IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 224425

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

PIN # 4626-34-4934

APPLICANT: Steve Waters - Encore APPLICANT ADDRESS: 236 Tuskarora Trail Mooresville, NC 28117

SITE ADDRESS: 273 Kemp Road Mooresville, NC 28117 PHONE: 704-230-0206 ALT. PHONE: 704-746-4531

SITE DIRECTIONS: BSR towards Lake Norman → R on McKendree Rd → L on Kemp Rd → House on Left

SUBDIVISION: CL+T SECTION: 8 LOT # 92 LOT AREA: ≈1.00 acres DESIGN FLOW: 480 GPD L.T.A.R.: —

Septic Tank Ex (gal) STB Ex Date Ex

Pump Tank — (gal) PT — Date —

Pump Make — Model — Serial # —

Nitrification Fields Ex 2 # Lines Ex Linear Ft: Ex

Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth Ex

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

System Description: Existing (1Gravel Bed + 1 PPBPS Drainfield)

Repair System Description: PPBPS

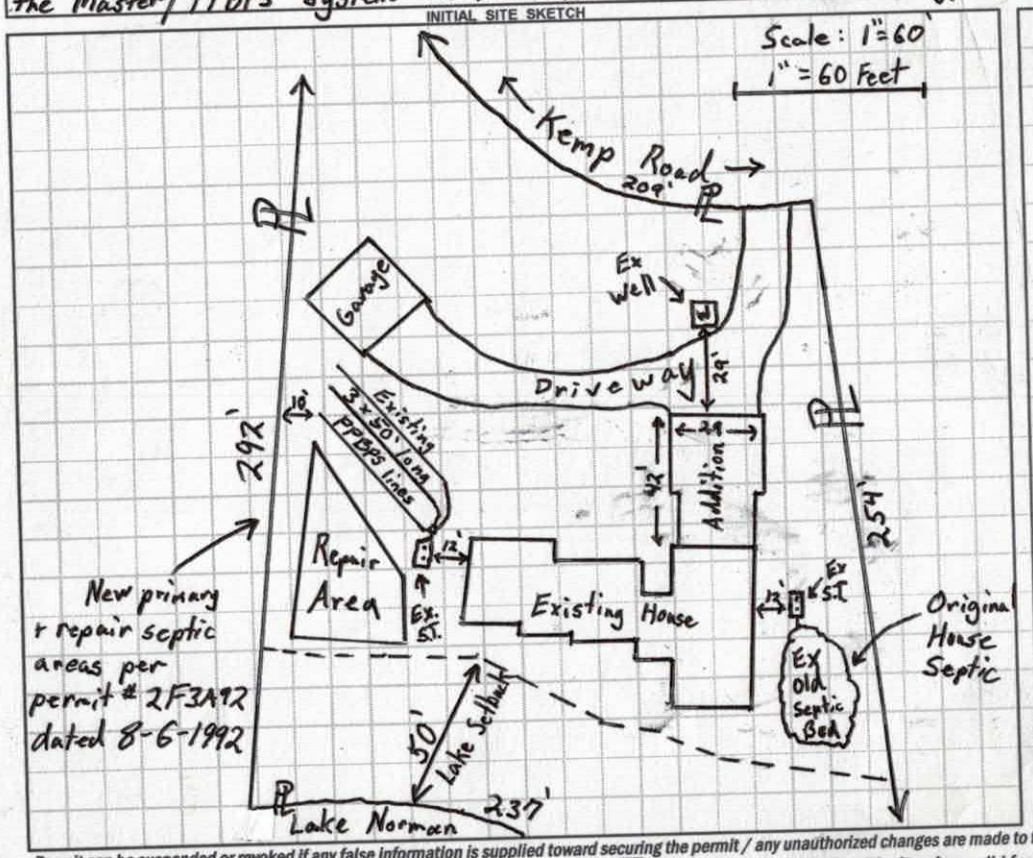
Maintenance Agreement Required: ☐ YES ☒ NO ☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4 ☐ Business No. Persons 8 ☐ Other No. Employees — ☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private Existing ☐ Public ☐ Community

Comments / Conditions: Existing system(s). Strongly recommend pumping the existing septic tanks every 3-5 years AND plumbing the house sewer line from the shared guest bathroom into the Master/PPBPS system on far side of the house. Laundry/kitchen plumbing to be directed into other system. Hot Tub on screen porch NOT to be plumbed into house sewer line. Though a 3-Bedroom house is being proposed per the floorplans, this total 4-Bedroom system shall remain.

