**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 |
|---|---|---|---|---|---|
| Pinnacle Housing Grp | 704-895-4622 | 16315F Northcross Dr. | Huntersville | NC | 28078 |

| Current Property Owner | Mailing Address | City | State | Zip Code |
|---|---|---|---|---|
| Pinnacle Housing Grp | 16315-F Northcross DR | Huntersville | NC | 28078 |

PROPERTY INFORMATION:

| (Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | State Road # |
|---|---|---|---|
| Cornelius Estates | 78 | | |

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

Specific Directions to Property I77 South to Exit 36 Right on 150 take left on hwy 21 and left on Cornelius Rd. Right on Olympia Drive

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

House _____ Mobile Home OFF-Frame modular Commercial _____ No. Bedrooms 4 No. Baths 2

No. Persons or Employees (commercial only) _____ 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.

7/21/04 DATE Sarah Lundy SIGNATURE OF OWNER/AUTHORIZED AGENT