RECEIVED SEP 1 9 2014 BD

Paid $500.00 Statesville
Paid $100.00 Site Revisit Fee
202067

REDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for SEPTIC REPAIR PERMIT

(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 #
Kenneth Beaver Homes	P.O. Box 3398, Mooresville NC, 28117	704-662-6400	

Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
292 Tuskarora Trail, Mooresville, 28117	Torrington Court Rock Spring Park	Lot 3

Driving Directions: 77 S Exit 35 Right on Brawley School Rd. Right Tuskarora Trail Lot 3 is on Right

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

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
~~(X) Repair To Failing Septic System due to~~
( ) Other

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(X) 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:

(X) 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)* ( ) EXISTING SYSTEM installed ____ *Year*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other____

8. Please Answer The Following ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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: Kenneth Beaver Homes BY: Kim Beaver
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9/12/14
DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

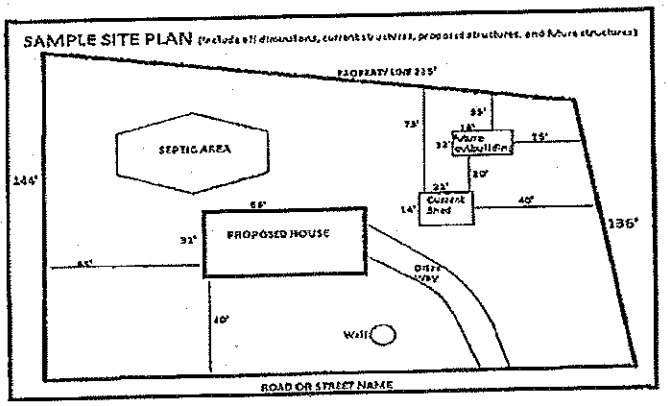
SITE PLAN WORKSHEET

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!!!*

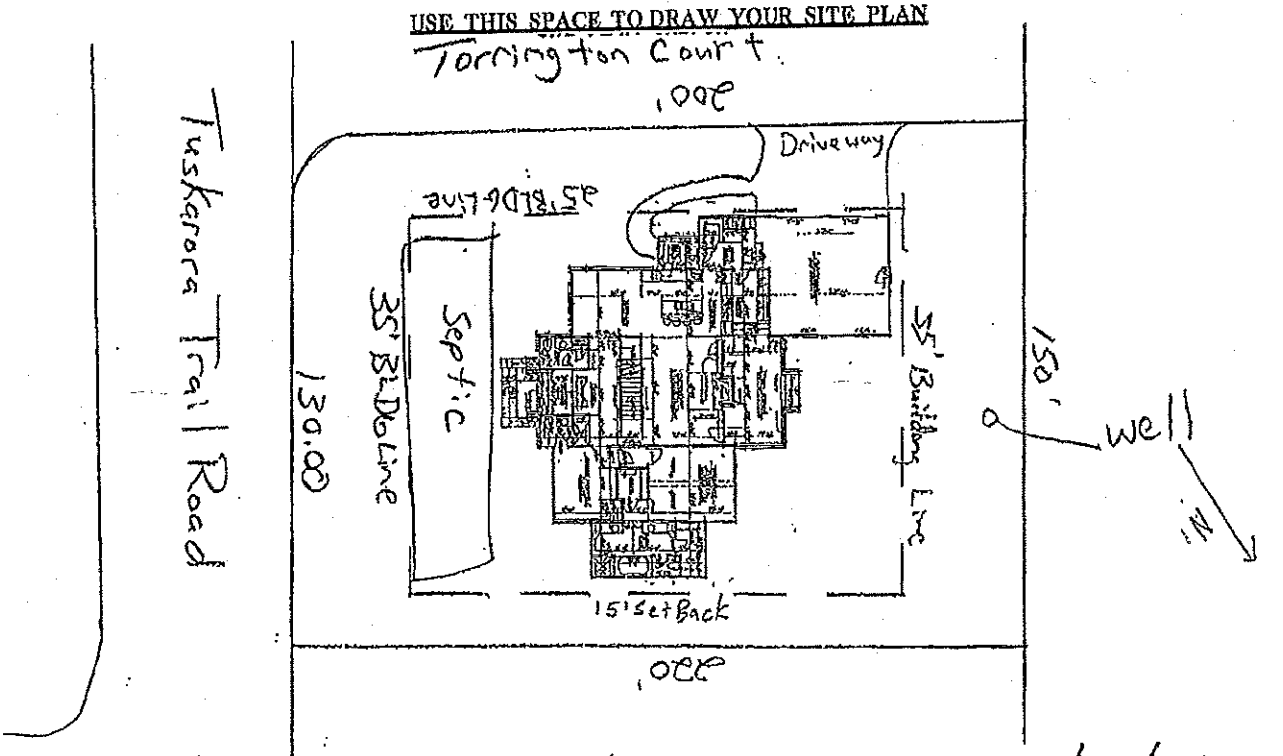
Place an (X) beside each item as you complete the site plan:
X Property Line measurements are clearly identified... X All proposed structures are indicated...