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: [signature] Date: 3-9-2017 Installed by: Date:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Tom Shuck Date: 2-16-17

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

RECEIVED JAN 20 2016

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

Paid $250.00

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ✓ Existing System Inspection — 2 SEPERATE

224425

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:

STEVE WATERS - ENCORE	236 TUSKAROLA TRAIL	704-230-0206	704-746-4531 CELL
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
BOB COUNCIL	273 KOMP RD.	—	704 301-2866 CELL
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

273 KOMP RD.	CEDARMONT LOT 58 Lot 92	2331 PAGE 220 PLAT 15
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: BROADWAY TOWARDS POINT. TURN RT ONTO McKINNEY PAGE 40, TURN LEFT ONTO KOMP — PROJECT ON LEFT

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 Addition - attached garage (see zoning application)

Maximum Number of Bedrooms 4
Maximum Number of Occupants 3
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 92 Year

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. 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. 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: _____ 1-20-2016
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, BOB & SUZIE COUNCIL, am the legal owner(s) of the property located at 273 KEMP RD. MOORESVILLE NC 28117, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) STEVE WATERS, ENCORE BUILDERS INC., 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.

Susan C. Council 1/24/17
Signature of Owner(s) Date

[signature] 1/24/17
Signature of Witness Date

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

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...

____ Area you prefer your septic system to be placed...

____ Preferred driveway location and configuration, preferred well location...

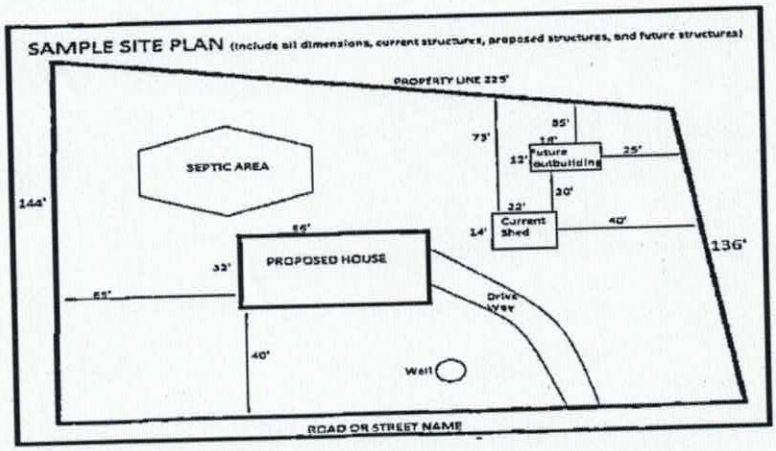
____ North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

