ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 317471

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4624 -16 -1990

APPLICANT/OWNER: David A. Walker APPLICANT ADDRESS: 312 W. West Street South Port NC 28461

SITE ADDRESS: 130 Cottage Grove Lane Mooresville NC 28117 PHONE: 704-853-9781 ALT. PHONE 704-853-9781

SITE DIRECTIONS: BSR @ on Taskaroora Trail @ on Cottage Grove SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL&T SECTION: 6 LOT # 210 LOT AREA: .67 Ac DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank	1000	(gal)	STB		Date						
Pump Tank		(gal)	PT		Date						
Pump Make			Model		Serial #						
# Nitrification Fields	1		# Lines	3	Linear Ft	124					
Trench Width	24 in		Trench Bottom Depth	[illegible]		46 in	Gravel Depth	—			

☐ New System ☐ Repair ☒ Expansion System Type: I II (III) IV V VI

System Description: Horizontal - Pearl Block - 50% Reduction

Repair System Description: Horizontal - Pearl Block - 50% Reduction (T&M)

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3 Water Supply

☐ Business No. Persons 6 ☒ Private

☐ Other No. Employees ☐ Public

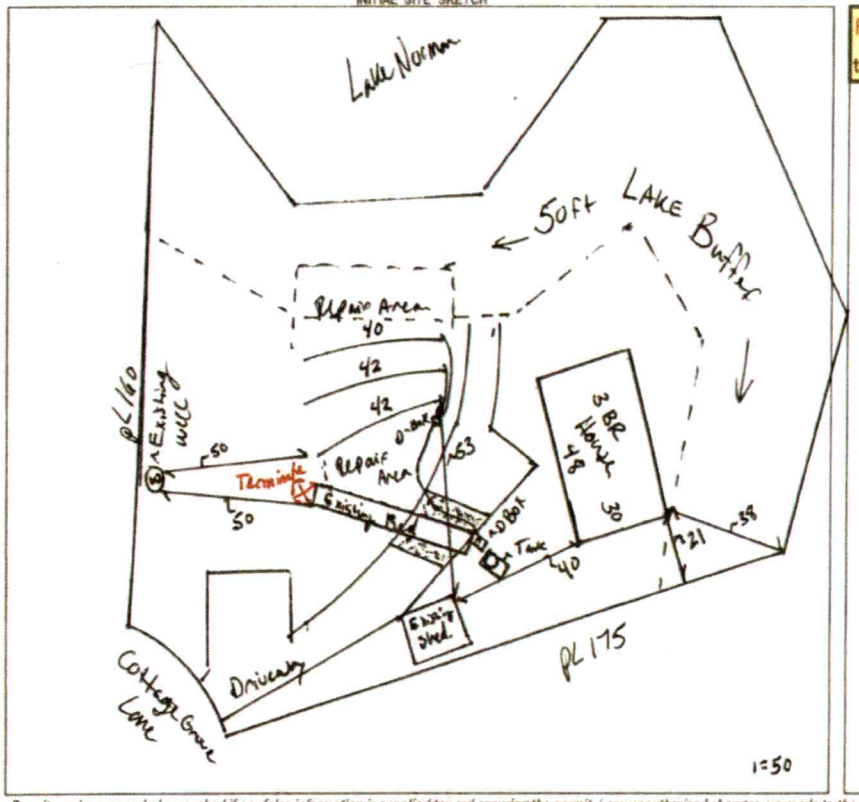
☐ Slab ☒ Crawl Space ☐ Community

☐ Basement w/ plumbing ☐ Basement w/o plumbing

Comments / Conditions: Install Signs Drawings on the Center of the Land Install New D-Box to Dedicated Bed 2/3 + New Lines 1/3. Driveway, abv Tank & Drainfield must be Removed & Remain Accessible. Terminate part of System to close to well & Runoff.

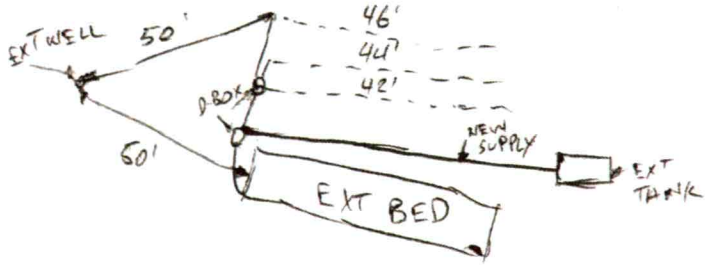
* Floor plan slightly Larger will not Impact Septic Area or Tank Extra footage along Rear of House.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Patsy B. Walker Date: 12-2-5 Installed by: GREENWAY WASTEWATER SOLUTIONS

IMPROVEMENT PERMIT by: Bryant C. White Date: 11-18-2021 OPERATION PERMIT by: Bryant C. White Date: 4-20-2022

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 12-9-21 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 317471

