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
Joel A. Oliphant, Jr.	(704) 664-2795	Rt. 5 Box 966	Mooresville	N.C.	28115
Current Property Owner		Mailing Address	City	State	Zip Code
Maryl. Parker Maurice E. Parker (and wife)	14695 N.C. Hwy 801		Mt. Ulla	N.C.	28125

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Twin Brooks Subdivision	#5	Plat bk. 22. pg 15 and 15a.	

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Private		4H

Specific Directions to Property Take Mazeppa Rd. to Triplett Rd. Turn Left on Triplett. Take Triplett to Confederate Rd. Turn right on Confederate Rd. There's a sign that says Edminston Realty on right about 1 mile on Confederate Rd. It's the lot where the 1st realator sign is.

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

House X Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 2.5

No. Persons or Employees (commercial only) 4 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.

5-31-94 DATE Joel A. Oliphant, Jr. SIGNATURE OF OWNER/AUTHORIZED AGENT