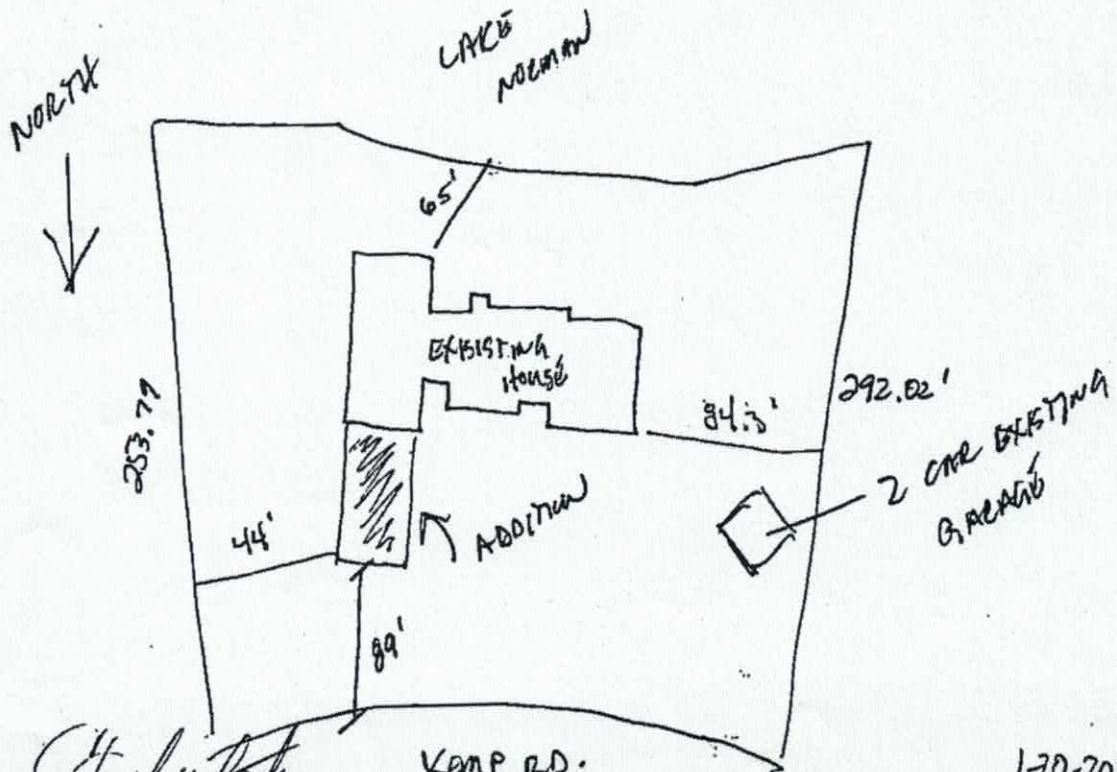
____ Location of septic systems and wells within 100' of your property... N/A