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

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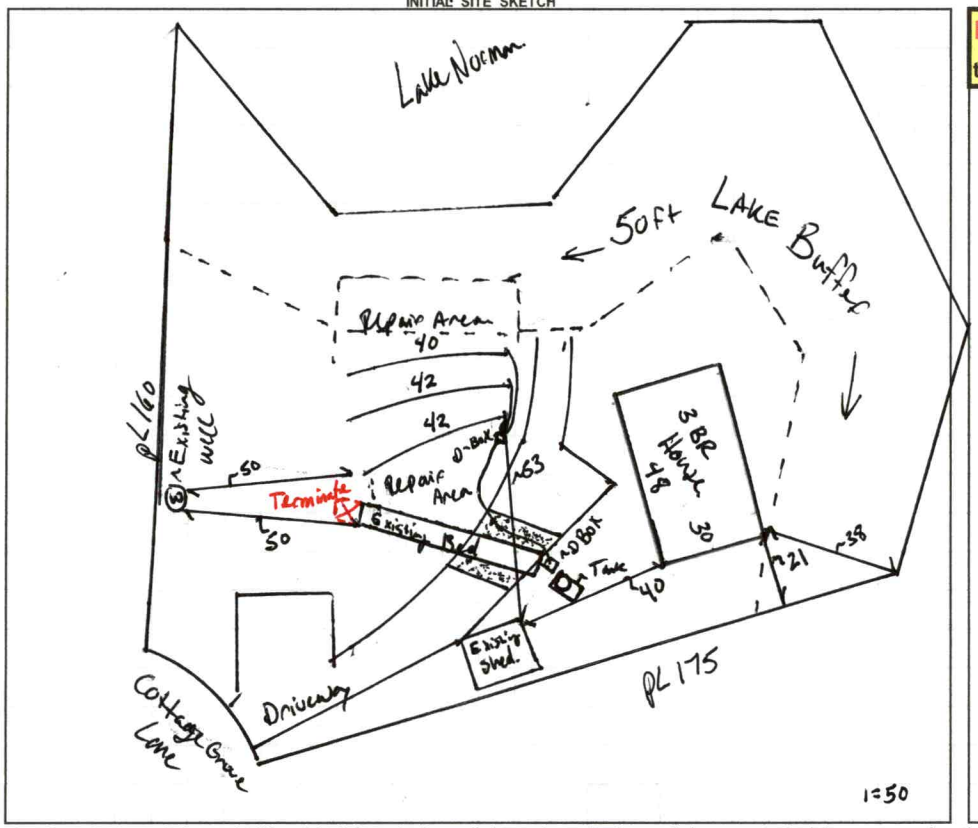
SUBDIVISION: CL&T SECTION: 6 LOT # 210 LOT AREA: .67 Ac DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank 1000 (gal)	STB	Date	☐ New System ☐ Repair ☒ Expansion System Type: I II (III) IV V VI			☒ Residence	No. Bedrooms 3	Water Supply			
Pump Tank (gal)	PT	Date	System Description: Horizontal - Panel Blocks - 50% Reduction			☐ Business	No. Persons 6	☐ Private			
Pump Make Model		Serial #	Repair System Description: Horizontal - Panel Blocks - 50% Reduction (TSM)			☐ Other	No. Employees	☐ Public			
# Nitrification Fields 1	# Lines 3	Linear Ft 124	Maintenance Agreement Required: ☐ YES ☒ NO			☐ Slab	☒ Crawl Space	☐ Community			
Trench Width 24in	Trench Bottom Depth 46in	Gravel Depth —	☒ GRAVITY ☐ PRESSURE			☐ Basement w/ plumbing		☐ Basement w/o plumbing			

Comments / Conditions: Install Septic Drainlines on the Contour of the Land. Install New D-Box to Redesignate Bed 2/3 + New Lines 1/3. Driveway, over Tank + Drainfield must be Removed + Remain Accessible. Terminate part of system to close to well + Runoff.

* Floor plan slightly Larger will not Impact Septic Area or Tank Extra footage along Rear of House.

INITIAL SITE SKETCH



AS BUILT SKETCH

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☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Patsy B. Walker Date: 12-2-5 Installed by:

IMPROVEMENT PERMIT by: Date: 11-15-2021 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 12-9-21 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

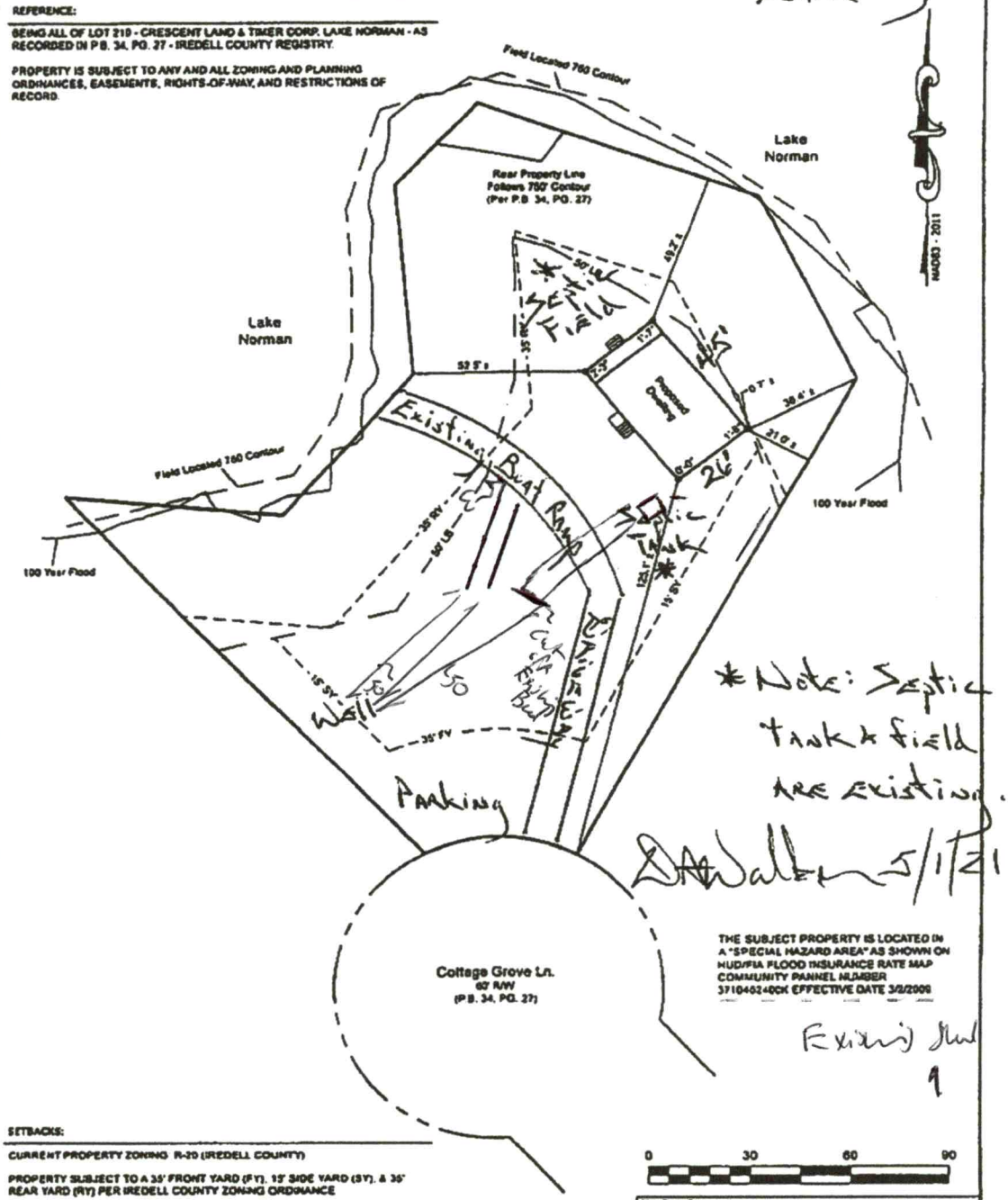
Attachment 2 (130 Cottage Grove Lane)