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

Circle N/A on the following if appropriate:
N/A Location of septic systems and wells within 100' of your property... N/A N/A Location of any designated wetlands on the property... N/A
N/A Location of easements and rights of ways on your property... N/A



USE THIS SPACE TO DRAW YOUR SITE PLAN

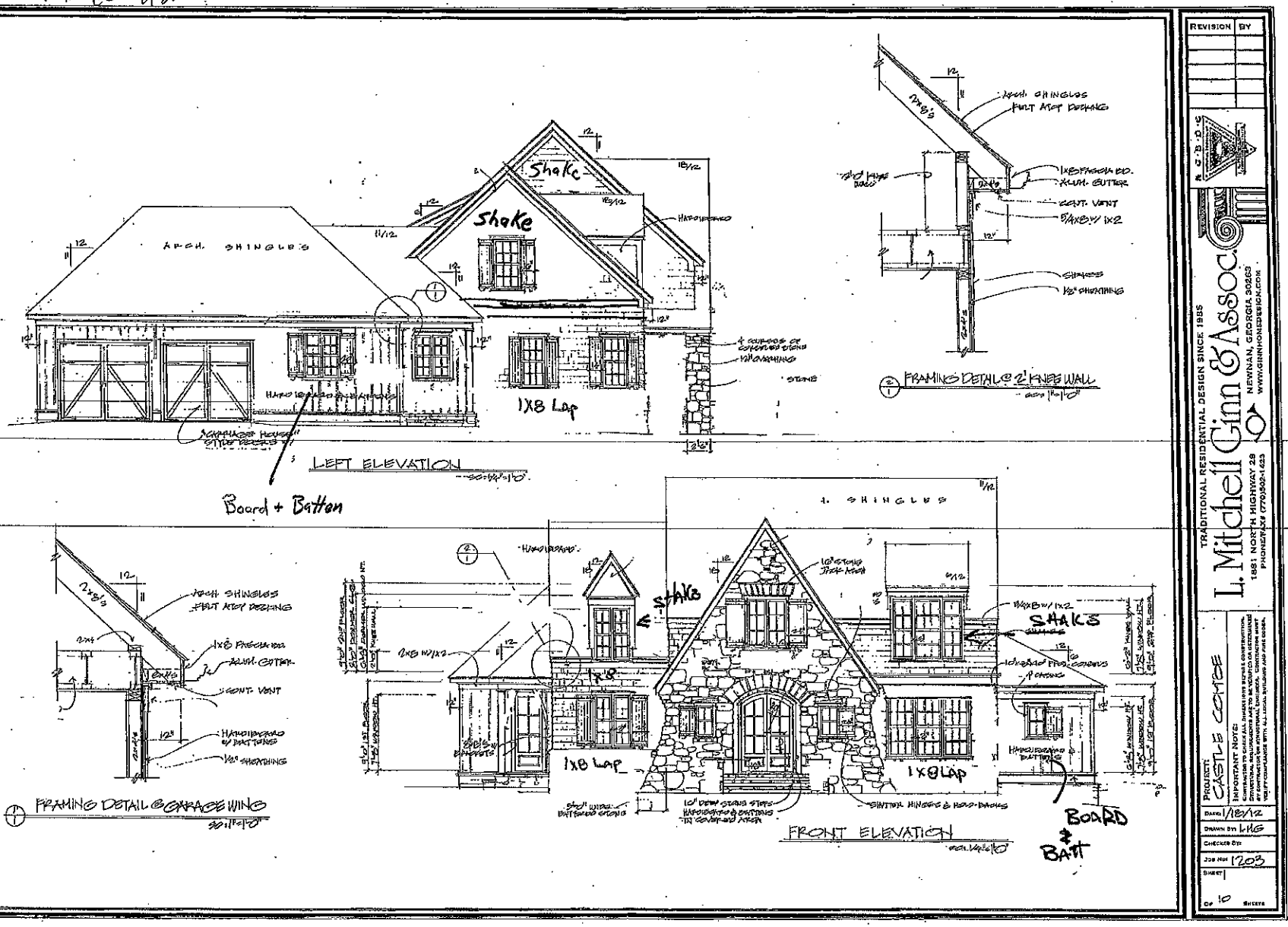


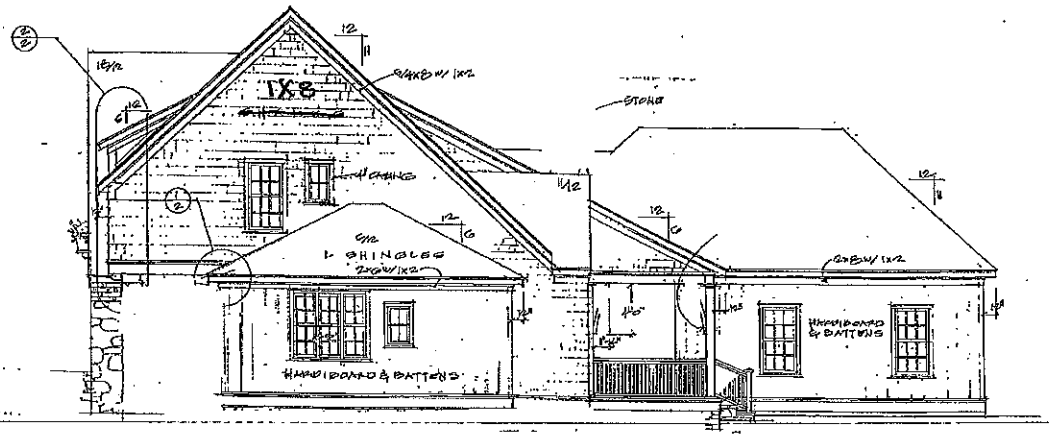
Signature: Kenneth Beaty Homes BY: Kim Beaty
REQUIRED property owner or owner's legal representative signature.

9/12/14
DATE

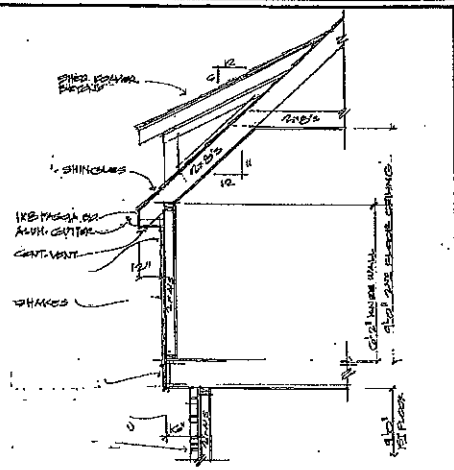
S:\Shared\EH_Admin\OSWW\Application for New or Existing System

