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:

Tracey F. Smith (Applicant) | 704-873-4646 (Phone #) | 591 Old Mocksville Rd (Mailing Address) | Statesville (City) | NC (State) | 28625 (Zip Code)

Tracey F. Smith (Current Property Owner) | 591 Old Mocksville Road (Mailing Address) | Statesville (City) | NC (State) | 28625 (Zip Code)

PROPERTY INFORMATION:

Grandview Acres (Proposed) Subdivision Name | #4 (Proposed) Lot # | (Proposed) Block/Section # | Jane Sowers Rd State Road #

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

Specific Directions to Property: Hwy 64 E, Left onto Old Mocksville Road, Left onto Jane Sowers Road, Corner of Jane Sowers and Tracey Lane) Home site is 1st house on left

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

House X Mobile Home NO Commercial NO No. Bedrooms 4 No. Baths 2½

No. Persons or Employees (commercial only) N/A Basement NO Basement with Plumbing NO

Crawl Space yes Concrete Slab NO 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.

9/7/98 DATE Tracey for Smith SIGNATURE OF OWNER/AUTHORIZED AGENT