PRELIMINARY FOR REVIEW ONLY

REFERENCE:

BEING ALL OF LOT 219 - CRESCENT LAND & TIMER CORP. LAKE NORMAN - AS RECORDED IN P.B. 34, PG. 27 - IREDELL COUNTY REGISTRY.

PROPERTY IS SUBJECT TO ANY AND ALL ZONING AND PLANNING ORDINANCES, EASEMENTS, RIGHTS-OF-WAY, AND RESTRICTIONS OF RECORD.



*Note: Septic tank & field are existing.

DA Walker 5/1/21

THE SUBJECT PROPERTY IS LOCATED IN A "SPECIAL HAZARD AREA" AS SHOWN ON HUD/FIA FLOOD INSURANCE RATE MAP COMMUNITY PANNEL NUMBER 3710460240DK EFFECTIVE DATE 3/2/2009

Existing Well

9

SETBACKS:

CURRENT PROPERTY ZONING R-20 (IREDELL COUNTY)

PROPERTY SUBJECT TO A 35' FRONT YARD (FY), 15' SIDE YARD (SY), & 35' REAR YARD (RY) PER IREDELL COUNTY ZONING ORDINANCE

PROPERTY IS SUBJECT TO A 50' LAKE BUFFER (LB) FROM THE CONTOUR ELEVATION 760' U.S.G.S. SEA LEVEL DATUM PER P.B. 34, PG. 27 & PER WILLIAM ALLISON OF THE SUBDIVISION ADMINISTRATOR/SENIOR PLANNER OF IREDELL COUNTY.

LEGEND	
FY	FRONT YARD SETBACK
RY	REAR YARD SETBACK
SY	SIDE YARD SETBACK
R/W	RIGHT OF WAY
P.B.	PLAT BOOK
PG.	PAGE

0 30 60 90

Plot Plan For:

Walker

DRAWN BY: TWE	CHECKED BY: MTG	SCALE: 1" = 30'
PIN NO: 4534-16-1990		
DEED REF: 1571 - 2350		
DATE OF MAP: 01-13-21	SURVEY DATE: 01-13-21	
REVISION: 02-25-21	DRAWING FILE: 20201232-3	

130 Cottage Grove Ln, Mooresville, NC 28117
Davidson TWSP - Iredell County - North Carolina

JORDAN GRANT
ENGINEERING • SURVEYING • PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
P.O. BOX 151 • STATESVILLE, NC 28687
mattg@jordan-grant.com (704) 918-7919
FIRM # P-1227

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Cottage Grove Lane ~~Date Booked Lot Number~~

SOIL/SITE EVALUATION
for **ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

Sheet 1 of 1
PROPERTY ID #: 4624 1614
COUNTY: Iredell

OWNER: Walker
ADDRESS: 312 West Street South Port NC 28461.
PROPOSED FACILITY: SFR
LOCATION OF SITE: 130 Cottage Grove Lane
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut

PROPOSED DESIGN FLOW (.1949): 360.

