# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 20336 | PIN # 4624371413

## IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

APPLICANT: JEFF FINK/ES Johnson | APPLICANT ADDRESS: 177 MAYFIELD LAKE LOOP | PHONE: | ALT. PHONE: 704 376 3887 - ATHANAS

SITE ADDRESS: 146 TUSCANY TL MOORESVILLE NC 28117

SITE DIRECTIONS: BRAWLEY SCHOOL - TL HOPPINGTON - TL TUSCANY - ATEND

SUBDIVISION: POINT | SECTION: 16 | LOT # 1011 | LOT AREA: .847AC | DESIGN FLOW: 480GPD | L.T.A.R.: .36 ROUT

Septic Tank 1000 (gal) STB 338-500 Date 4/26/19
Pump Tank 1000 (gal) PT 283 Date 4/27/19
Pump Make Orenco Model PF500511 Serial # 1285503
# Nitrification Fields 1 # Lines 3 Linear Ft: 267
Trench Width 36" Max. Trench Bottom Depth 48" Gravel Depth 12"

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 4 PPBPS
Repair System Description: 52.16
Maintenance Agreement Required: ☐ YES ☐ NO
☐ GRAVITY ☑ PRESSURE

☐ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 4 No. Persons 8 No. Employees ☑ Crawl Space
Water Supply: ☐ Private ☐ Public ☑ Community
☐ Basement w/o plumbing

Comments / Conditions: *Must build house in same spot as Septic plan. Drive must not cross Septic area.

4/5/18 Reviewed Floor plans, in Compliance with Septic plan.

INITIAL SITE SKETCH

SEE MICHAEL ATHANAS & ASSOCIATES DESIGN

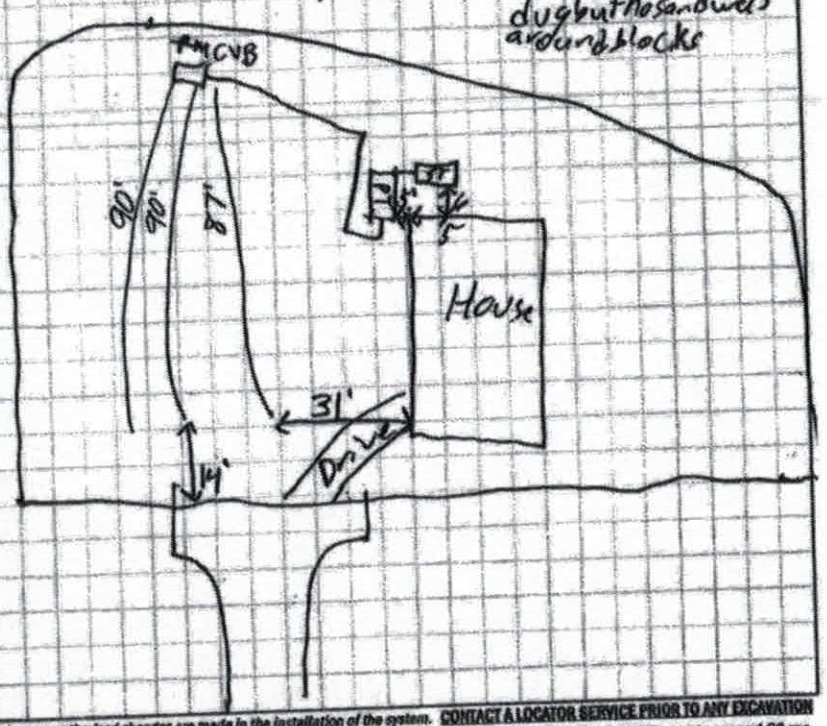
| | Date | Initials |
|---|---|---|
| Drain Lines Checked | 6/11 | KW |
| Tanks Checked | 06/06 | PJB |
| Pressure Manifold or Valve Box Checked | 7/10 | BB |
| Pressure Head Set | 7/10 | BB |
| Electrical Checked | 7/10 | BB |
| Floats Set | 7/10 | BB |
| Alarm Checked | 7/10 | BB. |
| Maintenance Contract Y / N | 06/06 | PJB |

supply line

* Skill need Maintenance

AS BUILT SKETCH

Not to scale 6/6/19: first time was dug but no sand was around blocks




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: Date: 4/6/15 Installed by: BW Christenbury Date: 9-20-19

