DG#05

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:

Zaring Homes (Applicant) 370-7701 (Phone #) 04 3E. Morehead St (Mailing Address) Charlotte (City) NC (State) 28204 (Zip Code)

Monte & Janice Neill (Current Property Owner) 201 Neill Farm Rd (Mailing Address) Troutman (City) NC (State) 28166 (Zip Code)

PROPERTY INFORMATION:

Northwood (Proposed) Subdivision Name) 2 (Proposed) Lot #) 201 Tennesse Circle (Proposed) Block/Section #) Mooresville (State Road #)

Private Well (Proposed) Water Supply: Public, Private Well) ____ **Preliminary Plat Approval Date** (DEVELOPERS ONLY)) 4639368747 (Tax Map #)

Specific Directions to Property Path Road : N. 72 Fern Hill Road. TR Tennessee Circle on left

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

House ✓ Mobile Home ____ Commercial ____ No. Bedrooms 4 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.

11/12/99 DATE Jessica S. Wolfe SIGNATURE OF OWNER/AUTHORIZED AGENT

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ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

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PERSONAL INFORMATION:

Thornton Brooks Jr | 664-6977 | 741 Big Indian Loop | Mooresville | NC | 28115
Applicant | Phone # | Mailing Address | City | State | Zip Code

Thornton Brooks Jr | 741 Big Indian Loop | Mooresville | NC | 28115
Current Property Owner | Mailing Address | City | State | Zip Code

PROPERTY INFORMATION:

Tennessee Circle | 2
(Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | State Road #

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

Preliminary Plat Approval Date
(DEVELOPERS ONLY)

30-1-A-2
Tax Map #

Specific Directions to Property I-77 to West on Hwy 150, rt Perth Road, left Fern Hill Rd., right Tennessee Cr., lot on left.

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

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

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing _____

Crawl Space ✓ Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

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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.

1/25/96 DATE Thornton Brooks Jr SIGNATURE OF OWNER/AUTHORIZED AGENT