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
I Iredell County	704-878-3054	POB&788	Statesville	NC	28687

Current Property Owner	Mailing Address	City	State	Zip Code
State of NC NCDOT-GSA	1525 Mail Ser. Cntr.	Raleigh	NC	27603

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Former DOC property	Portion of	PIN# 4757-20-1334	US21

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Public (property leased to Iredell Co.		4757-20-1334

Specific Directions to Property I-77N to Exit 54, R on Prison Camp Rd. Go past gas pumps to upper gate, or take gravel road to rear of property. Site is marked with flags.

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

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

No. Persons or Employees (commercial only) 42 Basement NO Basement with Plumbing NO

Crawl Space ____ Concrete Slab X 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.

8/21/03 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

For Iredell County,
James J. Vernon, Director of Support Services