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:

Applicant	Phone #	Present Mailing Address	City	State	Zip Code
William E. Snow	336-765-0612	1645 Bridger Dr	Winston Salem,	N.C.	27103

Current Property Owner	Mailing Address	City	State	Zip Code
William E. Snow	1645 Bridger Dr.	Winston-Salem	N.C.	27103

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
N/A	1.5 AC -	Parcel I.D. #4380 32 6869.000	NC 901

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Iredell County Water System	N/A	Book 1021 Page 187 Iredell Cty.

Specific Directions to Property U.S 21 to Harmony – Right onto 901 Hwy – East 2 miles on the right. (Iredell Cty.) new address will be.
568 E. Memorial Hwy.
Harmony N. C. 28634

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

NEW House ✓ Mobile Home N/A Commercial N/A No. Bedrooms 3 No. Baths 2

No. Persons or Employees (commercial only) N/A Basement N/A Basement with Plumbing N/A

Crawl Space ✓ Concrete Slab N/A Garbage Disposal N/A Jaccuzi or spa N/A

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.

2-9-98 DATE William E Snow SIGNATURE OF OWNER/AUTHORIZED AGENT