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:

D. P. Montgomery, Jr. | 910-716-5534 | 4223 Lake Cliff Dr. | Clemmons | N.C. | 27012
Applicant | Phone # | Mailing Address | City | State | Zip Code
Lake Norman # 525-3626

L.C. Stikeleather | Turney Ave | Statesville | NC | Zip Code
Current Property Owner | Mailing Address | City | State

PROPERTY INFORMATION:

Allison Acres #1 | 17 | | | State Road #
(Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # |

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

Specific Directions to Property Take State Park Rd. from Troutman toward the State Park. Turn left on Lockhard Circle (just beyond ROMAC). Continue on Lockhard and turn left onto Arborway Lane. Lot 17 is on point next to Rayner Property (Rayners have sign with name on it in driveway.

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

House ✓ Mobile Home ____ Commercial ____ No. Bedrooms 3 No. Baths 3½

No. Persons or Employees (commercial only) ____ 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 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.

8/30/96 DATE D. P. Montgomery, Jr. SIGNATURE OF OWNER/AUTHORIZED AGENT

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