**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:

| Sible Smith | 585-3773 | P.O. Box 718 | Stony Point | N.C. | 28678 |
|---|---|---|---|---|---|
| Applicant | Phone # | Mailing Address | City | State | Zip Code |

| Amos Smith | P.O. Box 718 | Stony Point | N.C. | 28678 |
|---|---|---|---|---|
| Current Property Owner | Mailing Address | City | State | Zip Code |

PROPERTY INFORMATION:

| Amos Lane | | | 1537 |
|---|---|---|---|
| (Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | State Road # |

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

Specific Directions to Property go West on U.S. 64 until you come to Lackey Farm Rd East turn right go about 1 mile lot on left with electric fence, beside Leroy Babcock.

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

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

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

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.

____ DATE Sible Smith SIGNATURE OF OWNER/AUTHORIZED AGENT