IMPROVEMENT PERMIT by: Date: 4/5/15 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 4/5/18 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 209336

## IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4624371413

APPLICANT: JEFF FINK/ES Johnson APPLICANT ADDRESS: 177 MYSTIC LAKE LOOP

SITE ADDRESS: 146 TUSCANY TL MOORESVILLE NC 28117 PHONE: ALT. PHONE: 704 576 3887-ATHANAS

SITE DIRECTIONS: BRAWLEY SCHOOL - TL HOPKINGTON - TL TUSCANY - ATEND

SUBDIVISION: POINT SECTION: 10 LOT # 1011 LOT AREA: .847AC DESIGN FLOW: 480 GPD L.T.A.R.: .36 PROP

Septic Tank 1000 (gal) STB 338-500 Date 4/26/19

Pump Tank 1000 (gal) PT 283 Date 4/27/19

Pump Make Model Serial #

# Nitrification Fields 1 # Lines 3 Linear Ft: 267

Trench Width 36" Max. Trench Bottom Depth 48" Gravel Depth N/A

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

System Description: LPP PBPS

Repair System Description: SAME

Maintenance Agreement Required: ☐ YES ☐ NO

☐ GRAVITY ☑ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees

☑ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions: Must build house in same Spot as Septic plan. Drive must Not Cross Septic area.

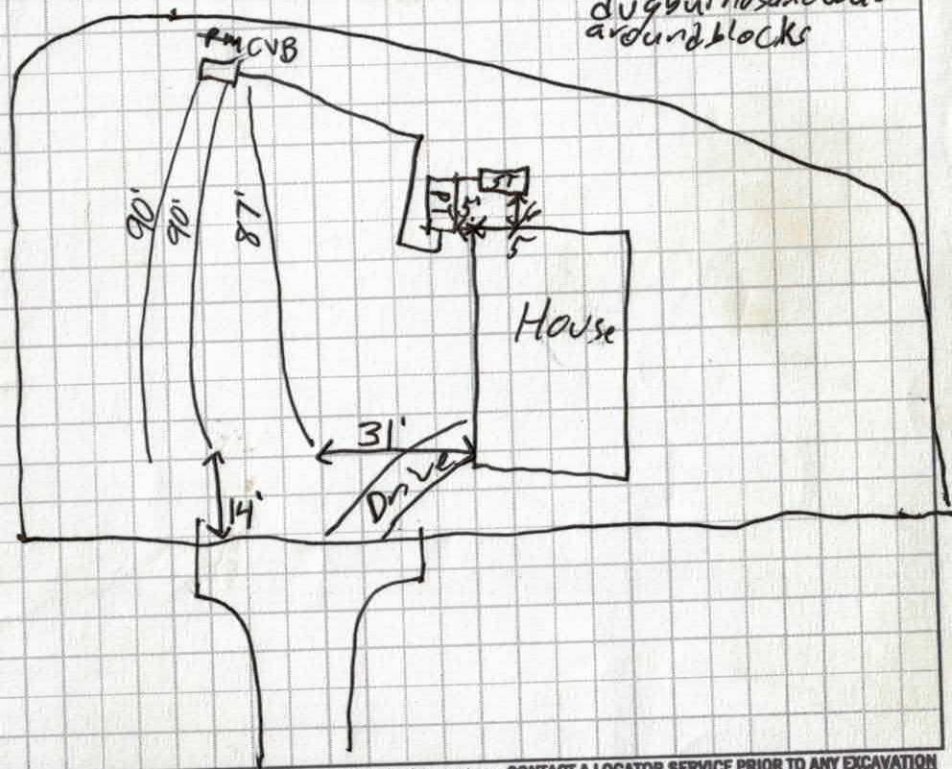
4/5/18 Reviewed Floor plans, in Compliance with Septic plan.

