RECEIVED MAY 1 2015

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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.

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 an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: STEVE WATERS **Address:** P.O. BOX 3995 MOORESVILLE 28117 **Phone:** 704-746-4531

Owner Name: Jim Hill **Address:** 175 BINNS RD. MOORESVILLE 28117 **Phone:** 585-820-4667

Property Information: 131 Calibourne Dr.

Street Address: ~~175 BINNS RD.~~ MOORESVILLE NC 28117

Subdivision Name: CL:T **Section/Phase:** 6 **Lot Number:** 238

Driving Directions: BRAWLEY SCHOOL TO TUSKAROORA TRAIL - THEN RT ONTO BINNS RD. - PROPERTY @ END ON LEFT.

Site Development Information: *(check or complete ALL that apply)*

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** 1977

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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. industrial) 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.

Signature: _____ 4-30-2015
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

175 Binns Rd.

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Ronald A. Grier, am the legal owner of the property located at 175 BINNS ROAD, identified as PIN(Parcel Identification Number) 4614-96-3689, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) MICHAEL ATHANAS & ASS., _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Ronald A Grier — 1/6/15
Signature of Owner — Date

Signature of Witness — 1/6/15
Date

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IREDELL COUNTY HEALTH DEPARTMENT

Paid $200.00 EXIST.

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $150 3-18-15 # 208900

Application For:

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( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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Page 2: *Site Plan Worksheet* form MUST accompany this application

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Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Ronald Grier **Address:** 175 Binns Rd Mocksville NC **Phone:** _____

Owner Name: Ronald Grier **Address:** 175 Binns Rd Mocksville NC **Phone:** _____

Property Information: 131 Calibourne Dr.

Street Address: 175 Binns Rd.

Subdivision Name: CLT **Section/Phase:** 6 **Lot Number:** 238

Driving Directions: BSR → Tuskarora → Rt on Binns

Site Development Information: *(check or complete ALL that apply)*

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: N/A
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** 70's

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: Existing

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. industrial) 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.

Signature: _____ 3-6-15

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Iredell County Development Services
Planning Division
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3127 / FAX 928-2025

Address Verification Letter

Property Owner or Tenant: **James S. & Alice V. Hill**

Parcel Number: **4614963689.000**

Old Address: **175 Binns Road**

New Address: **131 Claiborne Drive**

Mooresville NC 28117

Barry Whitesides
GIS Addressing Coordinator
704-878-3118 ext. 3144
bwhitesides@co.iredell.nc.us