IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be complete before the Health Department can begin work. One application must be completed by the property owner or agent for each lot.

PERSONAL INFORMATION

Land Development Services — Applicant — Phone # — Mailing Address — Statesville — City — NC — State — 28677 — Zip Code

Current Property Owner — Mailing Address — City — State — Zip Code

PROPERTY INFORMATION

Stonecrest at Eddleman — (Proposed) Subdivision Name — 24 — Proposed Block/Section # — State Road #

Private Well — (Proposed) Water Supply: Public, Private — For Approval Date** (OFFICE USE ONLY) — Tax Map #

Specific Directions to Property: 24 from Statesville to Complex Park, take a right on Eddleman Rd. Property is on Brandenburg.

[redacted]

TYPE OF FACILITY: (use sheet ( ) for more)

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

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

Crawl Space ✓ Concrete Slab ____ Garage Disposal ____ Jacuzzi or spa ____

COVENANT AND SIGNATURE

I hereby make application to the Iredell County Health Department for the evaluation of the property described above. This evaluation is to be conducted for the purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to enter the above property for purposes of conducting this evaluation. I understand that [illegible] based on the above property may be voided if substantial changes are made [illegible]. The issuance of an Improvement Permit by the Iredell County Health Department [illegible] compliance with all other relevant state/local laws or regulations. As owner or authorized agent I certify that all facts of this application are true and represent the maximum facilities [illegible] knowledge to date.

I understand that any Improvement Permit [illegible] five (5) years from the issuance date and is subject to revocation [illegible] rules changes.

8/31/99 DATE — SIGNATURE OF OWNER/AUTHORIZED AGENT