INITIAL SITE SKETCH

SEE MICHAEL ATHANAS & ASSOCIATES DESIGN

AS BUILT SKETCH

Not to scale 6/6/19: first lines were dug but no sand was around blocks




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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: Date: 4/6/15 Installed by: BW Christenbury

IMPROVEMENT PERMIT by: Date: 4/5/15 OPERATION PERMIT by: Kayla Watson Date: 9-20-19

AUTHORIZATION TO CONSTRUCT by: Date: 4/5/18 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

*Sheet __1__ of __2__*
PROPERTY ID #: 4624371413_
COUNTY: _Iredell____

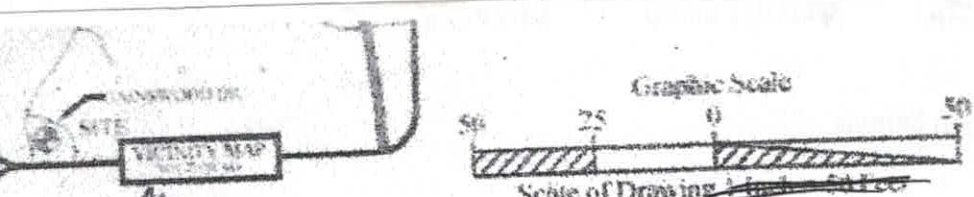
# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

OWNER: Mary Dudley APPLICATION DATE

**Initial System:** 267' **Repair System:** 275'
**Pump Tank:** 4.7' **House Corner:** 4.8' **Benchmark:** 2.4'

| | | | |
|---|---|---|---|
| Pink 8 | | 35' | 4.6 |
| Red 7 | | 65' | 4.4' |
| Yellow 6 | | 77' | 4.1' |
| **Pink 5** | **87' (20 panels)** | **87'** | **3.7'** |
| Orange 4 | | 50' | 3.5' |
| Blue 3 | | 48' | 3.4' |
| **Red 2** | **90' (21 panels)** | **92'** | **3.0'** |
| **Yellow 1** | **90' (21 panels)** | **91'** | **2.4'** |

(704) 765-5134




Scale
1"=40'

| CURVE | LENGTH | RADIUS |
|---|---|---|
| C1 | 57.02 | 617.54 |
| C2 | 41.32 | 25.0( |
| C3 | 166.16 | 120.0( |
| TIE C4 | 44.13 | 2260.9 |

EDGE OF PAVEMENT

LEGEND:

#4 REBAR FOUND
#4 REBAR SET
COMPUTED POINT
CATCH BASIN
STORM PIPE

Dashed line is the flagged House Box

S.R. #3012
GAINSWOOD DR.
60' PUBLIC R/W 24' EP TO EP
MB. 40, PG. 59

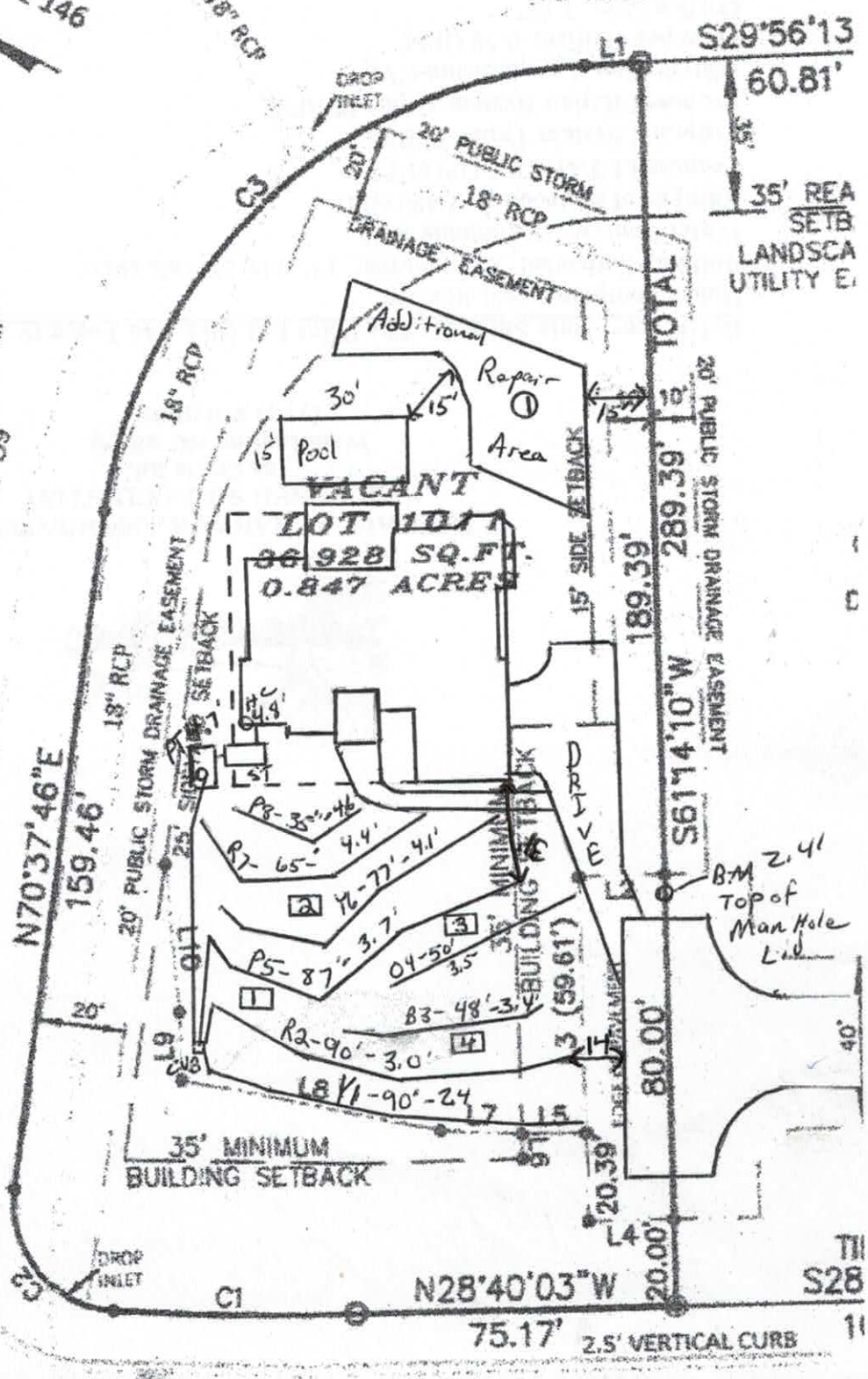
NOTES:

