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: Ginger Cecil (704) 202-4971

Applicant	Phone #	Mailing Address	City	State	Zip Code
C+S Assoc.	(828)478-5331	4474 Lake Dr.	Sherrills Ford	NC	28673

Current Property Owner	Mailing Address	City	State	Zip Code
Same				

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Meadow Glen	83	Phase IV	

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

Specific Directions to Property From Troutman take Perth Rd to State Park Road - turn Right - Subdivision is on right - turn on to Meadow Glen Drive. Go down to new road - lot is last on left ~~before you~~ corner of Meadow Glen Dr + Shenandoah Loop.

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

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

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.

8/20/00 DATE Ginger Cecil SIGNATURE OF OWNER/AUTHORIZED AGENT