IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be given before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Land Development Services — Applicant | [illegible] — Phone # / Mailing Address | Statesville — City | NC — State | 28687 — Zip Code

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

PROPERTY INFORMATION:

Stonecrest at Tallebrook — (Proposed) Subdivision Name | 30 — Proposed Lot # | (Proposed) Block/Section # | State Road #

Private Wells — (Proposed) Water Supply Public, Private Well | [illegible] Plat Approval Date** (DEVELOPERS ONLY) | Tax Map #

Specific Directions to Property Old Mocksville Road to 4th left on Compton Park. Take a Right on Tallebrook and take 1st on Brandenburg.

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

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

No. Persons or Employees (commercial only) ____ Daycare ____ 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 in the designated septic 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 the 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 plan or intended use changes.

8/31/99 DATE [signature] SIGNATURE OF OWNER/AUTHORIZED AGENT