolfe SIGNATURE OF OWNER/(AUTHORIZED AGENT)