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
Rhenda JoAnn Burgess (Buyer)	872-9967	118 Signal Hill Dr Apt 104	Statesville	NC	28677
Betty Henderson (Seller) Current Property Owner		c/o Coldwell Banker Landmark Assoc. 328 E. Broad Mailing Address	Statesville	NC	28677

PROPERTY INFORMATION:

(~~Proposed~~) Subdivision Name	(~~Proposed~~) Lot #	(Proposed) Block (~~Section #~~)	State Road #
Monticello Heights	17, 18, 19 & 20	Section 17	

(~~Proposed~~) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Iredell County Water Corp.		6K-21A-17

Specific Directions to Property Hwy 90 West to Monticello School. Right on Monticello Drive. Go Approx. 3/4 mile to Monticello Heights Subdivision. Right on Monte-Vista Dr. Property Located Approx 400' on Right.

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

House X Mobile Home — Commercial — No. Bedrooms 2 No. Baths 2

(No.) Persons or Employees (commercial only) 1 Basement — Basement with Plumbing —

Crawl Space X Concrete Slab — Garbage Disposal — Jaccuzi or spa 6' oval

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.

5/22/95 DATE Roger G. Gibson Jr SIGNATURE OF OWNER/AUTHORIZED AGENT
B.G. Construction - General Contractor

002736