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:

James L. Meadows 663-2992 514 Wiggins Rd Mooresville N.C. 28115
Applicant | Phone # | Mailing Address | City | State | Zip Code

James L. Meadows 514 Wiggins Rd. Mooresville N.C. 28115
Current Property Owner | Mailing Address | City | State | Zip Code

PROPERTY INFORMATION:

____ #2 ____ N Wiggins Rd.
(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 Go East on #150 toward Carrigans Farm. Turn left on Wiggins Rd. Go approximately 1.4 miles. There will be a brick home with Autumn Blend brick and green shutters with large Water Oaks in the yard. The proposed property is located behind this dwelling.

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

House X Mobile Home ____ Commercial ____ No. Bedrooms 3 No. Baths 2

No. Persons or Employees (commercial only) ____ Basement ____ Basement with Plumbing X

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.

12/17/2001 DATE James L. Meadows SIGNATURE OF OWNER/AUTHORIZED AGENT