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:

Samuel I. Boyd Jr | 6634832 | 2129 Charlotte Hwy | Mooresville | NC | 28115
Applicant | Phone # | Mailing Address | City | State | Zip Code

Samuel I. Boyd Jr
Jeanette T. Boyd | 2129 Charlotte Hwy | Mooresville | NC | 28115
Current Property Owner | Mailing Address | City | State | Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | Hwy 21 State Road #

✓ (Proposed) Water Supply: Public, Private Well

Preliminary Plat Approval Date (DEVELOPERS ONLY)

0301M11000B028A Tax Map #

Specific Directions to Property From Health Dept on Center Ave, Go to Statesville Rd turn left Go to End Statesville Rd Bare right on 115 follow 115 to V point turn left behind V-point turn left on Hwy 21 Go to house next to oak Barrel. Address on mail box & carport.

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

House ✓ Mobile Home ____ Commercial ____ No. Bedrooms 2 No. Baths 2

No. Persons or Employees (commercial only) ____ Basement NONE Basement with Plumbing None

Crawl Space ✓ Concrete Slab ____ Garbage Disposal NO Jaccuzi or spa NO

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.

____ DATE Samuel I Boyd Jr SIGNATURE OF OWNER/AUTHORIZED AGENT