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IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Paid $150.00 Statesville

Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. **APPLICATION FOR:** ___ Improvement Permit ___ Authorization To Construct ___ BOTH ✓ Existing System Inspection

2. **Page 2: *Site Plan Worksheet* Form MUST Accompany This Application**
   The following optional attachments may also be submitted: ✓ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Steve Gilbert	8668 Arcturus Dr., Cinti, OH 45249	(513) 489-1102	(513) 237-8899
Same as above			
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
104 Sunstede Dr., Mooresville, NC 28117	CL&T	6 / #265

Driving Directions: Brawley School Rd South to Tuskarora Trail to Sunstede

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System
( ) Other ___

Maximum Number of Bedrooms 2
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___
See attached letter.

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. **Proposed Water Supply:**

( ) New Well (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* Use Existing Septic

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

8. **Please Answer The Following To The Best of Your Ability:**

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. **Signature:** Stephen Gilbert — 4/1/14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEATLH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

____ **Property Line measurements are clearly identified...**
____ **All proposed structures are indicated...**
SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
____ **Front and side setbacks from property line...**
____ **Preferred driveway location and configuration, preferred well location...**
____ **Area you prefer your septic system to be placed...**
____ **North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

____ **Location of septic systems and wells within 100' of your property...** **N/A**
____ **Location of easements and rights of ways on your property...** **N/A**
____ **Location of any designated wetlands on the property...** **N/A**

Signature: Stephen Gilbert
REQUIRED **property owner or owner's legal representative signature.**

4/1/14
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

Please find enclosed

1. lot survey
2. Proposed main Floor
3. Proposed walkout basement
4. Mecklenburg County Health Dept.
5. Street View
6. Lake View

April 1, 2014

Steve & Maryalice Gilbert
8668 Arcturus Drive.
Cincinnati, OH 45249

Iredell County Building Standards
Attn.: Central Permitting
PO Box 788
Statesville, NC 28687

Dear Sir,

We would like to schedule an Existing Septic System Inspection for a new house we hope to build at 104 Sunstede Drive, Mooresville, NC 28117. Please find enclosed a check for $227.25 to cover the $77.25 for Zoning and $150 for the site inspection.

Please find attached the new structure overlayed on to a lot survey completed by
Dedmon Surveys
PO Box 494
3704 Highway 16 North
Denver, NC 28037
On this survey Dedmon plotted the location of the existing septic tank, septic field, existing structures, well, Sunstede pavement, and various setbacks.

Please also find proposed floor plans for the main level and walkout basement.

Our existing house was built in 1971 and has 3 bedrooms though I think the septic system was permitted for 2 bedrooms. Please see the blurry Mecklenburg County Health plan. We plan to build a 2 bedroom house with one bedroom on the main floor and a second in the basement.

We realize we will need to complete a variance request to build the new house given we will violate front and back propery setbacks. We will not violate the 50' 760 line set back.

We live in Cincinnati and will be at 104 Sunstede 4/14/14- 4/21/14. If at all possible we would like to schedule the septic inspection during that week.

Thanks in advance for your understanding and help.

Sincerely,

Steve & Maryalice Gilbert
(513) 489 1102 - Home
(513) 237 8899 - Cell

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
202645
Issue Date: 04/08/2014

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4614940662.000	104 SUNSTEDE DRIVE, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: GILBERT STEPHEN+MARYALICE	Applicant: GILBERT, STEPHEN
Address: 8668 ARCTURUS DRIVE CINCINNATI, OH 45249	Address: 8668 ARCTURUS DRIVE CINTI, OH 45249
Phone:	Phone: 513-489-1102

Use Requested	Zone Code
SINGLE FAMILY	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.620	50.00	35.00	15.00	15.00	CACL	AE

Remarks:

