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:

Tim Hope	881-1944	P.O. Box 5882	Statesville	N.C.	28687
Applicant	Phone #	Mailing Address	City	State	Zip Code

Betty B Hope	3712 wilks Rd	Statesville	N.C.	28677
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

Brookhollw Est	37		
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

Iredell waters corp.		
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property 115 N TL Scotts Creek Rd
TR Brookhollow Drive 7th Lot on Left.

TYPE OF FACILITY: (use check (X) or num

House X Mobile Home _____ C

No. Persons or Employees (commercial only

Crawl Space X Concrete Slab _____

Give "Yellow, pink, gold" copies to

SIGN PERMIT

Owner

150.

Septic System Planned

Baths 2

imbing _____

spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell Cc property described above. This evaluation is to be conducted fc rovement Permit. I hereby authorize Iredell County Health Depar or purposes of conducting this evaluation. I understand that, b bove 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.

5-5-96 DATE Timothy P Hope SIGNATURE OF OWNER/AUTHORIZED AGENT

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