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:

P.R. Building Systems Inc.	704-664-5211 (mobile 361-6657)	P.O. Box 1047	Mooresville	N.C.	28115
Applicant	Phone #	Mailing Address	City	State	Zip Code

Harmony Volunteer Fire Dept.	P.O. Box 359	Harmony	N.C.	28634
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

Harmony Vol. Fire Dept.		2433	1891
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

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

Specific Directions to Property Travel I-77 north to exit 59. Turn right on Tomlin Mill Rd. take first left on Jusey Rd. go to end turn right on Olin Loop go around curves & over bridge go up hill pass post office on left keep going around curve Sub on left beside of Olin United Methodist Church.

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

House ____ Mobile Home ____ Commercial X (Fire Truck Storage) No. Bedrooms 0 No. Baths 2

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

Crawl Space ____ Concrete Slab X 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.

10/23/00 DATE Joe Rice SIGNATURE OF OWNER/AUTHORIZED AGENT