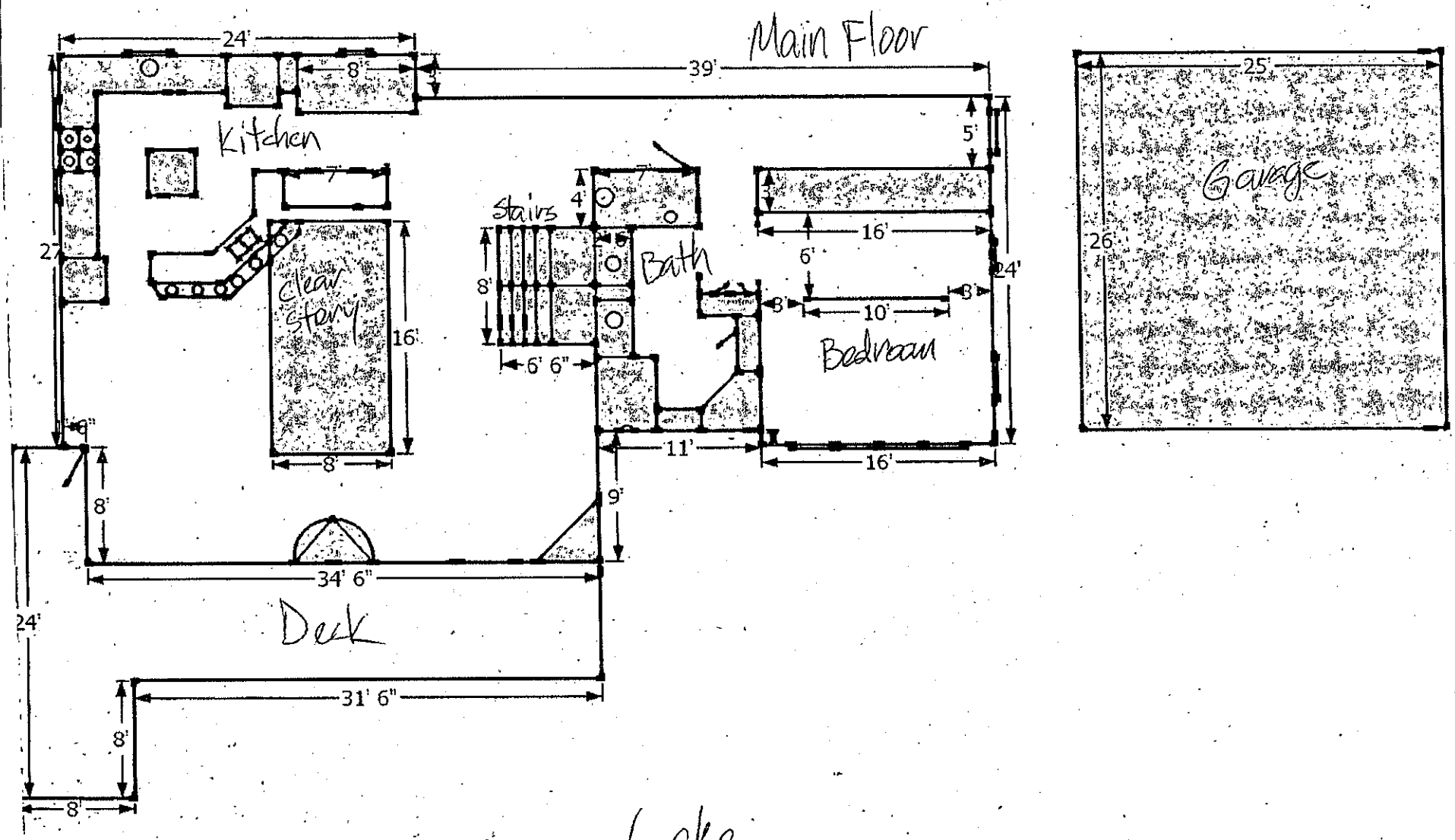
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

