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:

Steve E. Johnson	8726107	127 Hummingbird Ln	Statesville	NC	28677
Applicant	Phone #	Mailing Address	City	State	Zip Code
Dr. Paul Kerns		715 Oakdale Dr.	Statesville	NC	28677
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

Graystone Meadows	19 & 20	Block A	SR 1911
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
County Water			10F5A19,20
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)		Tax Map #

Specific Directions to Property I40 Exit 151. Travel N on Hwy 21. Go left on Sumaker Drive to Whites Farm Rd. Left of Foxglove Drive. lots on right in corner

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

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 2 Full 2 Halfs

No. Persons or Employees (commercial only) 2 Basement yes Basement with Plumbing yes

Crawl Space no Concrete Slab yes Garbage Disposal No Jaccuzi or spa No

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.

1/13/97 DATE Steve E. Johnson SIGNATURE OF OWNER/AUTHORIZED AGENT