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:

Ronald Dean Merrill	872-4944	229 Suzanne LA	Statesville	NC	28677
Applicant	Phone #	Mailing Address	City	State	Zip Code

Ronald Dean Merrill	229 Suzanne Lane	Statesville	NC	28677
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

MHP			
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

Private Well		Part of PIN 4703638480
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property HWY 70 WEST FROM STATESVILLE, PAST OLD MTN RD TO SHADY REST RD. TAKE A HAIR PIN LEFT ON SHADY REST RD & GO 150 FT TO SUZANNE LANE. TURN LEFT ON Suzanne Lane (DIRT RD) & GO APPROX 600 FT TO FIELD on RIGHT WHICH WILL BE IDENTIFIED W/ MARKER FLAGS AS REQUESTED BY HEALTH DEPT.

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

House _____ Mobile Home V Commercial _____ No. Bedrooms 3 No. Baths 2

No. Persons or Employees (commercial only) 4 Basement NA Basement with Plumbing NA

Crawl Space V Concrete Slab Block Garbage Disposal NA Jaccuzi or spa NA

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 Ronald D Merrill SIGNATURE OF OWNER/AUTHORIZED AGENT

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