ATTENTION RENEE: FILL OUT & FAX TO ME FOR CLOWER

Lorne Cook
704-871-3483

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 submitted by the property owner or agent for each (proposed) site.

PROPERTY OWNER INFORMATION:

Jimmy Clower (704)872-1205 197 Deerchase Circle Statesville, NC 28625
Phone # Mailing Address City State Zip Code

Same
Current Property Owner Mailing Address City State Zip Code

PROPERTY INFORMATION:

[illegible]R PARK H
(Proposed) Subdivision Name (Proposed) Lot # (Proposed) Block/Section # State Road #

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

Directions to Property I-40 East to 2nd Mocksville Rd exit. Off exit take left. Go about 1½ miles take right on White Branch Rd. Go about ½ mile take left on Deerchase Circle Subdivision.

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

[illegible] Mobile Home X Commercial [illegible] No. Bedrooms 4 No. Baths 2

Persons or Employees (commercial only) [illegible] Basement [illegible] Basement with Plumbing [illegible]

[illegible] Deck [illegible] Concrete Slab [illegible] Garbage Disposal [illegible] Jaccuzi or spa [illegible]

AGREEMENT 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 authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting the evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be withdrawn if substantial changes are made to the designated sewage system site.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, 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, subject to revocation if the above described site plans or intended use changes.

10-31-03 DATE Renee Toledo SIGNATURE OF OWNER/AUTHORIZED AGENT

"POOR QUALITY"