IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 2313606

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

PIN # 4626271342

APPLICANT/OWNER: Olin Christenbury APPLICANT ADDRESS: 147 Double Eagle Dr.

SITE ADDRESS: 505 Kemp Rd. Mooresville, NC PHONE: 704-663-6137 ALT. PHONE 704-340-4767

SITE DIRECTIONS: Brawley School Rd → R on McKendree Rd → L on Kemp Rd → lot on L SAP CONTROLLED: ☐ YES ☑ NO

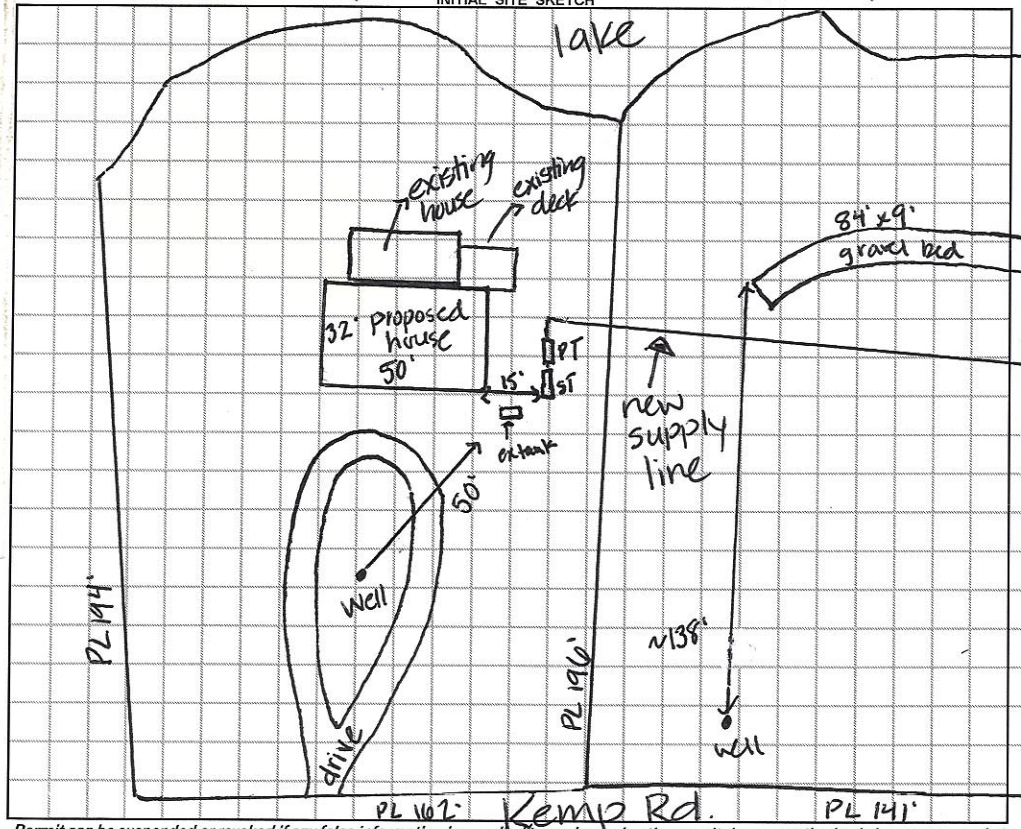
SUBDIVISION: CL+T SECTION: 8 LOT # 146 LOT AREA: .85 ac DESIGN FLOW: 360gpd L.T.A.R.: —

Septic Tank	~~1000~~ 2000 (gal)	STB	2102	Date	4/13/21	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	1000 (gal)	PT	302	Date	7/12/21	System Description: new septic + pump tank				☐ Business	No. Persons 6
Pump Make	Liberty	Model	250	Serial #	[illegible] 703502	Repair System Description:				☐ Other	No. Employees
# Nitrification Fields		# Lines		Linear Ft		Maintenance Agreement Required:		☐ YES	☑ NO	☐ Slab	☑ Crawl Space
Trench Width		Trench Bottom Depth (low side)		Gravel Depth		☐ GRAVITY		☑ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

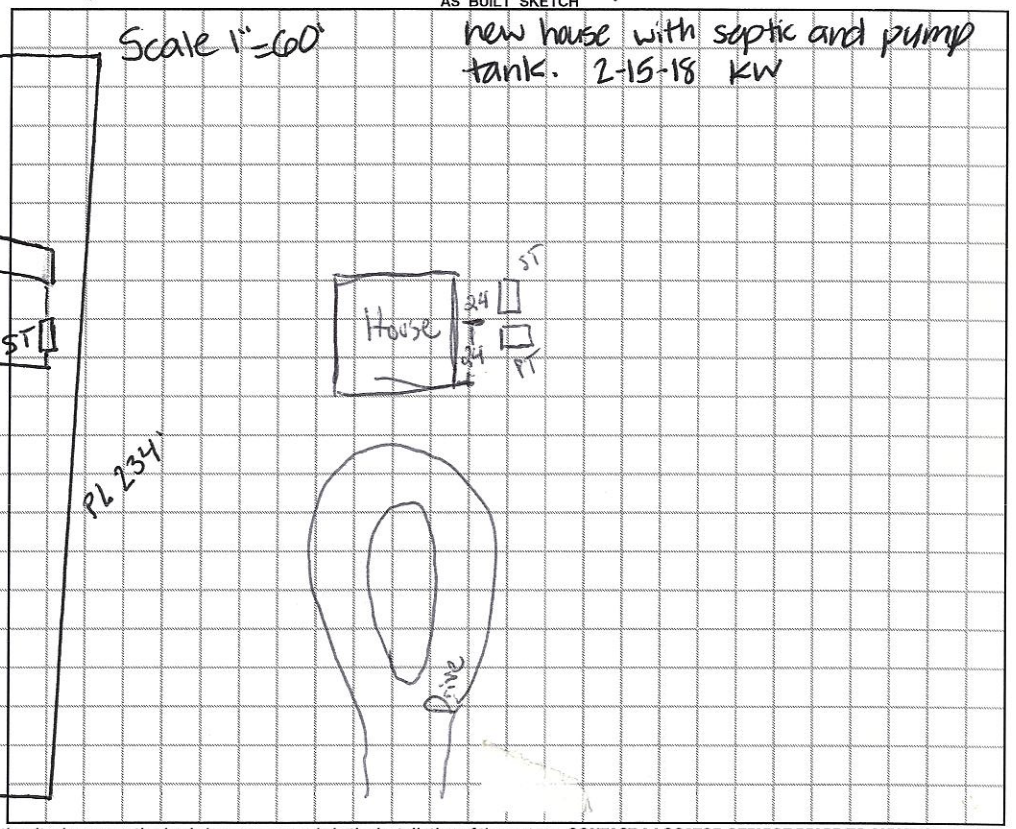
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install new septic + pump tank 15' off new house. Install supply line from pump tank to septic tank next door. Discontinue septic system on 505 Kemp Rd. Pump, crush, + fill existing tank as well. Blanket easement must be granted prior to issuing AC for access on 515 Kemp Rd. *House box 4' longer + 2' wider than permit shows. OK to use submitted floor plans. Still maintain 15' off

