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
STEPHEN M. BENNETT	876-4363	216 W. EDISON DR.	STATESVILLE	N.C.	28625

Current Property Owner	Mailing Address	City	State	Zip Code
STEPHEN M. BENNETT	216 W. EDISON	STATESVILLE	NC.	28625

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
MOUNTAIN VIEW ESTATES	34		

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
PRIVATE WELL		27, PG 32

Specific Directions to Property (1) FROM I-40 & US 115 (2) TRAVEL NORTH ON US 115 THREE MILES FROM I-40 (3) TURN LEFT ON MIDWAY ROAD (4) TRAVEL TWO MILES, TO CHURCH ("PASS" BRIGHT LIGHT BAPTIST CHURCH (RIGHT SIDE OF ROAD)) (5) TRAVEL APPROX 1/10 MILE TO THE WHITE HOUSE PAST THE CHURCH & TURN LEFT INTO DRIVE * NOTE A NEW HOUSE IS BEING BUILT ADJ. TO MY DRIVE WAY (ON LEFT). (6) DRIVE APPROX 1,000 FT TO WOODS

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

House X Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 3

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

Crawl Space _____ Concrete Slab _____ Garbage Disposal X 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 Stephen M. Bennett SIGNATURE OF OWNER/AUTHORIZED AGENT