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:

Mr. & Mrs. Gerald Taylor 8736043 239 Deerchase Circle Statesville NC 28625
Applicant | Phone # | Mailing Address | City | State | Zip Code

Mr. & Mrs. Gerald Taylor 239 Deerchase Circle Statesville NC 28625
Current Property Owner | Mailing Address | City | State | Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | none State Road
State Road #

Private Well
(Proposed) Water Supply: Public, Private Well

Preliminary Plat Approval Date
(DEVELOPERS ONLY)

4777-87-6388(A)
Tax Map #

Specific Directions to Property go out 64 East turn Left onto old Mocksville Rd. Davis Hospital is on right go past Hospital about 4 or 5 miles out into Country Look for white Oak Branch Rd. on right turn right go about 1/2 mile on left you will see a large Sign reading Deer Park Subdivision go strait down don't turn off and as the road starts down hill on left 3 mail Boxes ours will be 239 we live in Brown Single wide on Left.

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

House ____ Mobile Home X 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.

1-24-1998 DATE LaVonna T. Taylor SIGNATURE OF OWNER/AUTHORIZED AGENT
Gerald T. Taylor