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
Calvary Community Church	664-3540	P.O. Box 1312	Mooresville	NC	28115

Current Property Owner	Mailing Address	City	State	Zip Code
Carl David Brantley	2493 Statesville Rd	Mooresville	NC	28115

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Calvary Community Church			U.S 21

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

Specific Directions to Property .7 of a mile north of Highway 150 on U.S 21 turn left at second driveway past Parks company, into the driveway at David Brantley, then past the grey house of Robert Wilkins to the southwest corner of the Calvary Community Church Property.

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

House ____ Mobile Home ____ ~~Commercial~~ CHURCH ✓ No. Bedrooms ____ No. Baths ____

No. Persons or ~~Employees~~ Members (commercial only) 250 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.

8-11-98 DATE [signature] SIGNATURE OF OWNER/AUTHORIZED AGENT