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:

DONNIE WALKER	704-585-6805	RT 1 BOX 285	STONY POINT	NC	28678
Applicant	Phone #	Mailing Address	City	State	Zip Code

DONNIE WALKER	SAME AS ABOVE			
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

MOUNTAIN RD. VILLAGE	53		
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

		8K-F-27/Deed Bk
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map # #739

Specific Directions to Property I-40 to Old Mountain Rd. Turn left onto Old Mountain Rd and stay on this road until you see Celeste Henkle School. Turn left onto Bethlehem Road in front of school. Turn left onto Double Tree Drive and then right onto Sonja Drive lot is located on your right #53.

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.

4-12-94 DATE Donnie Walker SIGNATURE OF OWNER/AUTHORIZED AGENT