INITIAL SITE SKETCH



AS BUILT SKETCH



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: Olin Christenbury Date: 2-2-2018 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Kayla Watson Date: 1-26-18 OPERATION PERMIT by: Cory Wirth Date: 9/15/21

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 1-26-18 Existing System Inspected by: Date:

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

Revised Application - RECEIVED JAN 12 2018

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

Pd Add'l $250.00

1. APPLICATION FOR: ___Improvement Permit ✓Authorization To Construct ___Existing System Inspection

1-12-18

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 #
Olin M Christenbury	147 Double Eagle Dr Mooresville, NC 28117	704-663-6137	704-340-4767
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Olin M Christenbury	147 Double Eagle Dr Mooresville 28117	704-663-6137	704-340-4767

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
505 Kemp Rd Mooresville, NC 28117		Section 8 - Lot 146

Driving Directions: _____

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 due to _____
- ( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

- (✓) 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)* ( ) EXISTING SYSTEM installed ____ *Year*

( ) Alternative ( ) 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: Olin M Christenbury — 1-12-2018

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

_____ 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

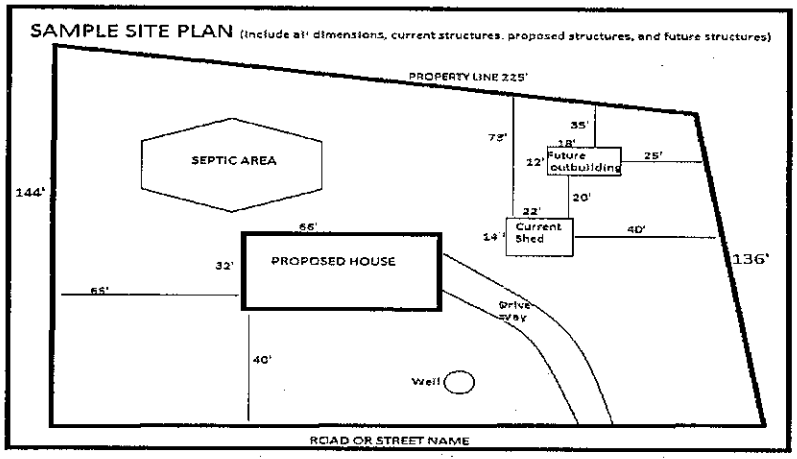
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ Area you prefer your septic system to be placed... **_____ North arrow, or other sufficient indicator of direction...**

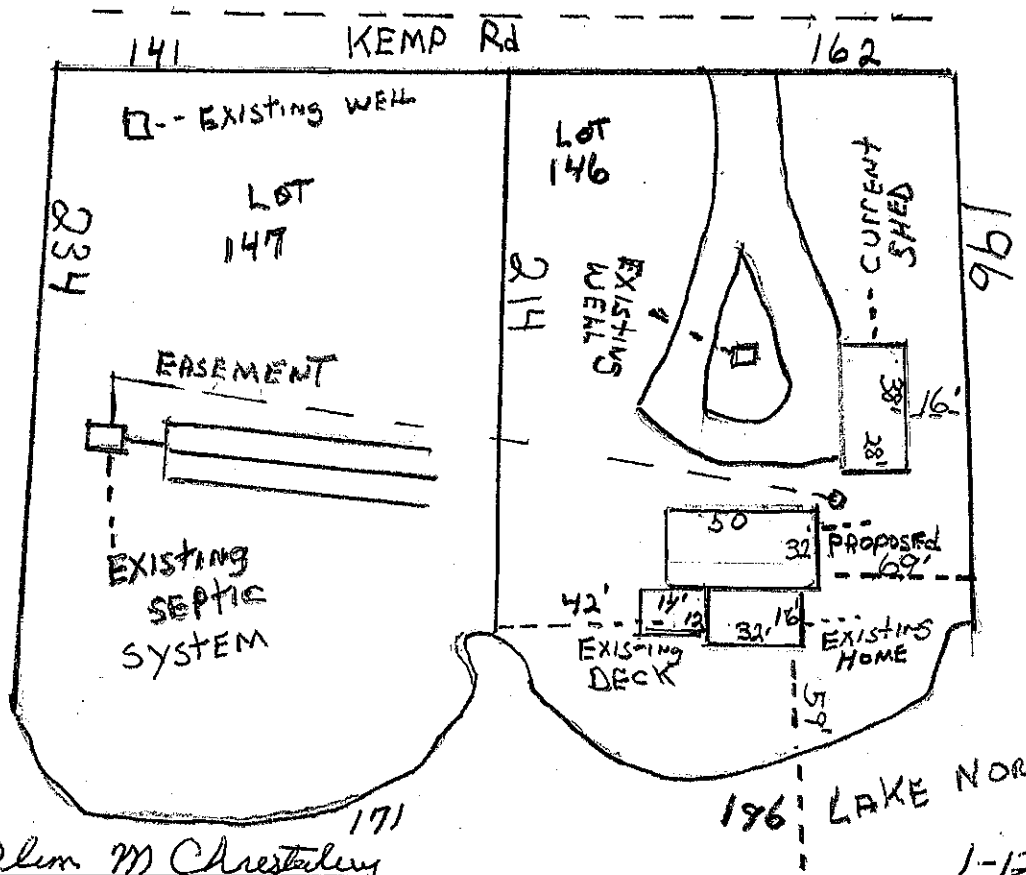
Circle N/A on the following if appropriate:

_____ 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**



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: Ellen M Chesterley

REQUIRED property owner or owner's legal representative signature.

