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
Ray Georgeson	878-6876 or 872-2897	172 Oak Haven Dr.	Statesville	NC	28625
Bill Owen Jr.		177 Renaissance Pl.	Statesville	NC	28625
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Baymount Meadows	18 and 19	123 Renaissance Dr. Statesville NC 28625	

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Public		4756488655

Specific Directions to Property From the Health Department:
Take Hwy 21 North to Jane Sowers Rd. Turn Right onto Jane Sowers. Left onto Baymount Dr. - go approximately 1/2 mile Then Left onto West Baymount Dr. Then Right onto Renaissance Pl. Property is on left next to gray stucco house.

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

House X Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 3 1/2

No. Persons or Employees (commercial only) 4 Basement No Basement with Plumbing _____

Crawl Space yes Concrete Slab yes Garbage Disposal yes 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.

5/29/98 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT