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 | 528-0693 Phone # | Mailing Address | City | State | Zip Code

DEAN M. SANDERS | 464 Parkertown Rd | Troutman | NC | 28166
Current Property Owner | Mailing Address | City | State | Zip Code

PROPERTY INFORMATION:

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

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

Preliminary Plat Approval Date (DEVELOPERS ONLY)

4619748176
Tax Map #

Specific Directions to Property I-77 Exit 42. TAKE Hwy 21 South to Flourhouse Loop. Take Right. Travel about 1/2 mile, take left onto Rankinhill Rd. Go past Palomino Trailer Park. Take left onto Parkertown Rd. 1st Driveway on Left 464 Parkertown Rd.

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

House ___ Mobile Home X Commercial ___ No. Bedrooms 4 No. Baths 2 1/2

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:

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.

4/21/97 DATE Dean M Sanders SIGNATURE OF OWNER/AUTHORIZED AGENT