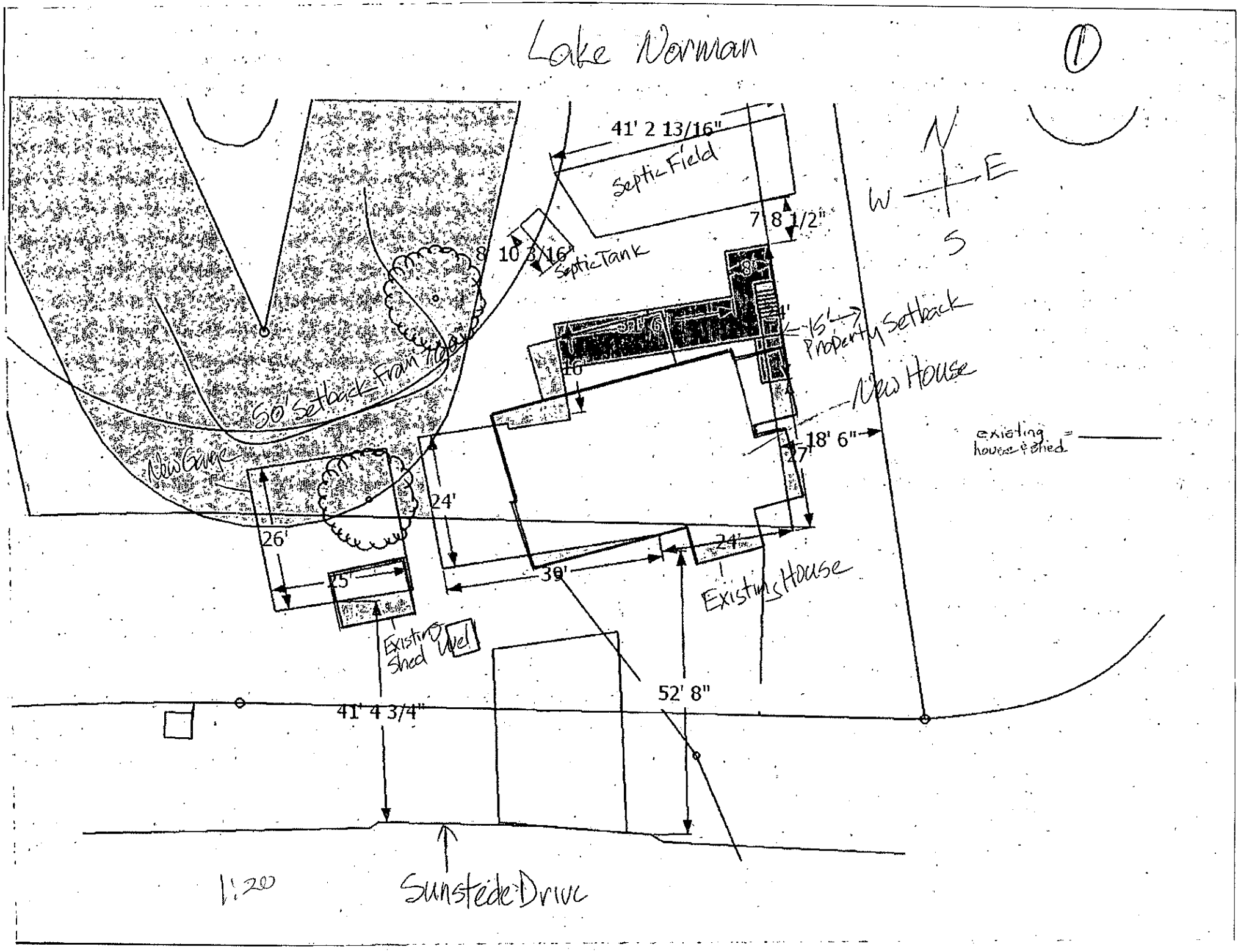
Applicant: Steve Gilbert Date: 4/9/14

Permit Number: 0455

Sunstede

(2)

