**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 |
|---|---|---|---|---|---|
| Halls Do It Right Builders | 872-6715 872-0435 | 521 Lewis Ferry Rd | Sta | NC | 28677 |
| Current Property Owner | | Mailing Address | City | State | Zip Code |
| Larry Hall | | 115 Tweety Lane | Sta | NC | 28625 |

PROPERTY INFORMATION:

| (Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | State Road # |
|---|---|---|---|
| Three Oaks | 62 | | S. Lynn Hollow |

| (Proposed) Water Supply: Public, Private Well | **Preliminary Plat Approval Date** (DEVELOPERS ONLY) | Tax Map # |
|---|---|---|
| West Iredell water | | |

Specific Directions to Property I-40 to Old Mt. Rd, exit off going toward Troutman; go thru 1 stop light (Hickory Hwy) and take the next road to the right which is Lewis Ferry Rd; then take 3rd road to right - Grace Lynn; take 1st left - South Lynn Hollow - 1st construction site on right

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.

2-3-99 DATE Larry Hall - Halls Do It Right Bldrs SIGNATURE OF OWNER/AUTHORIZED AGENT