1-12-2018

DATE

4626272443

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Allen Christenbury DATE 12-19-79 PERMIT NO. 435

PHONE: Business _____ Home _____

LOCATION 1400 TR on 1115 TL on 1446 ~ 3/4 mi on Rt

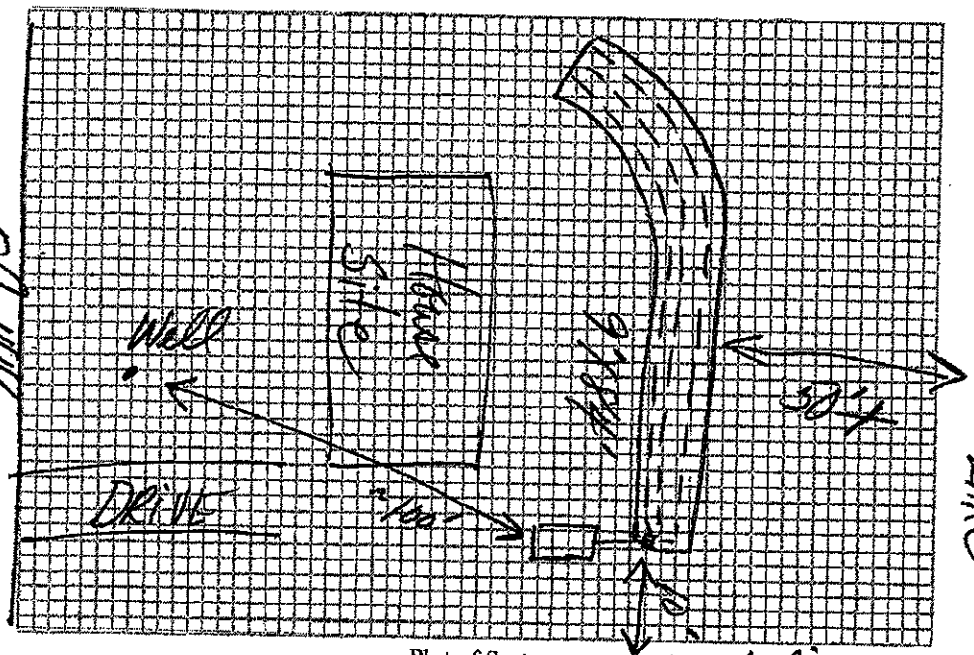
SUBDIVISION NAME Lake Norman LOT NO. 147 SECTION OR BLOCK NO 8 S. R. No. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area .82 AC.

Character & Porosity of Soil Clay loam
Percolation Rate 80 min/1"
Topography 6-8%
Depth to Water Table 6'+
Rock or other impervious formations none obs.



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )

Installed by H.J. Ervin

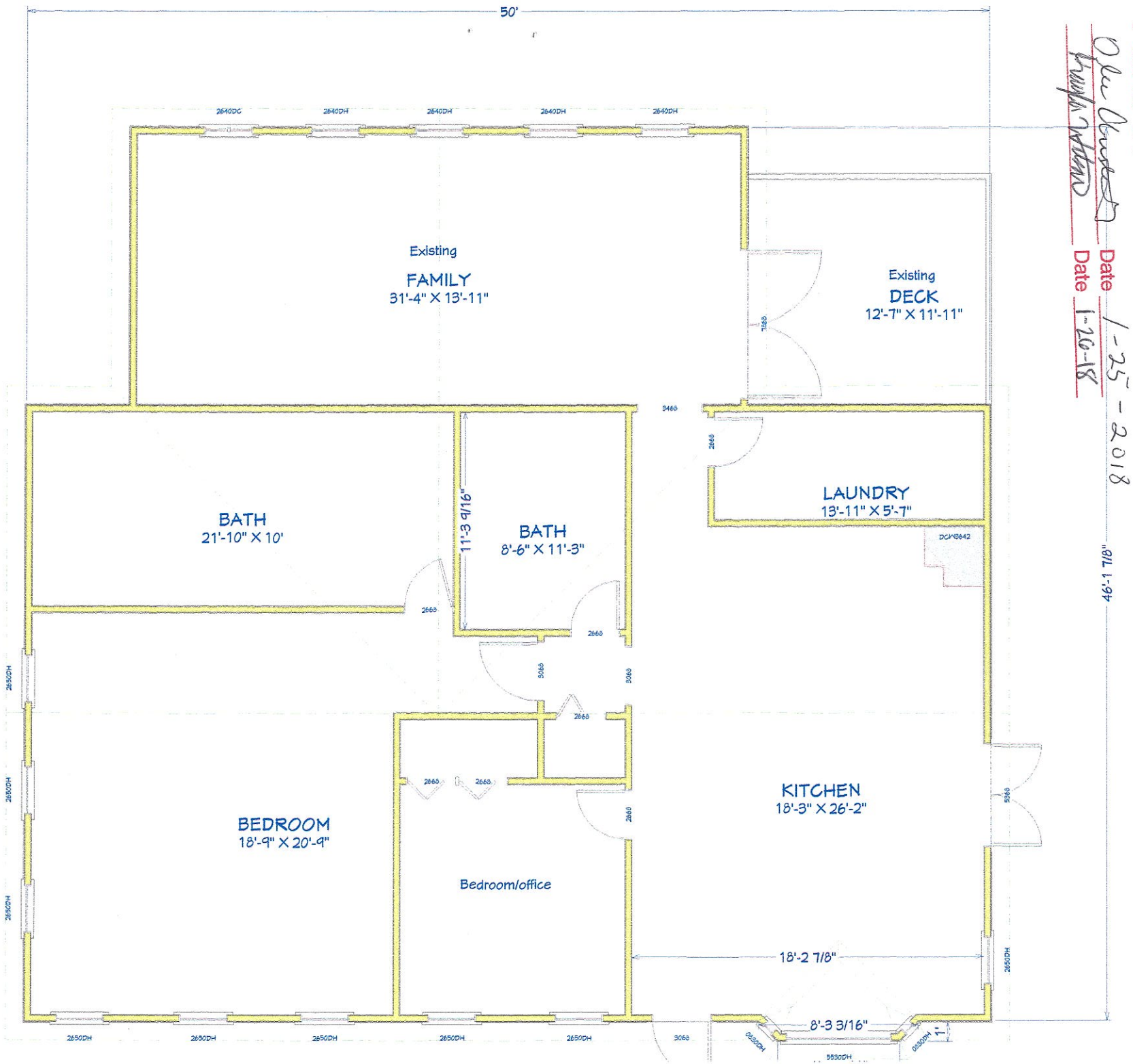
IMPROVEMENTS PERMIT BY [illegible]

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [illegible] DATE 12-19-79

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold



Acknowledgement of Plans Submittal ONLY!

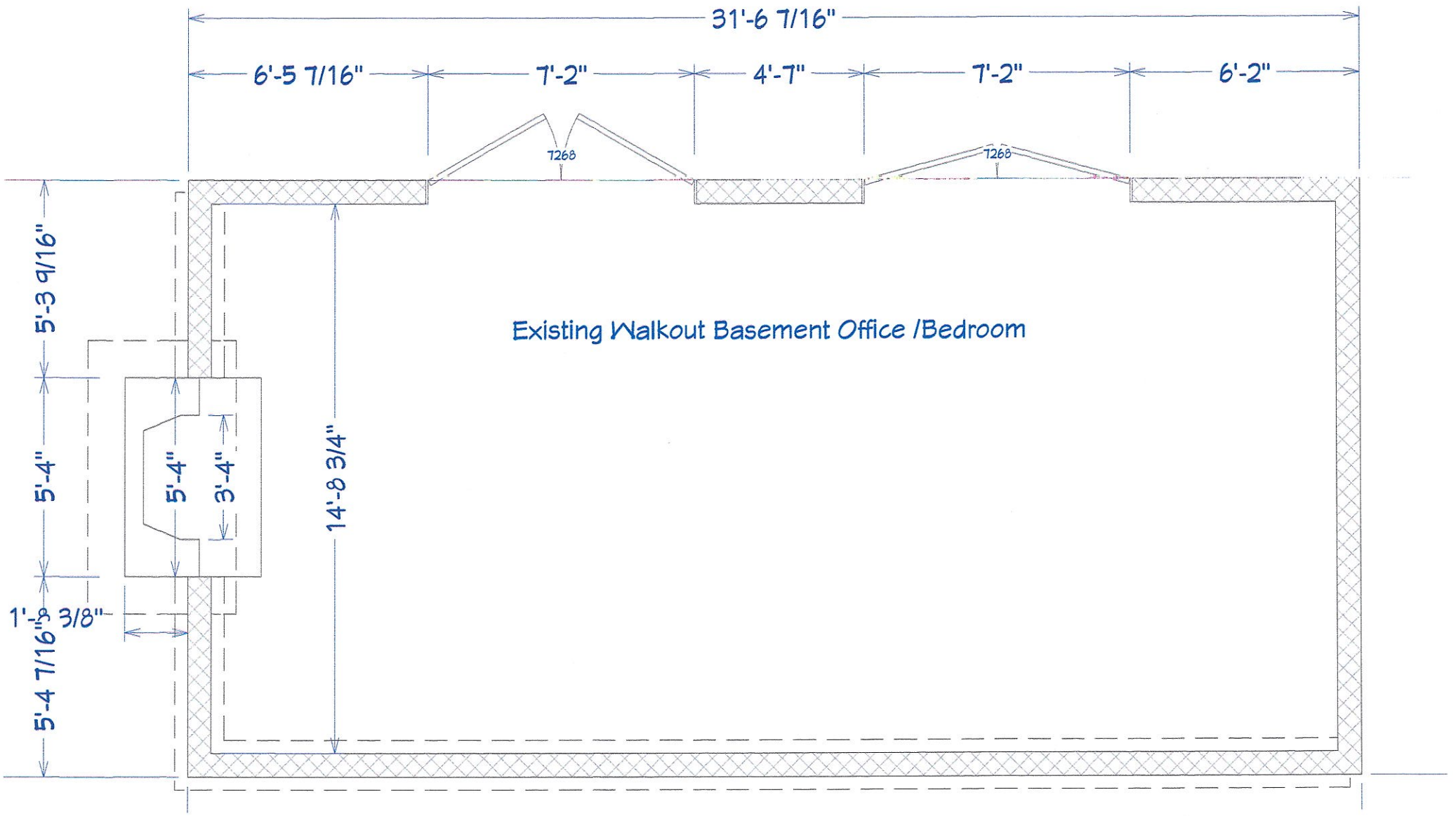
Date 1-25-2018

Date 1-26-18

Acknowledgement of
Plans Submittal ONLY!

Date 1-25-2018

Date 1-26-18



Type: CONSOLIDATED REAL PROPERTY
Recorded: 1/22/2018 3:47:49 PM
Fee Amt: $26.00 Page 1 of 3
Iredell County, NC
Ronald N. Wyatt Register of Deeds

BK 2535 PG 513 - 515

SEPTIC EASEMENT

THIS GRANT OF SEPTIC EASEMENT is made this 12th day of January, 2018, by OLIN M. CHRISTENBURY and SYBIL S. CHRISTENBURY, husband and wife (together, jointly and severally, "Grantors") for the benefit of OLIN M. CHRISTENBURY and SYBIL S. CHRISTENBURY, husband and wife (together, jointly and severally and with their respective administrators, executors, guardians, heirs, devisees, successors and assigns, the "Grantees") and future owners of Lot 147 (hereinafter defined).

WITNESSETH:

WHEREAS, Grantors are the owners of a portion of the property described in the instrument recorded in Deed Book 952 at Page 4, Iredell County Registry, and described more particularly as:

> BEING Lot 146 in Section 8, as shown on map recorded in Map Book 15, Page 45 in the office of the Register of Deeds for Iredell County, AND BEING a part of the property conveyed to Crescent Land & Timber Corp. by deed of Duke Power Company recorded in Book 481, Page 91 in the office of the Register of Deeds of Iredell County;

AND WHEREAS, Grantees are the owners of the property described in Deed Book 1077, Page 832, Iredell County Registry and described more particularly as:

> BEING Lot 147 in Section 8, as shown on map recorded in Map Book 15 at page 45 in the office of the Register of Deeds for Iredell County; AND BEING a part of the property conveyed to Crescent Land & Timber Corp. by deed of Duke Energy Corporation (formerly Duke Power Company) recorded in Deed Book 481 at page 91 in the office of the Register of Deeds for the County;

AND WHEREAS, Grantees intend to construct additional improvements on Lot 146, but there is not enough room on Lot 146 to locate a drain field and repair area for the septic system that will serve such improvements, so Grantees have requested that

1 Page Count: 3
NS PQ SI R.O.T.C.

Grantors grant them an appurtenant, perpetual easement to locate, maintain, repair, replace and operate a septic drain field and septic repair area for the benefit of Lot 146 over, across and under those portions of Lot 147;

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged by Grantors, Grantors do hereby agree as follows:

1. For purposes of this Agreement, the following capitalized terms shall have the meanings set forth below:

   (a) The term "Septic System" shall mean a septic system for a residential dwelling and any and all reasonable components of such a septic system, including, without limitation connection pipes, tanks, drain fields, repair areas, septic lines, and other components and equipment.

   (b) The term "Drain Field" shall mean that portion of the Septic System into which effluent is transported from the septic tank, pump tank, and supply lines for the purpose of distributing the effluent into the ground.

   (c) The term "Repair Area" shall mean the area reserved for the replacement or repair of the initial Drain Field.

2. Grantors, as the owners of Lot 147, including, without limitation, the Septic Easement Area, do hereby grant, bargain, sell and convey unto Grantees, as the owners of Lot 146, for the benefit of all present and future owners of Lot 146, the following permanent and appurtenant easements, which shall burden the Septic Easement Area and benefit and be appurtenant to Lot 147, the easements herein granted being perpetual and inuring to the benefit of Grantees as the owners of Lot 147 and also all future owners of Lot 147, and their respective administrators, executors, guardians, heirs, devisees, successors and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context:

   Lot 146 shall have an appurtenant, perpetual Repair Area easement for the right to locate a Repair Area on or within the Septic Easement Area for the use of Lot 147.

   (a) Lot 146 shall have an appurtenant, perpetual easement for the right to locate a Drain Field on, within and/or under the Septic Easement Area for the use of Lot 147.

(b) Lot 146 shall have an appurtenant, perpetual easement for the right to locate a supply line and/or drain line on, within and/or under the Septic Easement Area.

(c) Also conveyed for the benefit of Lot 146 is an easement for ingress and egress for the purpose of constructing, installing, inspecting, maintaining, repairing and replacing the appropriate Septic System components on, within and/or under the Septic Easement Area.

(e) Costs for the inspection, installation, maintenance, repair and replacement of the Septic Easement Area and the Septic System components within the Septic Easement Area shall be the exclusive responsibility of the owner of Lot 146, including without limitation, restoring the Septic Easement Area to the condition which existed prior to any location, placement, construction, repair or replacement of septic system components within the Septic Easement Area.

IN WITNESS WHEREOF, Grantor has hereunto set her hand and seal, the day and year first above written.

Olin M Christenbury (SEAL)
OLIN M. CHRISTENBURY

Sybil S Christenbury (SEAL)
SYBIL S. CHRISTENBURY

NORTH CAROLINA
IREDELL COUNTY

I certify that the following persons personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated: OLIN M. CHRISTENBURY and SYBIL S. CHRISTENBURY, husband and wife.

Witness my hand and official seal, this 12th day of January, 2018.

Dania E. Shea, Notary Public

My commission expires: 10-14-22

DANIA E. SHEA
NOTARY PUBLIC
Iredell County, North Carolina

RECEIVED NOV 3 - 2017

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $250.00 #231366

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: Olin M Christenbury Address: 147 Double Eagle Dr Mooresville Zip: 28117
Applicant Email: OMC1@Aol.com Phone: 704-340-4767 Alt. Phone: 704-663-6137
Owner Name: Olin M Christenbury Address: 147 Double Eagle Dr Zip: 28117
Owner Email: OMC1@Aol.Com Phone: 704-340-4767 Alt. Phone: 704-663-6137

Property Information:

Street Address: 505 Kemp Rd Mooresville, NC. 28117
Subdivision Name: CLiT Section/Phase: 8 Lot Number: 146
Driving Directions: _____

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

(✓) New Single Family Residence — Maximum Number of Bedrooms: 2 — CHECK FOUNDATION TYPE
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — (✓) Crawl Space Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Concrete Slab Foundation
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement with Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____ — ( ) 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: 1972
( ) 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: Olin M Christenbury 11-3-2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

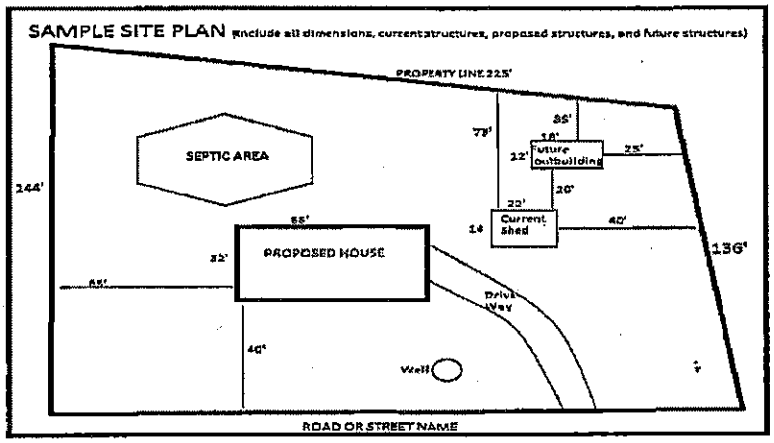
SITE PLAN WORKSHEET

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*!!!

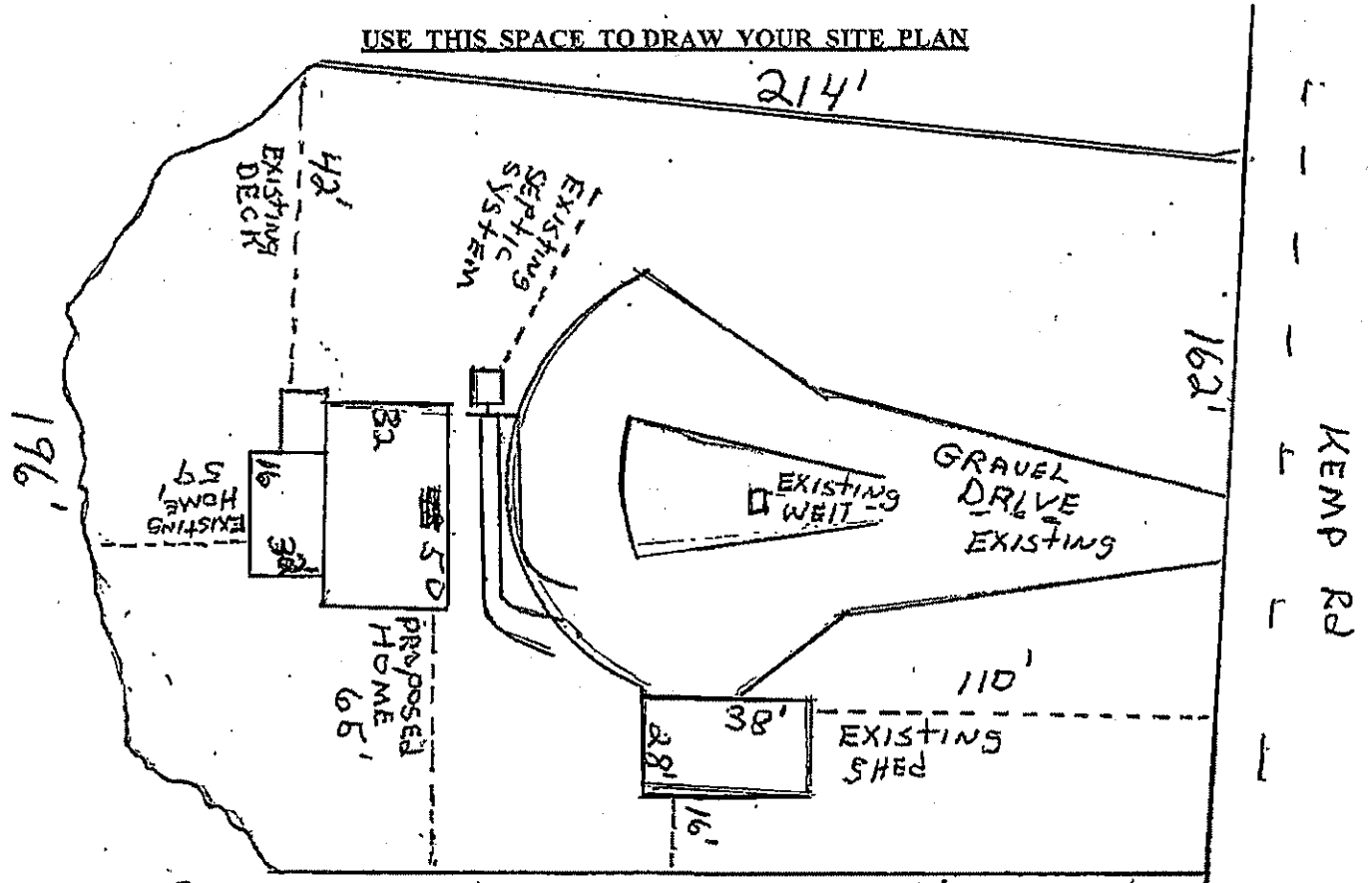
Place an (X) beside each item as you complete the site plan:
_____ Property Line measurements are clearly identified... _____ All proposed structures are indicated...

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



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: Olin M Chesterbury *REQUIRED* property owner or owner's legal representative signature.

DATE 11-3-2017

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR James M. Evans DATE 3-20-96 PERMIT NO. _____

PHONE: Business _____ Home 873-6142

LOCATION 150 Ft on NS Ft on 1446 Ft
Lon on W Ft

S. R. No. _____

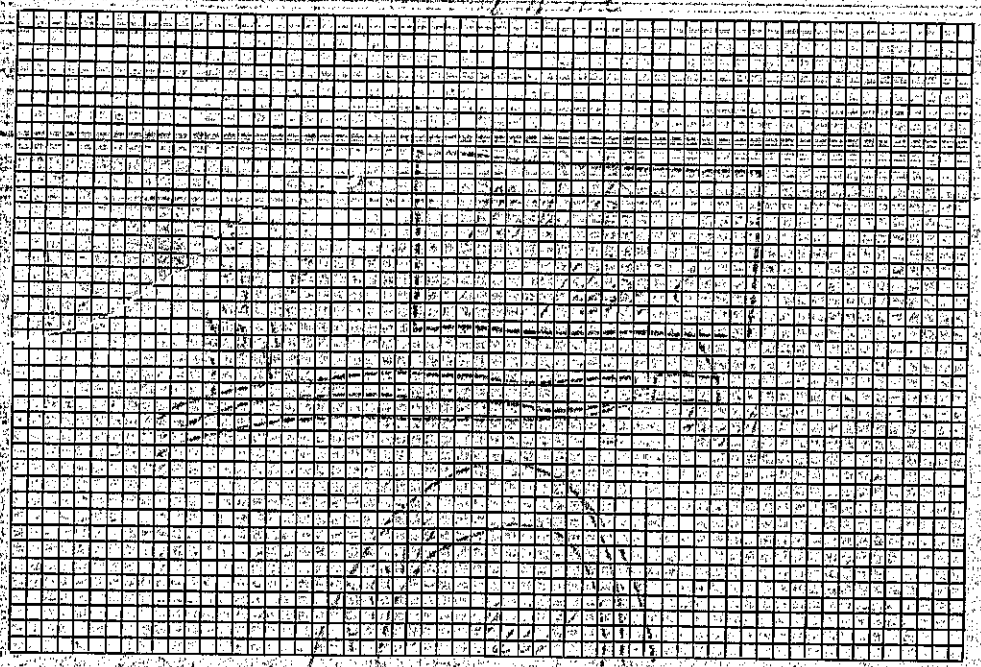
SUBDIVISION NAME Lake Norman LOT NO. 146 SECTION OR BLOCK NO. 2

House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 62,552

Character & Porosity of Soil Existing System
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____



Plot of System

Size of Tank 500 Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: System working OK at Time of This Inspection

CERTIFICATE OF COMPLETION BY [illegible] DATE 3-20-96

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Phone TR 3-7271 Mooresville Phone NO 3-1271

PERMIT TO INSTALL SEPTIC TANK

Permit No. 89 Permit Date 5-30-1972

Owner ~~Jo~~ Mr. Bowers Address Charlotte

Installed By " Address "

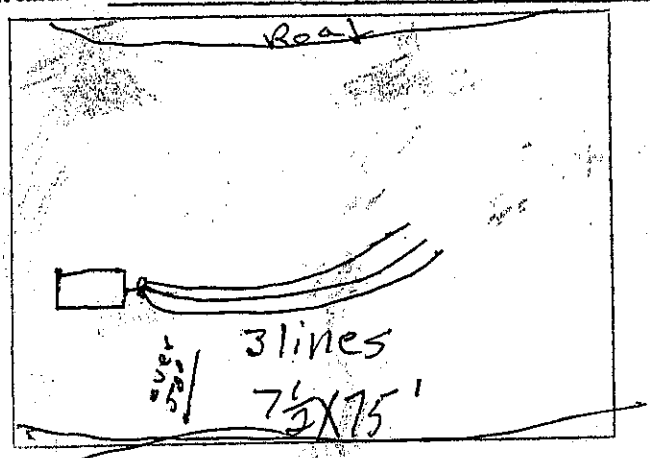
Location of Property Sec 8 Jot 146

Tank		Capacity		Length of Lines		Fixtures	
Block	( )	1000	(✓)	225'	(✓)	No. of Baths	(2)
Precast	(✓)	1250	( )	250'	( )	Dishwasher	(no)
		1500	( )	Other		Garbage Grdr.	(no)
		Other				Other	

NOTIFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED.

Final Inspection 19 Approved ( ) Disapproved ( )

Remarks Trailor not located.



Sketch of Installation

J. C. Moore

Sanitarian

STATE OF NORTH CAROLINA

COUNTY OF Iredell

Iredell Co. Inspection Department

OWNER EXEMPTION AFFIDAVIT
PURSUANT TO G.S. 87-14 (a) (1)

Parcel Identification Number and address where the building is to be constructed: PIN _____

Address 505 Kemp Rd · Mooresville, NC. 28117

Type of construction: ☑ Residential ☐ Commercial ☐ Industrial ☐ Other

Intended use after completion (e.g. Personal residence) Personal Residence

Building permit number associated with this application: _____

I, Olin M. Christenbury (Print Full Name) (704) 740-4767 (Phone Number)

hereby claim exemption from licensure under G.S. 87-1(b)(2) by initialing the relevant provision in paragraph 1 and initialing paragraphs 2-5 below attesting to the following:

1. OMC I certify I am the owner of the property set forth above on which a building is to be constructed or altered and for which application for a building permit is hereby made;

   OR

   _____ I am legally authorized to act on behalf of the firm or corporation that is constructing or altering this building on the property owned by the firm or corporation as set forth above:

   _____
   (Name of Firm or Corporation)

2. OMC I will personally superintend and manage all aspects of the construction or alteration of the building and that duty will not be delegated to any person not duly licensed under the terms of Article 1, Chapter 87 of the General Statues of North Carolina.

3. OMC I will be on site regularly during construction and I will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the construction or alteration of the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes of North Carolina.

4. OMC I understand that by executing this licensing exemption AFFIDAVIT pursuant to G.S. 87-1(b)(2), I am required by law to occupy the building for which the licensing exemption is granted for twelve months after completion, during which time it may not be offered for rent, lease or sale.

5. OMC I understand a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification I am validly entitled to claim an exemption under G.S. 87-1(b)(2) for the building construction or alteration specified herein. I further understand if the North Carolina Licensing Board for General Contractors determines I am not entitled to claim this exemption the building permit issued for the construction or alteration specified herein shall be revoked pursuant to G.S 153A-362 or G.S. 160A-422.

Olin M Christenbury (Signature of Affiant) 11-3-2017 (Date)

Sworn or affirmed and subscribed before me this the 3rd day of November, 2017

Amanda J. Horton (Signature of Notary Public)

Amanda J. Horton (Printed Name of Notary Public)

(Notary Stamp or Seal)

AMANDA J. HORTON NOTARY PUBLIC IREDELL COUNTY, NC

(NOTE: It is a class F felony to willfully commit perjury in any affidavit taken pursuant to NC G.S. 14-209)

My commission expires 11/30/2019

"§ 87-1. "General contractor" defined; exceptions.

(a) For the purpose of this Article any person or firm or corporation who for a fixed price, commission, fee, or wage, undertakes to bid upon or to construct or who undertakes to superintend or manage, on his own behalf or for any person, firm, or corporation that is not licensed as a general contractor pursuant to this Article, the construction of any building, highway, public utilities, grading or any improvement or structure where the cost of the undertaking is thirty thousand dollars ($30,000) or more, or undertakes to erect a North Carolina labeled manufactured modular building meeting the North Carolina State Building Code, shall be deemed to be a "general contractor" engaged in the business of general contracting in the State of North Carolina.

(b) This section shall not apply to the following:

(1) Persons, firms, or corporations furnishing or erecting industrial equipment, power plan equipment, radial brick chimneys, and monuments.

(2) Any person, firm, or corporation who constructs or alters a building on land owned by that person, firm or corporation provided (i) the building is intended solely for occupancy by that person and his family, firm, or corporation after completion; and (ii) the person, firm, or corporation complies with G.S. 87-14. If the building is not occupied solely by the person and his family, firm, or corporation for at least 12 months following completion, it shall be presumed that the person, firm, or corporation did not intend the building solely for occupancy by that person and his family, firm, or corporation.

(3) Any person engaged in the business of farming who constructs or alters a building on land owned by that person and used in the business of farming, when the building is intended for use by that person after completion."

SECTION 2. G.S. 87-14 reads as rewritten:

"§ 87-14. Regulations as to issue of building permits.

(a) Any person, firm or corporation, upon making application to the building inspector or such other authority of any incorporated city, town or county in North Carolina charged with the duty of issuing building or other permits for the construction of any building, highway, sewer, grading, or any improvement or structure where the cost thereof is to be thirty thousand dollars ($30,000) or more, shall, before being entitled to the issuance of a permit, satisfy the following:

(1) Furnish satisfactory proof to the inspector or authority that he the person seeking the permit or another person contracting to superintend or manage the construction is duly licensed under the terms of this Article to carry out or superintend the construction or is exempt from licensure under G.S. 87-1 (b). If an applicant claims an exemption from licensure pursuant to G.S. 87-1 *(b)(2)*, the applicant for the building permit shall execute a verified affidavit attesting to the following:

a. That the person is the owner of the property on which the building is being constructed or, in the case of a firm or corporation is legally authorized to act on behalf of the firm or corporation.

b. That the Person will personally superintend and manage all aspects of the construction of the building and that the duty will not be delegated to any other person not duly licensed under the terms of this Article.

c. That the person will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes.

The building inspector or other authority shall transmit a copy of the affidavit to the Board; who shall verify that the applicant was validly entitled to claim the exemption under G.S. 87-1(b)(2). If the Board determines that the applicant was not entitled to claim the exemption under G.S. 87-(b)(2), the building permit shall be revoked pursuant to G.S. 153A-.362 or G.S. 160A-422.

(2) Furnish proof that the person has in effect Workers' Compensation Insurance as required by Chapter 97 of the Statutes.

(b) It shall be unlawful for the building inspector or other authority of said building to issue a permit for the building in question pursuant to this section and until the applicant has furnished evidence that the applicant is either exempt from the provisions of this Article and, if applicable, fully complied with the provisions of subdivision (a)(1) of this section, or is duly licensed under this Article to carry out or superintend the work for which permit has been applied; and further, that the applicant has in effect Workers' Compensation insurance as required by Chapter 97 of the General Statutes. Any building inspector or other authority who is subject to and violates the terms of this section shall be guilty of a Class 3 misdemeanor and subject only to a fine of not more than fifty dollars ($50.00)."

SECTION 3. G.S. 153A-360 reads as rewritten:

"§ 153A-360. Inspections of work in progress.

As the work pursuant to a permit progresses, local inspectors shall make as many inspections of the work as may be necessary to satisfy them that it is being done according to the provisions of the applicable State and local laws and local ordinances and regulations and of the terms of the permit. In exercising this power, each member of the inspection department has a right, upon presentation of proper credentials, to enter on any premises within the territorial jurisdiction of the department at any reasonable hour for the purposes of inspection or other enforcement action. If a permit has been obtained by an owner exempt from licensure under G.S. 87-1(b)(2), No inspections shall be conducted without the owner being personally present, unless the plans for the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes."

SECTION 4. G.S. 160A-420 reads as rewritten:

"§ 160A-420. Inspections of work in progress.

As the work pursuant to a permit progresses, local inspectors shall make as many inspections thereof as may be necessary to satisfy them that the work is being done according to the provisions of any applicable State and local laws and of the terms of the permit. In exercising this power, members of the inspection department shall have a right to enter on any premises within the jurisdiction of the department at all reasonable hours for the purposes of inspection or other enforcement action, upon presentation of proper credentials. If a permit has been obtained by an owner exempt from licensure under G.S. 87-1(b)(2), no inspection shall be conducted without the owner being personally present, unless the plans for the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes."

IREDELL COUNTY

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

APPLICATION NUMBER
231366
Issue Date: 11/03/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4626271342.000	505 KEMP ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CHRISTENBURY OLIN MONROE	Applicant: SAVELLE GLEN+LINDSAY
Address: 505 KEMP RD MOORESVILLE, NC 28117	Address: 145 PIER POINT DR STONY POINT, NC 28678
Phone:	Phone:

Use Requested	Zone Code
REBUILD HOME THAT WAS DEMOED BECAUSE OF FIRE.	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.850					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: _____ Date: _____

Permit Number	119731	TOTAL FEES:	$ 77.25

Addition

Department of Development Services
PLANNING DIVISION
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built ✓ Modular___ 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)
SHED & WELL HOUSE

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

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 1600

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 Olin M Christensbury Phone # 704-340-4767

Owner's Current Address 147 Double Eagle Dr Mooresville

Property Information

Property Address 505 Kemp Rd Parcel # _____

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

Directions to property (from a MAIN ROAD) _____

Application Information

Applicant's Name or Company Owner Olin M Christensbury Applicant's Phone # 704-340-4767

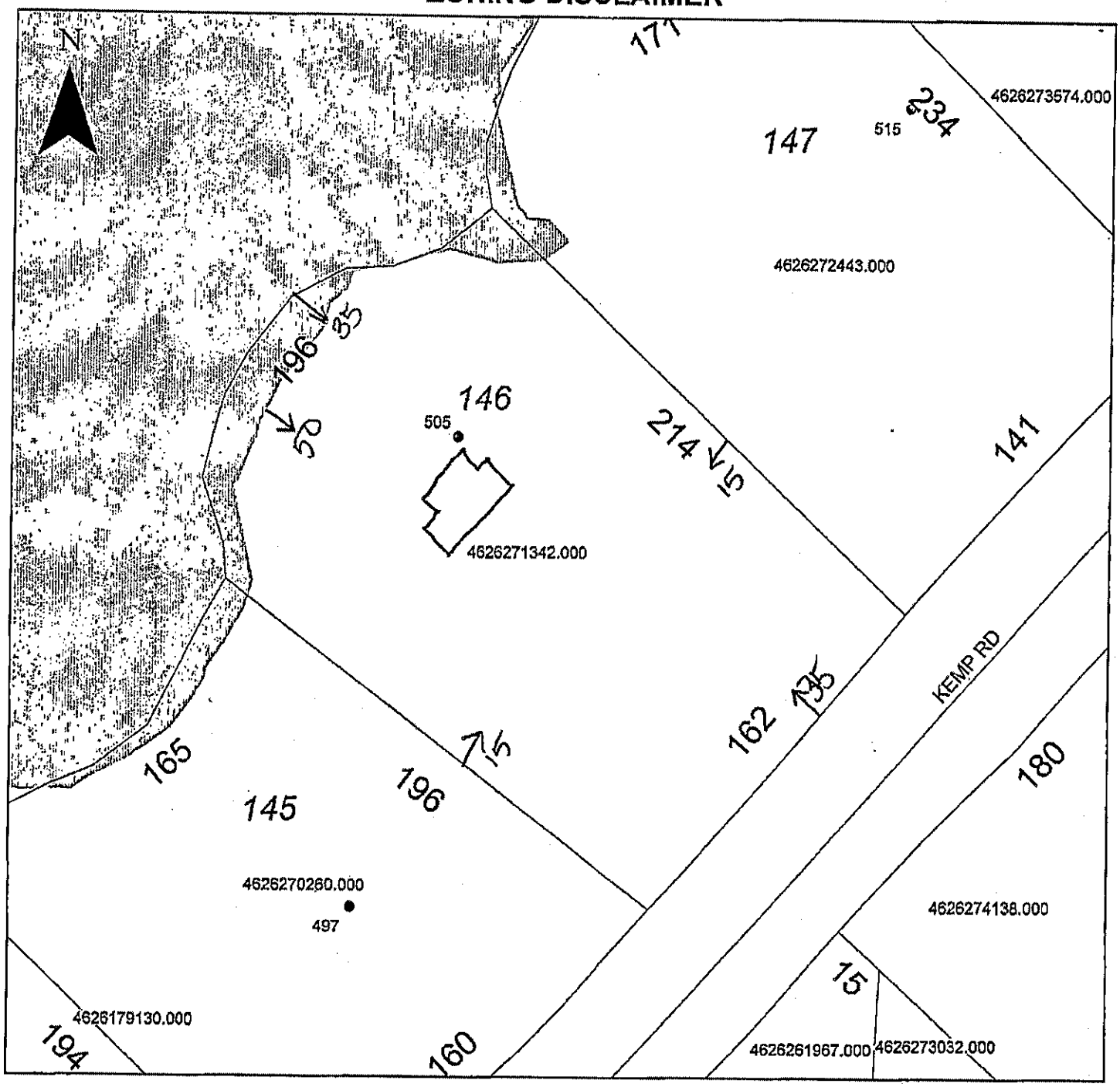
Applicant's Address 147 Double Eagle Dr Mooresville, NC

If Company, Representative's Name and Title _____

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 Olin M Christensbury DATE 11-3-2017

ZONING DISCLAIMER



Property Address 505 Kemp

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. Applicant further acknowledges that the 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.

X Olen M Christy
Applicant

X 11-3-2017
Date

Acknowledgement of Plans Submittal ONLY!

Date 2/15/2018

Date 2-15-18