ok
App. corrected 9-22-14 Change to * 3 Bedroom Home * 292 Tuskarora

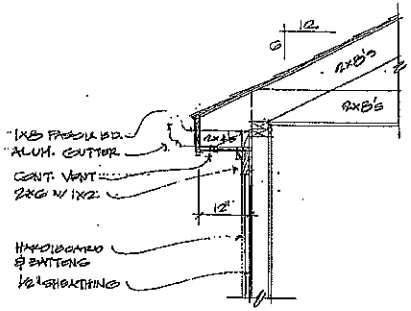




RIGHT ELEVATION

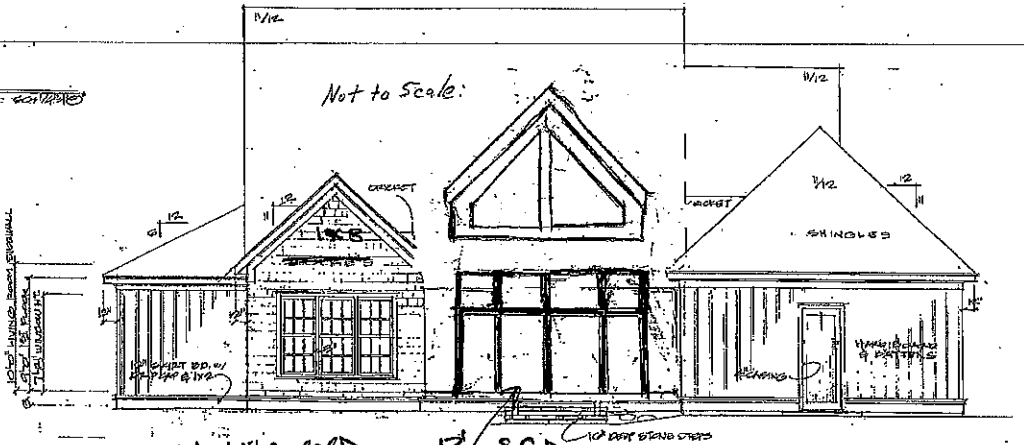


FRAMING DETAIL @ KNEE WALL & CANTILEVER



FRAMING DETAIL @ 6/12 PITCH

Not to Scale:



NOTE: NO COVERED PORCH

12' SGD

