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:

Todd Goodin	546-2297	125 Highland Pt Ave	Harmony	NC	28634
Applicant	Phone #	Mailing Address	City	State	Zip Code

Todd Goodin	125 Highland Pt Ave	Harmony	NC	28634
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

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

Specific Directions to Property Hwy 21 N to Harmony - take 21 Then Crossroads at 901+21 - take 1st paved Rd to Right - (Highland Pt Ave) - go to 1st sharp curve to left - Property is on Right after curve

TYPE OF FACILITY: (use check (X) or number as appropriate) FUTURE 3BR DWELLING & 1 CHAIR BEAUTY SHOP

House ____ Mobile Home X Commercial X No. Bedrooms 3 No. Baths 1

No. Persons or Employees (commercial only) 1 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.

8-7-96 DATE Tammy Goodin SIGNATURE OF OWNER/AUTHORIZED AGENT

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