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:

Kenneth Hoffman (Applicant) 663-0356 (Phone #) 645 Normandy Rd (Mailing Address) Mooresville (City) NC (State) 28117 (Zip Code)

Robin McAllister (Current Property Owner) 10791 Earnhardt Lake Rd (Mailing Address) Davidson (City) NC (State) 28036 (Zip Code)

PROPERTY INFORMATION:

(Proposed) Subdivision Name: ____ (Proposed) Lot #: 1 (Proposed) Block/Section #: ____ State Road #: Skylight Lane

(Proposed) Water Supply: Public, Private Well: Private Well **Preliminary Plat Approval Date** (DEVELOPERS ONLY): ____ Tax Map #: PIN # 4751147077

Specific Directions to Property: Troutman, take hwy 21 west at Troutman exit of hwy 77, go about 1½ mi west on 21, Turn right on Oswalt Amity Rd, turn left on Pitch Rd, go about 1 block to Skylight Lane (no street sign), turn left on Skylight Lane, 1st lot on right

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

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

No. Persons or Employees (commercial only) 2 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.

7/29/99 DATE Kenneth M Hoffman SIGNATURE OF OWNER/AUTHORIZED AGENT