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:

Bob Powers	704-663-7523	122 Litewood lane	Mooresville	NC	28117
Applicant	Phone #	Mailing Address	City	State	Zip Code

Cornelius Estates LLC

~~John C. Carter~~	130 Lazy lane	Mooresville	NC	28117
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

Cornelius Estates LLC	11		- NA -
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

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

Specific Directions to Property from Exit 42 - Hwy 77 take Hwy 115 South to Forkin Road to Hwy 21 - Stay on Hwy 21 for Approx 1 mile and Then Take a Right onto Cornelius Rd - once on Cornelius go Approx 2 miles to Cornelius Estates on the Right Take first Right Turn in Cornelius Estates which will Be Aerial Dr. Second Property on the left Lot # 11

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

Modular House X Mobile Home _____ 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 _____

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.

12/07/03 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT