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
ROBERT C. WYCKOFF	(704)843-5521	487 WHITEOAK BRANCH RD.	STATESVILLE	NC	28625

Current Property Owner	Mailing Address	City	State	Zip Code
DAVID B JORDAN & W. MATTHEW JORDAN	304 N. CENTER ST.	STATESVILLE	NC.	28677

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	~~(Proposed)~~ Block/Section #	State Road #
DAVID B JORDAN & W. MATTHEW JORDAN	213	PB36 PG114	2162 PORTION OF

(Proposed) Water Supply: Public / Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
PRIVATE WELL	↗	PIN# 4777-58-1916

Specific Directions to Property TAKE OLD MOCKSVILLE HWY TO WHITEOAK BRANCH RD. TURN RIGHT ONTO WHITEOAK BRANCH – YOU WILL SEE ONE DOUBLEWIDE ON RIGHT NEXT 2 LOTS (LOT#2 & LOT#3) WILL BE COMBINED TO MAKE ONE LARGE 2.206 ACRE LOT – HOME WILL USE BOTH LOTS.

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

House N/A Mobile Home X Commercial N/A No. Bedrooms 3 No. Baths 2

No. Persons or Employees (commercial only) 2 PERSONS Basement N/A Basement with Plumbing N/A

Crawl Space ✓ Concrete Slab N/A Garbage Disposal N/A Jaccuzi or spa N/A

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.

01-02 2001 DATE Donnie Nash SIGNATURE OF OWNER/AUTHORIZED AGENT