REAR ELEVATION

Note: Drawings Not to Scale / All Dimensions to be verified upon Final Plans

REVISION	BY

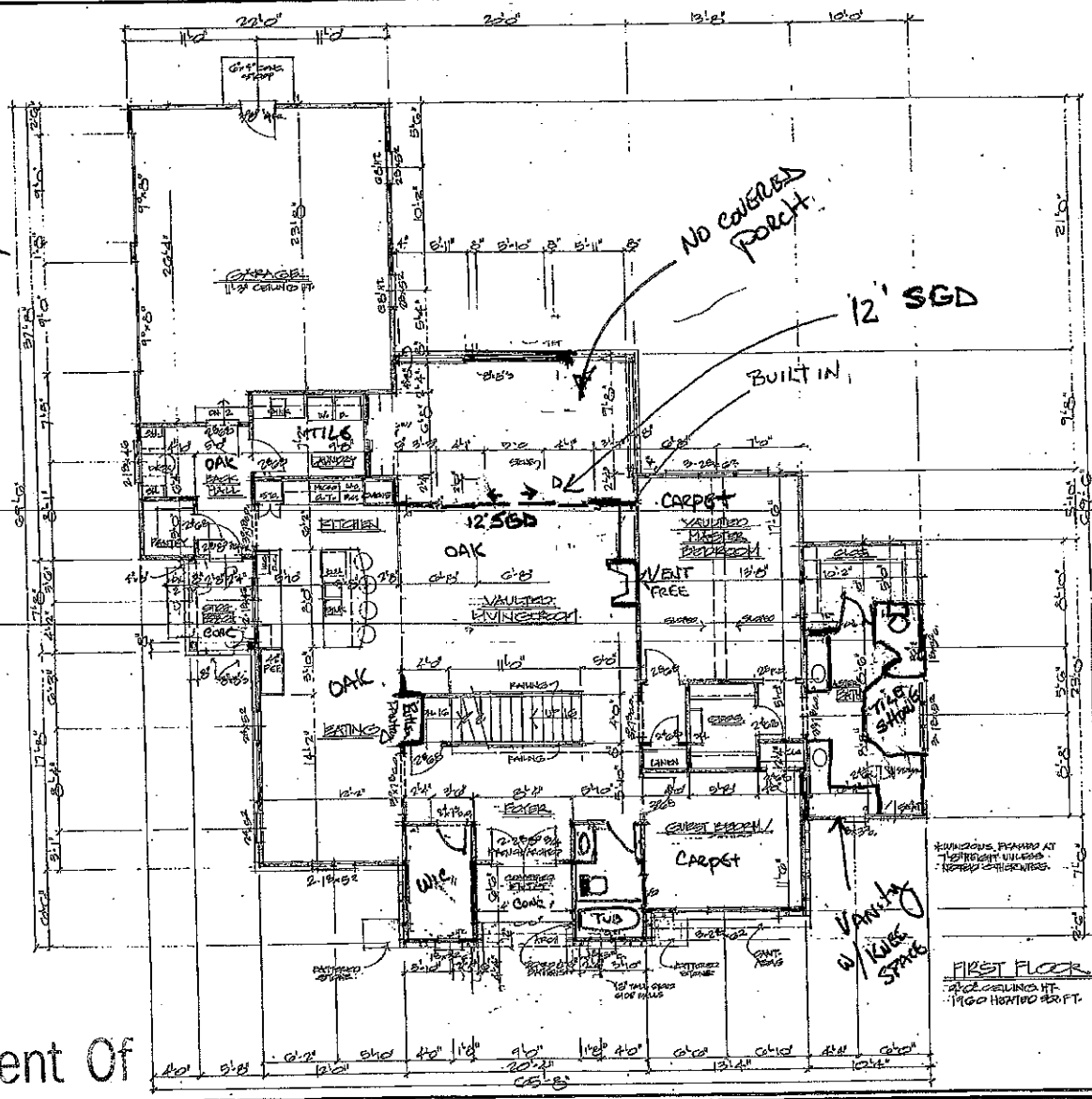
L. Mitchell Ginn & Assoc.
TRADITIONAL RESIDENTIAL DESIGN SINCE 1985
1851 NORTH HIGHWAY 29
PHONE/FAX# 770/502-1423
NEWNAN, GEORGIA 30263
WWW.GINNHOMEDESIGN.COM

