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: 1-800-614-6996

Applicant	Phone #	Mailing Address	City	State	Zip Code
LAKE Norman Properties, Inc.		10006 Sikes Pl Suite 250	Charlotte	NC	28277
LAKE NORMAN Properties INC		10006 Sikes Pl. Suite 250	Charlotte	NC	28277

Current Property Owner

PROPERTY INFORMATION: redraw - per new lay out

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Harbor Watch	113	Sec 5	Laurel Ridge DR

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

Specific Directions to Property Buffalo Shoals Rd from Statesville to Laurel Cove, left on Laurel Cove - 1¼ miles to subdivision on Right, right into subdivision - immediate right onto Harbor Watch DR., left on Laurel Ridge DR at end of cul-de-sac on right

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.

7/16/99 DATE Amon McConnell SIGNATURE OF OWNER/AUTHORIZED AGENT

1-800-614-6996 Voice Mail Page