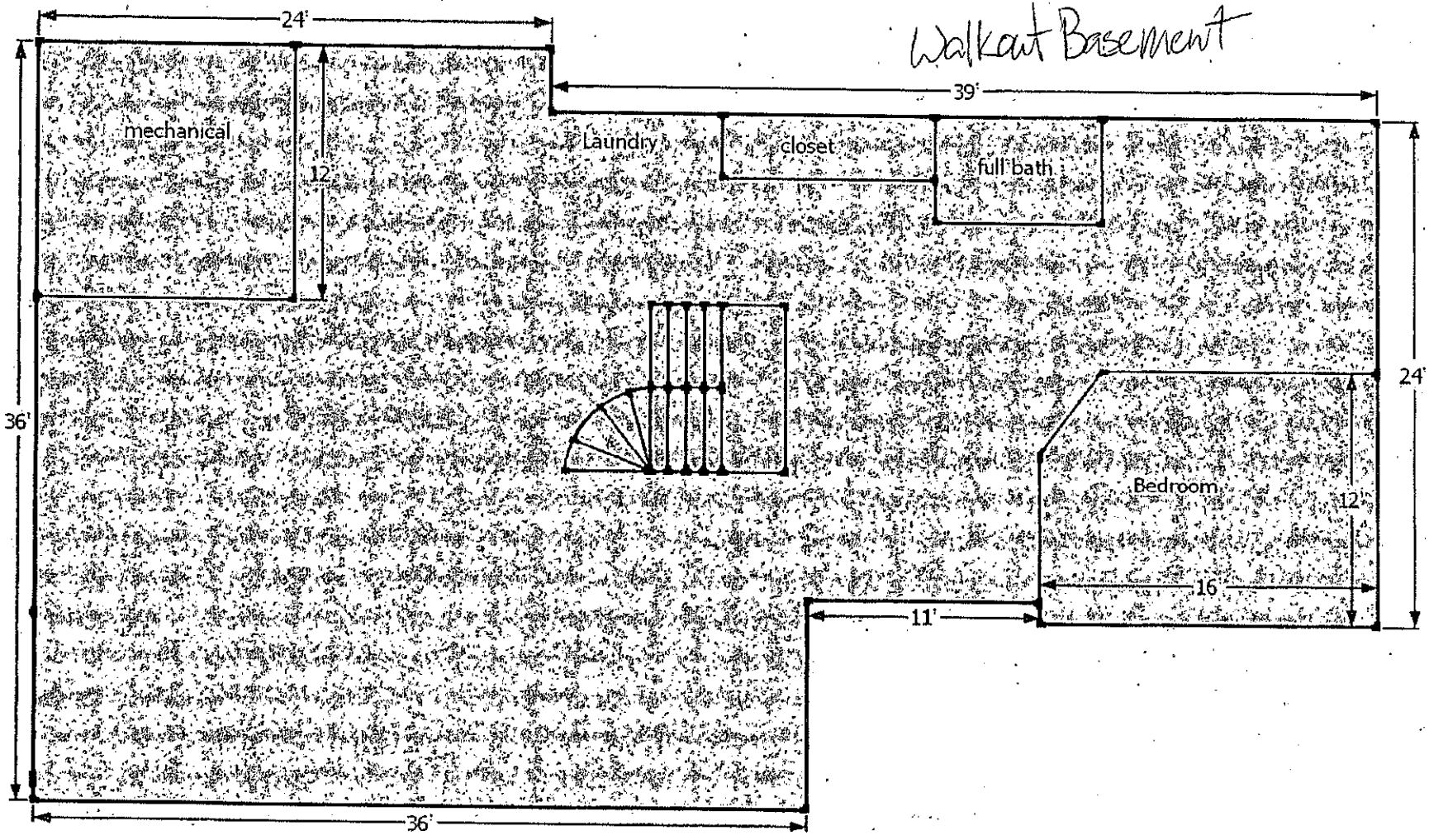

Main Floor
24'
8'
39'
Kitchen
5'
Stairs
4'
Bath
16'
6'
24'
8'
Clear Story
16'
6' 6"
3'
10'
Bedroom
11'
16'
9'
8'
34' 6"
Deck
24'
31' 6"
8'
8'
Lake
25'
Garage
26'


Lake Norman
1
41' 2 13/16"
Septic Field
7' 8 1/2"
8' 10 3/16"
Septic Tank
W
E
S
8'
31' 6"
15' Property Setback
#6
New House
50' Setback from Water
New Garage
existing house & shed
18' 6"
27'
24'
26'
25'
39'
24'
Existing House
Existing Shed to be Removed
41' 4 3/4"
52' 8"
1:20
Sunstede Drive

Sunstede

(3)

Walkout Basement



Lake

(4)

Date Received 3-15-71

(CARIS) Application No. 1350

T. C. No.

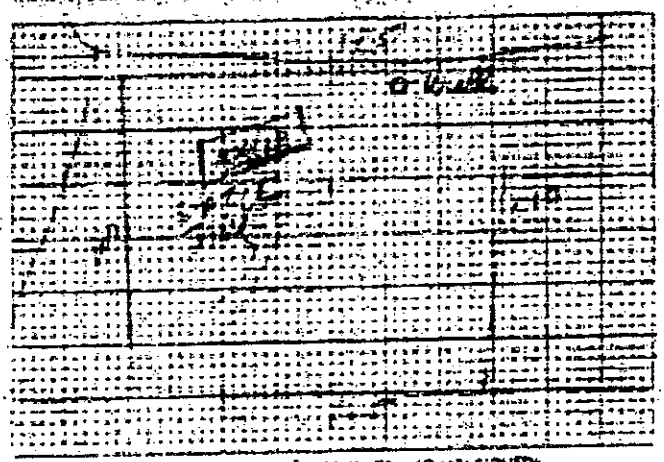
Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

1. ✓ Install or Construct 2. ___ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge



4. No of Bedrooms 2
5. Business Use - Max No Employees
6. Washing Machine ___Yes ___No
7. Garbage Disposal ___Yes ___No
8. Dishwasher ___Yes ___No
9. Water Supply
   A. Individual Well ✓
   B. Governmental System
   C. Community System
      1. Well source
      2. Governmental source
10. Sewage System
    House located within 200 feet of public sewer ___Yes ___No
    House located within 200 feet of community sewer ___Yes ___No
11. FHA Case No.
12. VA Case No.

13. PLOT PLAN (ACCURATELY DIMENSIONED)

14. NAME OF OWNER Mr. & Mrs. Richard E. Wolfe
    (Last) (First) (Middle)

15. ADDRESS OF OWNER 1126 E. Westover Terrace, Charlotte, N.C.

16. PHONE NO. Home 525-5264 Office 334-5314

17. LOCATION OF SYSTEM
    (Name of Subdivision) (Street or County Road)

18. SUBDIVISION Sec. C Lot No. 265 Block No.

    Map Book No. Page No.

19. DEED BOOK AT PAGE

20. HAS A PERCOLATION TEST BEEN RUN? ___YES ___NO DATE RUN

21. WELL? See instructions

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

3-12-71
DATE OF APPLICATION

Harold E. Wolfe
OWNER

Form MS 8-1-1-71

HEALTH DEPARTMENT'S COPY