PROJECT: CASTLE COMBS

IMPORTANT NOTE:

DATE 1/18/12
DRAWN BY LMG
CHECKED BY
JOB NO. 1203
SHEET 2
OF 10 SHEETS

- OMIT MASTER BATH TUB
- OMIT 1/2 BATH
- 9' 1ST & 2ND 8' FLOOR
- ROOF MAY TRUSS
- 2535 SQFT +/- 3 BATHS



FIRST FLOOR PLAN
9'-0" CEILING HT.
1960 HEATED SQ.FT.

REVISION	BY

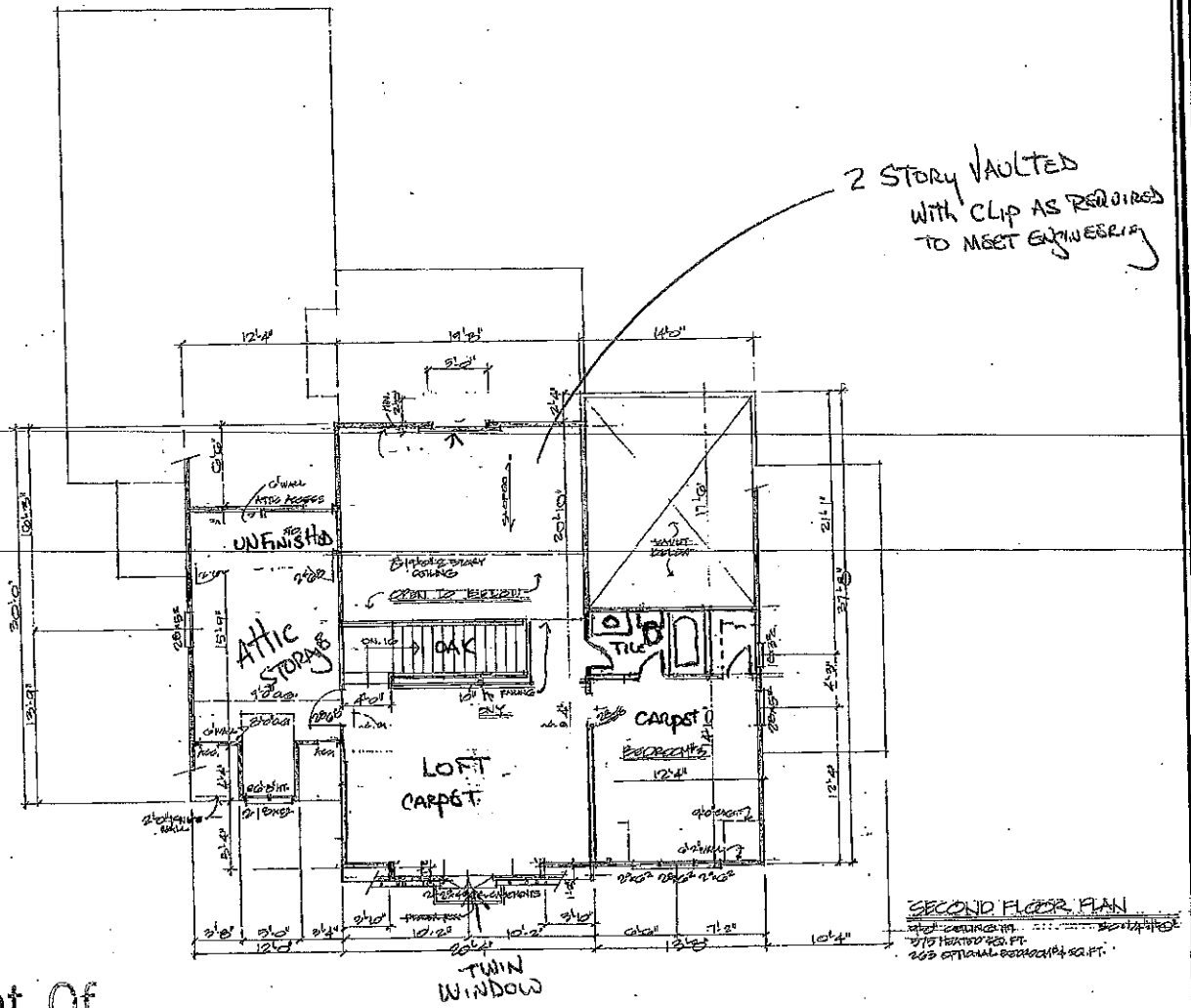
TRADITIONAL RESIDENTIAL DESIGN SINCE 1985
L. Mitchell Ginn & Assoc.
1881 NORTH HIGHWAY 29
NEWNAN, GEORGIA 30263
PHONE/FAX# (770)502-1423
WWW.GINNHOMEDESIGN.COM

PROJECT: CASTLE GATES

IMPORTANT NOTE:

DATE: 1/18/12
DRAWN BY: LMG
CHECKED BY:
JOB NO: 1203
SHEET 4 OF 10 SHEETS

Acknowledgement Of
Plans Submittal ONLY!
APPROVED OCT 13 2014
By _____
Date _____



REVISION | BY

L. Mitchell Ginn & Assoc.
TRADITIONAL RESIDENTIAL DESIGN SINCE 1985
1381 NORTH HIGHWAY 29
NEWNAN, GEORGIA 30263
PHONE/FAX# (770)502-1423
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PROJECT: CASTLE COMBE

IMPORTANT NOTE:

Date 1/16/12
Drawn By LMG
Checked By
Job No. 1203
Sheet 5
of 10 Sheets

Acknowledgement Of
Plans Submittal ONLY!
APPROVED OCT 13 2014
Date
Date

IREDELL COUNTY

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

APPLICATION NUMBER
202067
Issue Date: 09/19/2014

85230

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4614957533.000	292 TUSKARORA TRAIL, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: LKN LAND LLC	Applicant: KENNETH BEALER HOMES I
Address: 4210 IREDELL CO, NC 28625	Address: PO BOX 3398 MOORESVILLE, NC 28117
Phone:	Phone: 704-662-6400

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.758	35.00	35.00	15.00	15.00	CACL	X

Remarks:

ZONING EXPIRED, FHW

$ PAID
9-19-14

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: _____ Date: _____

Permit Number	22236	TOTAL FEES:	$ 77.25