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:

COURTLAND DEV.	704-363-1622	PO BOX 4418	DAVIDSON	NC	28036
Applicant	Phone #	Mailing Address	City	State	Zip Code
SAME					
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

BEAVER LAKE	7	D	
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
COMMUNITY WELL			
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)		Tax Map #

Specific Directions to Property BRANCH SCHOOL TL on BEAVER LAKE on L 9

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

House X Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 2

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

Crawl Space _____ Concrete Slab X Garbage Disposal X 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.

8-14-01 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

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PERSONAL INFORMATION:

A.J. Mac Minn	7043633959	P.O. Box 731	Troutman	NC	28166
Applicant	Phone #	Mailing Address	City	State	Zip Code
Same					
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

Regency Lake	#7	D	
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Community Well			
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)		Tax Map #

Specific Directions to Property Brawley School to canvass back to Regency Blvd.

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

House ____ Mobile Home X Commercial ____ No. Bedrooms 3 No. Baths 2

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

Crawl Space X Concrete Slab ____ Garbage Disposal X Jaccuzi or spa X

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.

2/25/02 DATE A.J. Mac Minn SIGNATURE OF OWNER/AUTHORIZED AGENT