1. NO NCGS MONUMENT FOUND WITHIN 2000'

2. PROPERTY MAY BE SUBJECT TO OTHER COVENANTS, RESTRICTIONS, EASEMENTS OR RIGHTS-OF-WAY THAT MAY BE OF RECORD.

3. CONSULT WITH GOVERNING AGENCY FOR PREVAILING LAND DEVELOPMENT AND ZONING REQUIREMENTS PRIOR TO DESIGN OR CONSTRUCTION OF ANY IMPROVEMENTS.

4. LOT 1011 IS SUBJECT TO THE COVENANTS, CONDITIONS, RESTRICTIONS OF THE POINT RECORDED IN



DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

*Sheet* ___ *of* ___
PROPERTY ID #: _____
COUNTY: _____

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 1011 PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

| PROFILE # | .1940 LAND-SCAPE POSITION/ SLOPE % | HORI-ZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE | SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | OTHER PROFILE FACTORS .1943 SOIL DEPTH | OTHER PROFILE FACTORS .1956 SAPRO CLASS | OTHER PROFILE FACTORS .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | 0-7 | BSCL WSBK | fri SSSP | | | | | PS .3 |
| | | 7-29 | RCL ABK | fri SSSP fw | Mica | | | | |
| | | 29-48 | RCL WSBK | fri SSSP fw | SAP | | | | |
| 2 | | 0-10 | BSCL WSBK | fri SSSP | | | | | PS .3 |
| | | 10-48 | RCL SBK | fri SSSP | SAP | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | | |
| System Type(s) | | |
| Site LTAR | | |

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____

RECEIVED MAR 2 9 2018 RECEIVED MAR 1 6 2018

# IREDELL COUNTY HEALTH DEPARTMENT

## *ENVIRONMENTAL HEALTH DIVISION*

**PAGE 1: *APPLICATION FORM***

**Application For:**

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (x) 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 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* (x) Custom Site Plan, scaled no more than 1 inch = 60 feet

**Applicant Information:**

**Applicant Name:** ES Johnson Bldrs **Address:** PO Box 1402, Cornelius, NC **Phone:** 704-987-7950

**Owner Name:** Scott Ross **Address:** 234 Yatch Rd, Mooresville, NC **Phone:** 704-819-2193

**Property Information:**

**Street Address:** 146 Tuscany Trail, Mooresville NC

**Subdivision Name:** The Point **Section/Phase:** _____ **Lot Number:** 1011

**Driving Directions:** Brawley TL on Hopkinton TL on Tuscany at end

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

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

**Maximum Number of Bedrooms:** 4
**Maximum Number of Occupants:** 4
(x) Swimming Pool
( ) Other Addition/Structure: _____

(x) 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 (x) Community Well ( ) City Water ( ) Other Public Water

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

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

**Please answer the following to the best of your ability:**

( ) Yes (x) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (x) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (x) 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:** ES Johnson Bldrs
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3/16/18
DATE

RECEIVED MAR 2 7 2015

# IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00

#209336

*ENVIRONMENTAL HEALTH DIVISION*

**PAGE 1: *APPLICATION FORM***

**Application For:**

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

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

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

**The following optional attachments may also be submitted:**

*Place an (X) beside whichever is submitted if applicable*

(X) Survey Plat, scaled no more than 1 inch = 60 feet

( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

**Applicant Information:**

**Applicant Name:** Jeff Fisk **Address:** 177 Mystic Lake Lp Mooresville NC **Phone:**

**Owner Name:** Mary Dudley **Address:** 403 Ag new Rd Mooresville NC **Phone:**

**Property Information:**

**Street Address:** 146 Tuscany Tr

**Subdivision Name:** The Point **Section/Phase:** **Lot Number:** 1011

**Driving Directions:** BSR, Tk Hopkinton, T L Tuscany, at end

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

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

**Maximum Number of Bedrooms:** 4
**Maximum Number of Occupants:** 8
(X) Swimming Pool
( ) Other Addition/Structure:

(X) 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 (X) Community Well ( ) City Water ( ) Other Public Water

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

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

**Please answer the following to the best of your ability:**

( ) Yes (X) No Does the site contain any jurisdictional wetlands?

( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?

( ) Yes (X) 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:** _____ 3/27/2015

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

# IREDELL COUNTY HEALTH DEPARTMENT

## Application For Improvement Permit and/or Authorization To Construct, 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: X 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 | Work Phone |
|---|---|---|---|
| The Point on Norman, LLC | 2214 Brawley Sch. Rd Mooresville, NC 28117 | — | 660-1185 |
| Owner Name | Mailing Address | Home Phone | Work Phone |
| SAME | | | |

4. Property Information:

| Street Address | Subdivision Name | Section/Phase and Lot Number |
|---|---|---|
| | The Point Ph. 10 | 1011 |

Driving Directions: _____

**********

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
( ) Repair To Failing Septic System

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:

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

**********

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

(4) Alternative (1) Conventional (3) Innovative (2) Modified Conventional ( ) Other_____ ( ) No Preference

**********

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

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) 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: _____ 11-4-03
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

## DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, JOHN N. HOFFMAN, am the legal owner(s) of the property located at 146 TUSCANY TRAIL MOORESVILLE NC 28117, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** ERIC JOHNSON, E.S. JOHNSON BUILDERS, 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 | Signature of Witness | Date |
|---|---|---|---|
| | 3/14/18 | Margie DeBella | 3/15/18 |

Please return this signed form to the appropriate office:

**Mooresville - Environmental Health**
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

DocuSign Envelope ID: A8FE7025-2681-438F-8C1C-E487EA545F82

# 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, Mary B. Dudley, am the legal owner of the property located at 146 Tuscany Trail, Mooresville NC identified as PIN(Parcel Identification Number) 4624-37-1413.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Michael Athanas + Associates - Licensed Soil Scientist., 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.

DocuSigned by:
Mary Dudley — 3/17/2015
Signature of Owner — Date

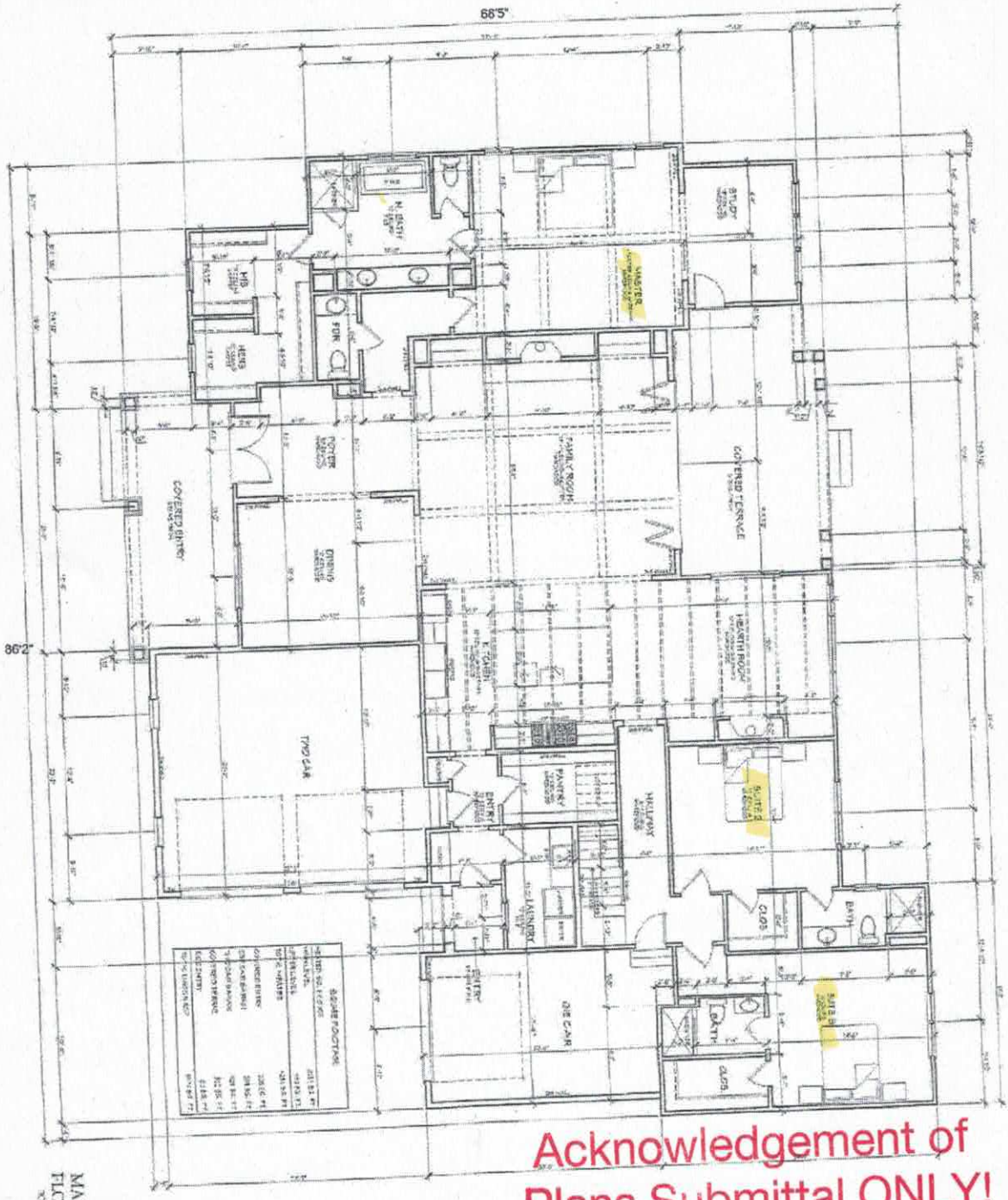
DocuSigned by:
Manuel Vallejo — 3/17/2015
Signature of Witness — Date

Michael will need to bring in a backhoe to take 3 samples on the property of 146 Tuscany Trail. This is required to obtain the current Septic permit.

Date

Date

Acknowledgement of
Plans Submittal ONLY!




MAIN LEVEL
FLOOR PLAN

Acknowledgement of
Plans Submittal ONLY!