APPLICATION DATE 10-21
DATE EVALUATED: 11-5-21
PROPERTY SIZE: .67 Ac
PROPERTY RECORDED: Yes

TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Side 16%	0-7	~~Fill~~ Structured.	—	PS	65	—	BC/Rock 10YR5/4 10YR5/3	PS .35
		7-16	SCL w/ BR	SS Sp					
		16-40	C SBK	SS Sp FR					
		40-65	CL ~~FSBK~~/ABK						
2	Side 10%	0-10	Fill	—	PS	72	—		PS .25
		10-44	C SBK	SS Sp FR SHM					
		44-60	CL	SS Sp FR					
		60-72	CL SAP M	SS Sp					
3	Side 10%	0-11	SCL - CL/SBK		PS	60.	—		PS .30
		11-33	C SBK	SS Sp FR ~~SEA~~					
		33-60	CL w/ BK	SS Sp FR					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	124	160
System Type(s)	IV 50%	IV 50%
Site LTAR	.25	.30

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bethuis / Wilkinson
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

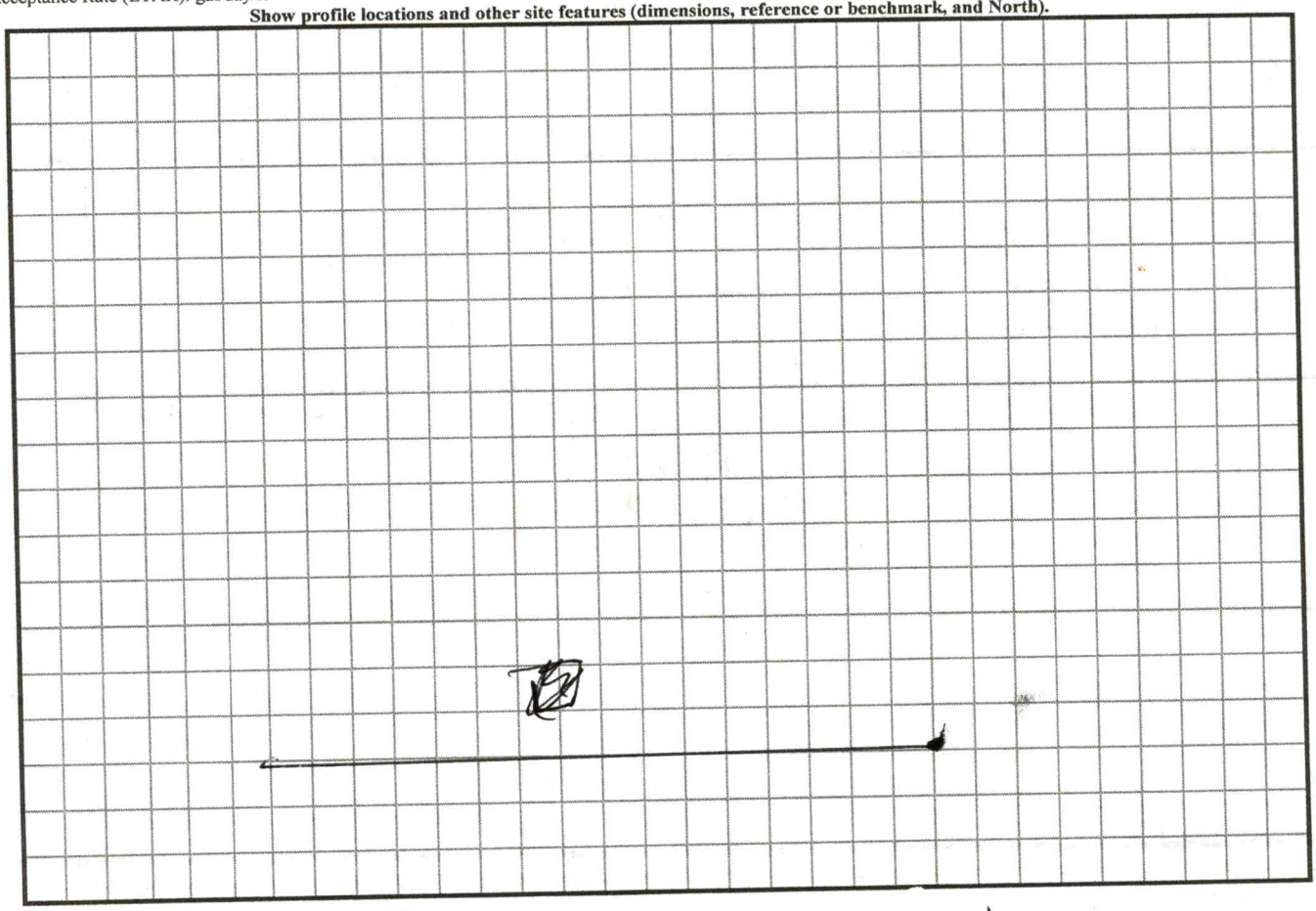
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



See Applicant Site Plan

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4622416180
COUNTY: Pamlico

Cottage Grove Lane
~~Dale Brooks Lot 10 Phase~~

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Walker
ADDRESS: 312 West Street South Port NC 28461.
PROPOSED FACILITY: SBR
PROPOSED DESIGN FLOW (.1949): 360.
LOCATION OF SITE: 130 Cottage Grove Lane
APPLICATION DATE: 10-21
DATE EVALUATED: 11-5-21
PROPERTY SIZE: .67 Ac
PROPERTY RECORDED: Yes.
WATER SUPPLY: ☐ Private ☐ ~~Public~~ ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Side 16%	0-7	~~Fill~~ Str. Unsuit.	—	PS	65	—	BC/Rubx 10YR5/4, 10YR5/3	PS .35
		7-16	SCL w/SBk	SS Sp					
		16-40	C SBk	SS Sp FR					
		40-65	CC ~~SBk~~/ABk						
2	Side 10%	0-10	Fill	—	PS	72	—		PS .25
		10-44	C SBk	SS Sp FR SH/P					
		44-60	CL	SS Sp FR					
		60-72	CL SAP M	SS Sp					
3	Side 10%	0-11	SCL - CL/SBk		PS	60.	—		PS .30
		11-33	C SBk	SS ~~Sp FI SEP~~					
		33-60	CL w SBk	SS Sp FR					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
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Site LTAR	.25	.30

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bethis / Wilkerson
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014

RECEIVED AUG 27 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-317471 $250.00

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: (PRINT CLEARLY)

Applicant Name: David A. Walker Address: 312 W. West Street Southport, NC Zip: 28461
Applicant Email: david.walker@ramatone.com Phone: 704-572-7094 Alt. Phone: 704-853-9781
Owner Name: SAME AS ABOVE Address: SAME Zip: SAME
Owner Email: SAME Phone: SAME Alt. Phone: SAME

Property Information:

Street Address: 130 Cottage Grove Lane, Mooresville, NC 28117
Subdivision Name: N/A (County only) Section/Phase: N/A Lot Number: N/A
Driving Directions: From Brawley School Road go thru "The Point", turn right on Tuskarora Trail, turn Right again on Cottage Grove*

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 2 3 DAW 11/5/21
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) 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: 15 years + but no records
( ) 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: DAWalker 5/1/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

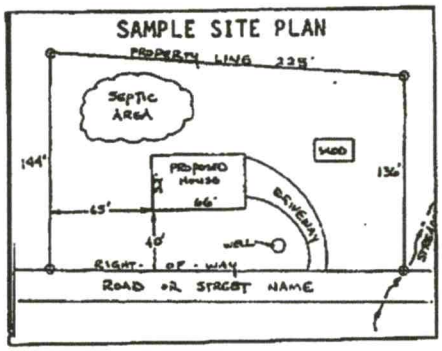
* Lane (second Right), 130 is on Right at end of street.

IREDELL COUNTY HEALTH 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:

(X) Property Line measurements are clearly identified Attach. 1
(X) All proposed structures are indicated Attach. 2
(X) Front and side setbacks from property line Attach. 2
(X) Preferred driveway location and well location Attach. 2
(X) Area you prefer your septic system to be placed Attach. 2
(X) North arrow, or other sufficient indicator of direction Attach 1

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

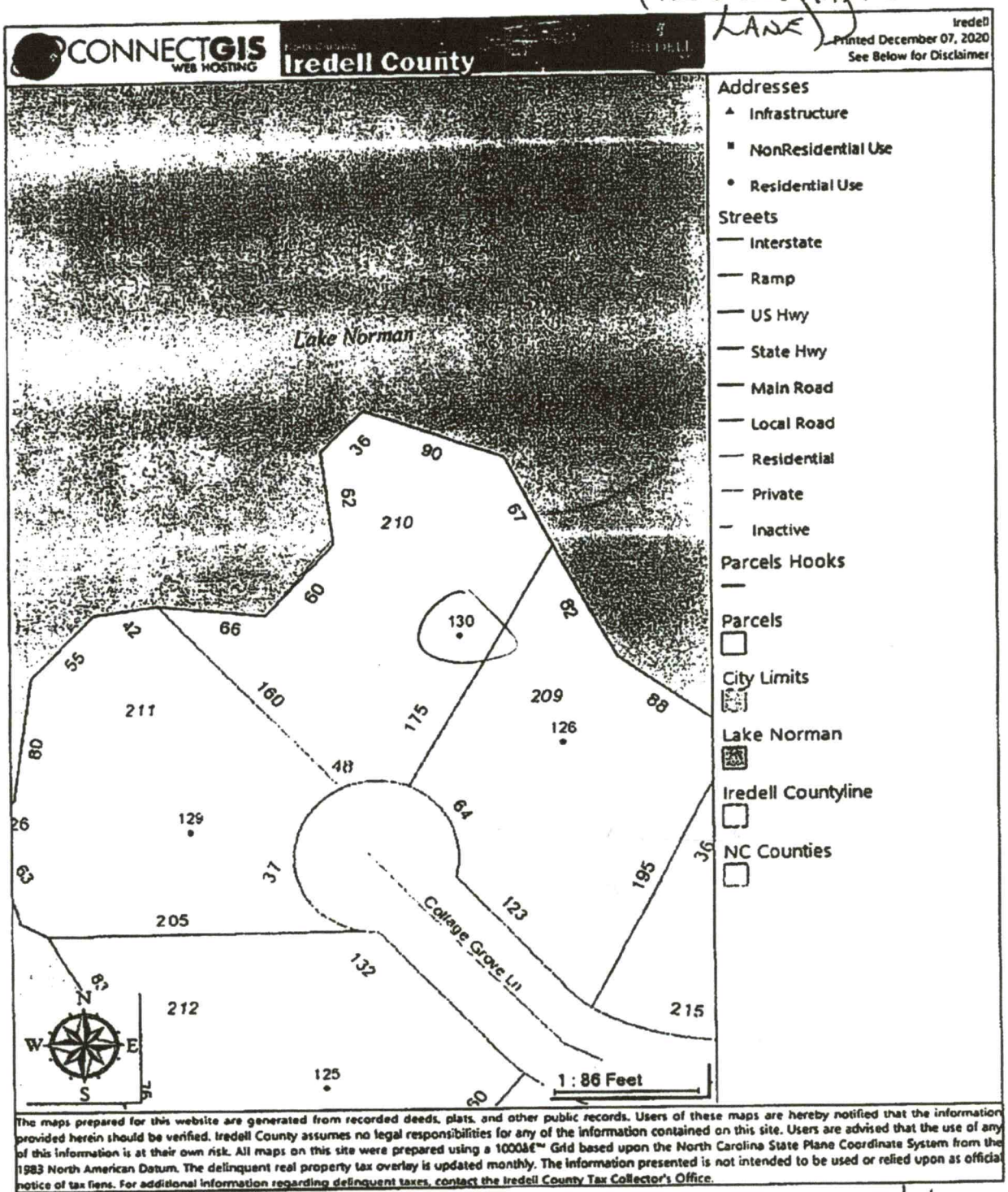
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Attachments 1 and 2

Signature: D A Walter
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

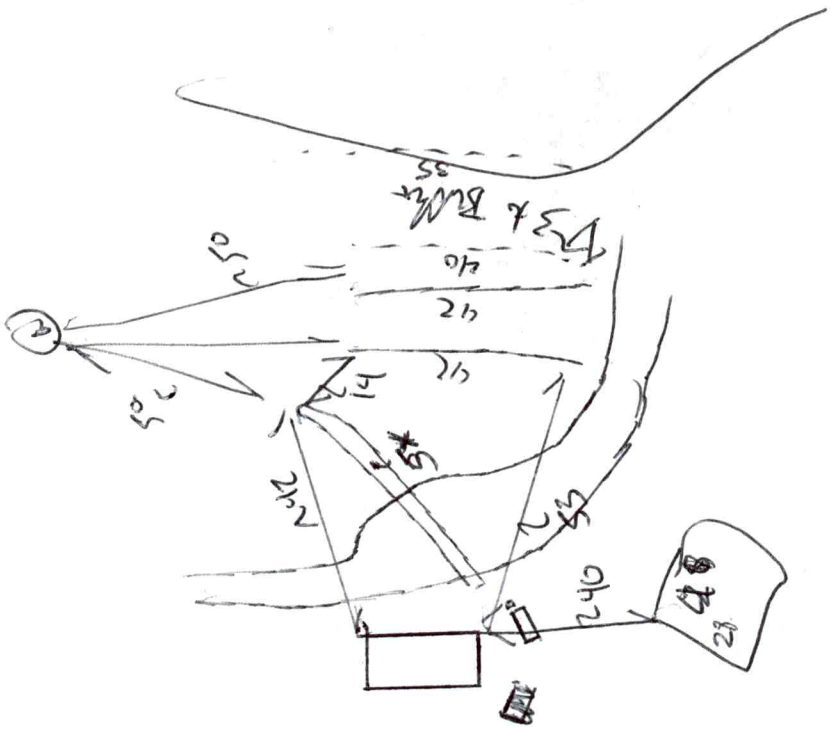
5/1/21
DATE

Attachment 1 (130 Cottage Grove Lane)



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

D A Walter 5/1/21



* Rpm
In Better Performance

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☑ **1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here*)** D A Walker

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☐ **2.** I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ _____
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY · NC

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

APPLICATION NUMBER
317471 Issue Date: 05/04/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4624161990.000	130 COTTAGE GROVE LN	Iredell County

Owner Information	Applicant Information
Name: WALKER DAVID A+PATSY B	Name: DAVID A WALKER
Address:	Address: 312 W WEST STREET
,	SOUTHPORT , NC 28461
Phone:	Phone: (704)853-9781

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	50	15	15	WSIV-CA Catawba/Lake Norman	YES

Remarks
SFD *NEEDS SIGNED ZONING DISCLAIMER**
Lake Lots: Must meet both the 50-foot setback from the 760' contour line and the 35-foot setback from the rear property line for any structure.

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.

Date: 05/04/2021

Signature of Owner/Contractor

Permit Number	317471	TOTAL FEES:	$77.25

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built ___ Modular ✓ House ___ Duplex ___ Singlewide ___ Doublewide ___ Pier ___ Addition ___ Bedroom addition ___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed) ___ Swimming pool ___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below) Yes
1 camper (to be removed), 1 storage building, 1 shed, 1 covered pier w/bath house

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? 2 and stories? 1

If an addition, please describe project: 26' wide by 45', 1 story house (2 br, 2 bath)

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): N/A

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name David A. Walker Phone # 704-592-7094

Owner's Current Address 312 W. West Street, Southport, NC 28461

Property Information

Property Address 130 Cottage Grove Lane Parcel # 4624161990.000
Mooresville, NC 28117

Subdivision: N/A Lot: ___ Zoning: ___ Watershed: Y or N Flood Plain: Y or N Township: ___

Directions to property (from a MAIN ROAD) From Brawley School Road go thru "The Point" turn Right on Tuckaseegee Trail turn Right Again on Cottage Grove Lane (Second Right), 130 is on Right) at End of Street.

Application Information

Applicant's Name or Company Same as Above Applicant's Phone # Same

Applicant's Address Same

If Company, Representative's Name and Title N/A

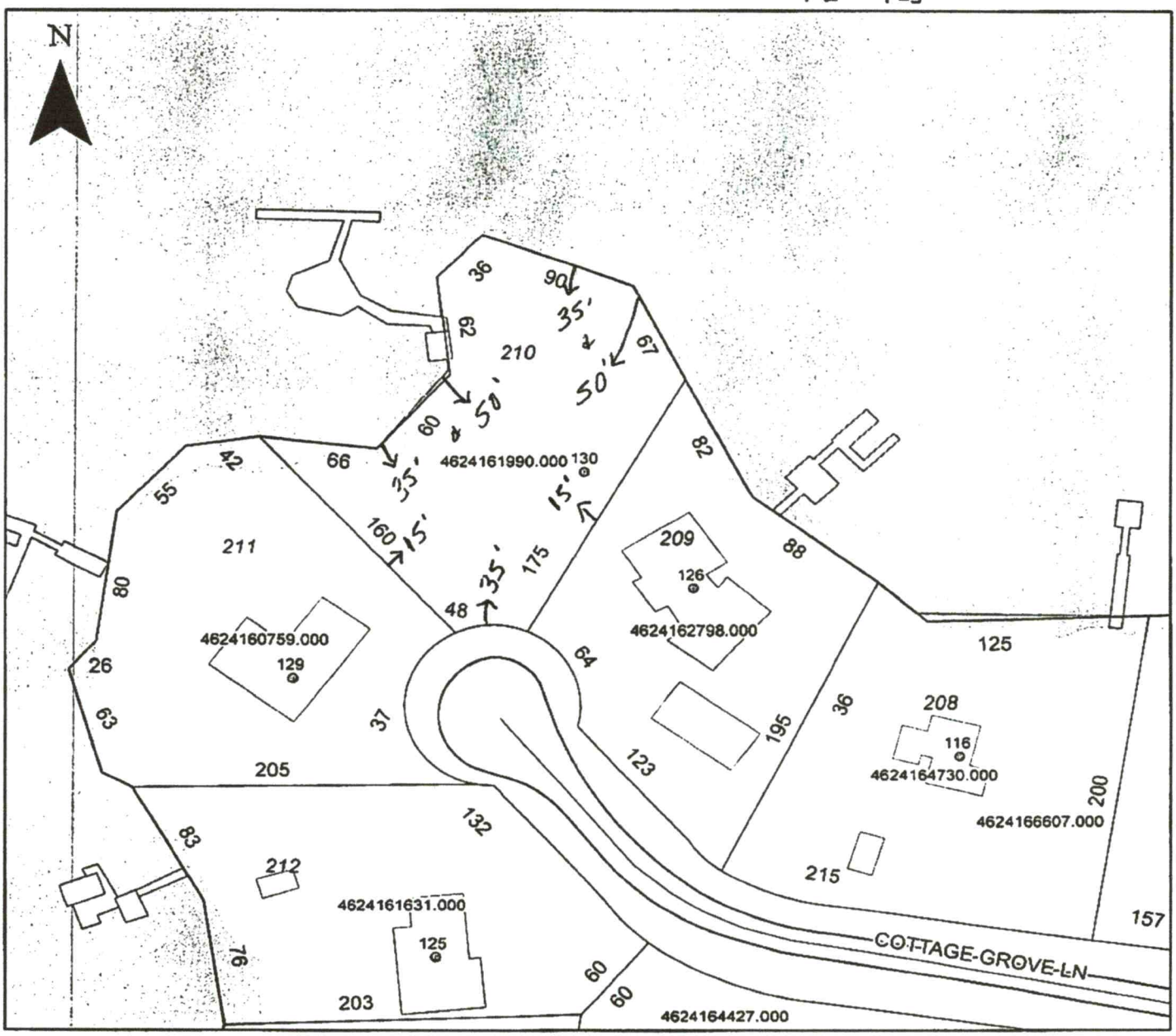
IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT DAWalker DATE 5/1/21

