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:

Jeffrey H. Slade	881-0900	641B W. End Ave	St'sville	NC	28677
Applicant	Phone #	Mailing Address	City	State	Zip Code
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

Blueberry Hill Estates	14		
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

County Water System		11G A42
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property East on Highway 64 approx. 9 miles to SR2165 (Fifth Creek Rd.) Left on SR2165 approx. one half mile to Garris Dr. Right on Garris Dr. Go to the end of Garris Dr. and go left on Blueberry Hill Dr. Go approx. 600ft to Lot #14 on the right.

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

House XX Mobile Home ____ Commercial ____ No. Bedrooms 4 No. Baths 3½

No. Persons or Employees (commercial only) 2 Basement ____ Basement with Plumbing ____

Crawl Space XX Concrete Slab ____ Garbage Disposal XX Jaccuzi or spa XX

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.

11/14/94 DATE J.H. Slade SIGNATURE OF OWNER/AUTHORIZED AGENT

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