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
Elaine M. Kees.	704-827-5743	24 Windy Hill Cr.	Mt. Holly	N.C	28120

Current Property Owner	Mailing Address	City	State	Zip Code
Acreage Investments.	5551 Monroe Rd	Charlotte	N.C	28212

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Summertree	5	Summertree Dr.	

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Private Well		41L3A5

Specific Directions to Property: Turn off Hwy 21 onto State Rd. 1001 Amity Oswalt. Continue over 77 Bridge to 1st Rd. Right Franklin Woods. Continue end of gravel to pavement left on Rain Wood Dr. Continue to Stop sign turn left on Summertree 2nd lot on left.

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) ____ 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.

10/6/92 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

B. Frank Bailey Fosters Housing.
Mike Cameron. Fosters Housing } 704-528-9449

Mobile Area

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PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
JERRY L. WILSON	7046632062	RT. 11 BOX 1424	MOORESVILLE	N.C.	28115
ACREAGE INVESTMENTS					
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
SUMMERTREE	# 5		

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

Specific Directions to Property RAINWOOD DR. TO STOP SIGN LEFT ON SUMMERTREE TO CULDESAC ON LEFT.

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

House _____ Mobile Home ✓ Commercial _____ No. Bedrooms 2 No. Baths 1

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.

2-18-92 DATE Jerry L. Wil SIGNATURE OF OWNER/AUTHORIZED AGENT