317471

R-20 .61 AC
WS IV CA C/LN
FL- Yes

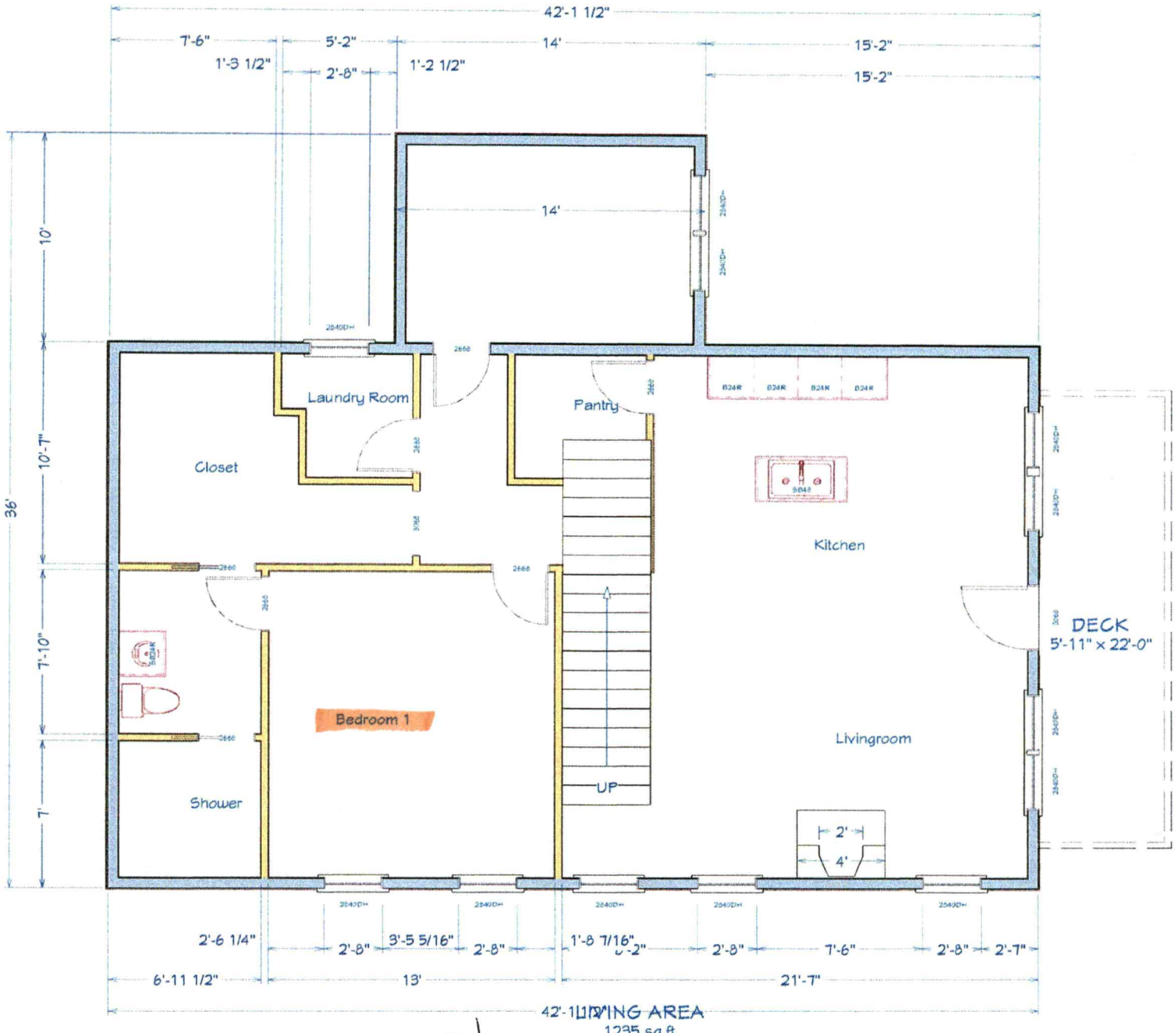
ZONING DISCLAIMER



Property Address 130 Cottage Grove Ln.

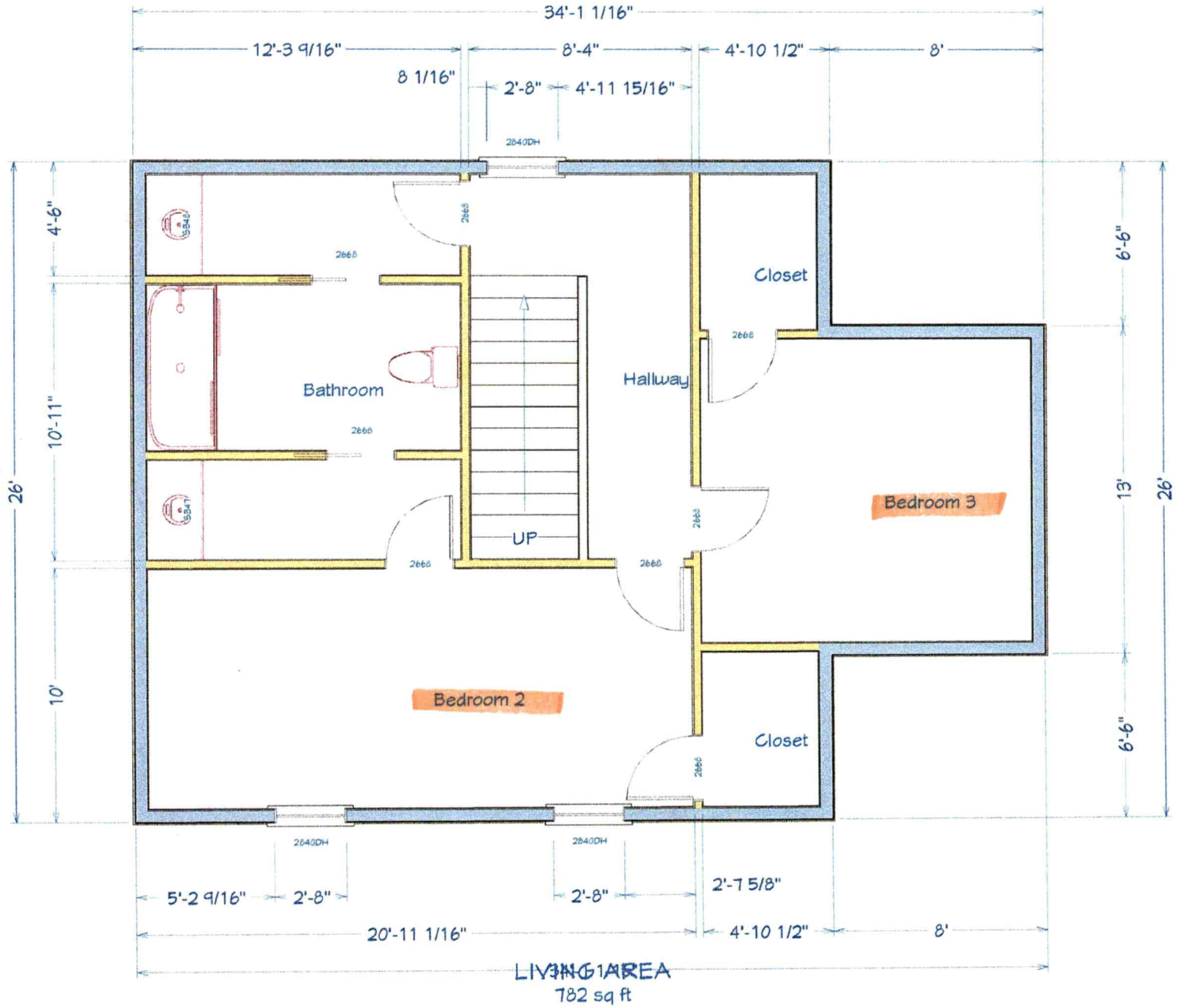
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Applicant _____ Date _____



BAB 12-9-21

130 Cottage Grove



BAB 12-9-21

130 Cottage Grove