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:

JOHN FURINO — Applicant
704-663-7527 — Phone #
117 CLODFELTER RD — Mailing Address
MOORESVILLE — City
NC — State
28115 — Zip Code

DOGWOOD DEVELOPMENT — Current Property Owner
132 IDEAL DR — Mailing Address
MOORESVILLE — City
NC — State
28117 — Zip Code

PROPERTY INFORMATION:

QUIT VIEW DR. — (Proposed) Subdivision Name
6 — (Proposed) Lot #
(Proposed) Block/Section #
State Road #

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

Specific Directions to Property 152 EAST TO BRUMLEY RD
MAKE RIGHT GO DOWN APPX ½ MILE TO QUIT VIEW DR
MAKE RIGHT 2ND HOUSE ON LEFT

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

House X Mobile Home ____ Commercial ____ No. Bedrooms 3 No. Baths 2½
No. Persons or Employees (commercial only) ____ Basement X Basement with Plumbing ____
Crawl Space X Concrete Slab ____ Garbage Disposal ____ Jaccuzi or spa FUTURE

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.

12/19/01 DATE ____ SIGNATURE OF OWNER/AUTHORIZED AGENT