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
Charles Spangler Nadah Spangler	896-8331	184 Fremont Loop	Mooresville	NC	28115
Current Property Owner		Mailing Address	City	State	Zip Code
SAME AS Above					

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
	Lot 20 Tennessee Circle		

(Proposed) Water Supply: Public, Private Well

Preliminary Plat Approval Date
(DEVELOPERS ONLY)

Tax Map #

Specific Directions to Property Perth Rd N. To Fern Hill Rd, Turn Right Tennessee Circle, Bear Left at Fork 2nd Lot on Right.

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

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 2 1/2

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.

11/17/98 DATE Nadah Spangler SIGNATURE OF OWNER/AUTHORIZED AGENT

Lot # 20

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

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PERSONAL INFORMATION:

Rick Knight | 892-7373 | BLUE WATER REALTY
Applicant | Phone # | Mailing Address | City | State | Zip Code

T. Brooks | 19701 A Hwy 73 | Davidson | NC | 28036
Current Property Owner | Mailing Address | City | State | Zip Code

PROPERTY INFORMATION:

Tennessee Ct | 20
(Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | State Road #

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

Specific Directions to Property Tenn Ct

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

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

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.

1-26-96 DATE Rick Knight SIGNATURE OF OWNER/AUTHORIZED AGENT