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
CHARLES D HEAGGANS	(704) 871-9838	146 Yellowstone	STATESVILLE	N.C.	28677
Charles D Heggins - Current Property Owner		same as Above Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
(Heaggans Prop.)	Lot 3		Hemlock

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

Specific Directions to Property You Go East ON Highway 70 to OFF ON Berthesda Road Continue to the end of this road then turn left to you get to the Amity Hill school then you turn left ON Hemlock road continue to the mobile Home park on the left then you yield off to the right of the gravel road and a brown fence to the property line Heggins

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

House ____ Mobile Home ✓ 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.

1-10-2000 DATE Charles D Heggins SIGNATURE OF OWNER/AUTHORIZED AGENT