Date 4/5/18

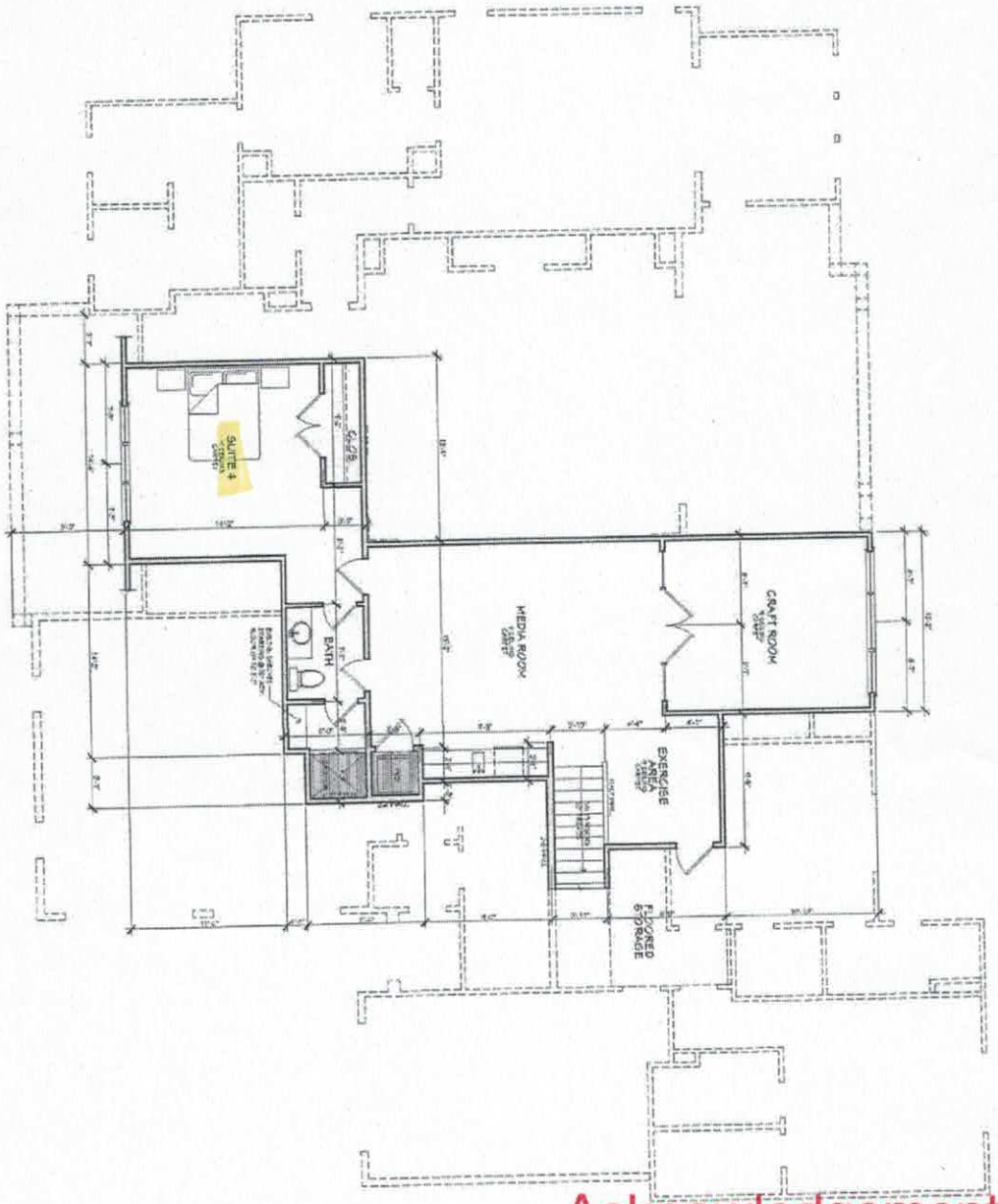
Date 4/11/18

| | | | |
|---|---|---|---|
| 4 | Sheet | The Hoffman Residence<br>146 Tuscany Trail, Mooresville NC | E.S. Johnson BUILDERS |

Date

Date

Acknowledgement of
Plans Submittal ONLY!




UPPER LEVEL
FLOOR PLAN
SCALE: 1/4" = 1'-0"

Acknowledgement of
Plans Submittal ONLY!

Date 4/5/18

Date 4/11/18

| | | | |
|---|---|---|---|
| 6 Sheet | 03/06/18 | The Hoffman Residence<br>146 Tuscany Trail, Mooresville NC | E.S. Johnson BUILDERS |

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 209336 |
| Issue Date: 03/27/2015 |

## ZONING PERMIT

Open Space

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4624371413.000 | 146 TUSCANY TRAIL, MOORESVILLE, NC 28117 | MOORESVILLE |

| Owner Information | Applicant Information |
|---|---|
| Owner: DUDLEY MARY B | Applicant: MICHAEL ATHANAS & ASSO |
| Address: 403 AGNEW RD<br>MOORESVILLE, NC 28117 | Address: 561 ENNIS RD<br>WEDDINGTON, NC 28173 |
| Phone: | Phone: 704-576-3887 |

| Use Requested | Zone Code |
|---|---|
| SFD | R20 |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| .818 | 35.00 | 35.00 | 25.00 | 25.00 | CACL | X |

**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: _____ Date: _____

| Permit Number | 34527 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|