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: 382-1269

CRESCENT RESC. INC	663-6905	P.O. Box 1003	Charlotte	NC	28201-1003
Applicant	Phone #	Mailing Address	City	State	Zip Code

SAME				
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

WESTVIEW	9		
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

(Proposed) Water Supply: Public, Private Well

Preliminary Plat Approval Date
(DEVELOPERS ONLY)

4644481479 Pt.
Tax Map #

Specific Directions to Property
LANGTREE Rd
TL MACKLYNN Rd
TR WEST PACES Rd

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

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

No. Persons or Employees (commercial only) ____ Basement partial 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.

5-5-97 DATE Kelly Pruyn SIGNATURE OF OWNER/AUTHORIZED AGENT

Ex. 18" Cor
154'
107'
747'
148'
247'
33,272 SF
0.76 acres
10
COS
247'
DRIVE
50,880 SF
1.17 acres
Graded
8
9
11
484'
372'
57,435 SF
1.32 acres
CRAWL
60²
BASEMENT
Well
CRAWL
60²
BASEMENT
416'
49,290 SF
1.13 acres
SETBACK
423'
CRAWL
60²
BASEMENT
Well
Well