**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 |
|---|---|---|---|---|---|
| ACORN Company Inc | 704-872-4072 | P.O.Box 5671 | Statesville | NC | 28687 |

| Current Property Owner | Mailing Address | City | State | Zip Code |
|---|---|---|---|---|
| For White Partnership | 517 Stinson Ct. | Statesville | NC | 28687 |

PROPERTY INFORMATION:

| (Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | State Road # |
|---|---|---|---|
| Northcrossing | 4 | | |

| (Proposed) Water Supply: Public, Private Well | **Preliminary Plat Approval Date** (DEVELOPERS ONLY) | Tax Map # |
|---|---|---|
| Public | | Book 33 Page 129 |

Specific Directions to Property Hwy 115 N to Red Chimney Road TURN R onto Red Chimney Road TURN R ON 1st Paved Street (Foy Lane) Lot is ON R side

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

House X Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 2

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

Crawl Space X 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 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.

3/29/01 DATE Thomas J. White SIGNATURE OF OWNER/AUTHORIZED AGENT