____ 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

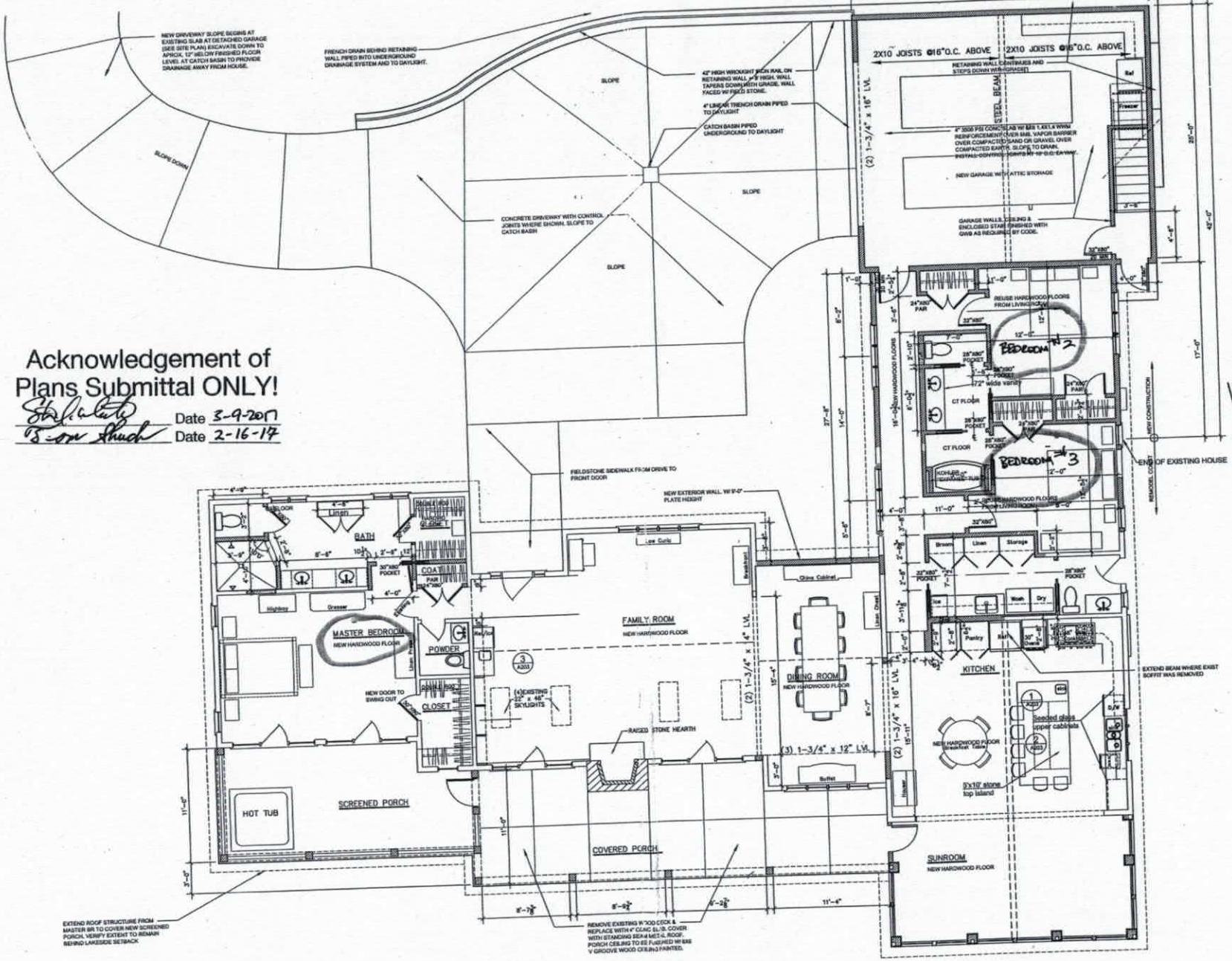


Signature: _____

REQUIRED property owner or owner's legal representative signature.

1-20-2017

DATE



Acknowledgement of Plans Submittal ONLY!

Date 3-9-2017

Date 2-16-17

Glenn Berry, AIA
Architect
2418 Woodward Ave.
Charlotte, NC 28206
980-297-5518

Issue Date

Revisions

Renovation to the:
Council Residence
273 Kemp Road
Mooresville, NC

NOTE ALL BEAM SIZES ARE APPROXIMATE. THE CONTRACTOR IS TO PROVIDE ALL FOUNDATION DESIGN AND STRUCTURAL REVIEW THROUGH A NC LICENSED ENGINEER.

ALL DIMENSIONS ARE TO FACE OF FINISHED WALL UNLESS NOTED OTHERWISE

FLOOR PLAN
NEW CONST

A101

C:\Users\gberry\Desktop\GBerry\Council Res\COUNCIL\Plan2.dwg Jan 7, 2017-11:00am

Ronda Hart

From: Steve Waters <steve@encorebuildinggroup.com>
Sent: Wednesday, January 25, 2017 6:36 PM
To: Ronda Hart
Subject: Re: 273 Kemp application question

Rhonda,

Its alot more that just an attached garage. There is roughly 368 SF of new heated living space that will consist of moving a kitchen and some bedrooms around, then add the two car garage. The addition will consist of a 42 foot extension to the front of the house. We will also be rebuilding a deck and covering it. I have attached the plans.

Council FINAL plan set.pdf

Steven A. Waters
Encore Building Group
C- 704-746-4531
F- 704-230-0206
www.encorebuildinggroup.com

On Wed, Jan 25, 2017 at 3:32 PM, Ronda Hart <ronda.hart@co.iredell.nc.us> wrote:

We received an application for 273 Kemp Rd. It appears that you are wanting to add an attached garage. If so, what the dimension of the proposed addition? Please clarify.

Thank you,

Ronda Hart

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Environmental Health

610 E. Center Avenue

IREDELL COUNTY

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

APPLICATION NUMBER
224425
Issue Date: 01/20/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4626344934.000	273 KEMP ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: COUNCIL ROBERT T+SUSAN C	Applicant: WATERS STEVEN A+STEPHA
Address: 269 KEMP RD MOORESVILLE, NC 28117	Address: 236 TUSKARORA TRAIL MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	50.00	15.00	15.00	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	90821	TOTAL FEES:	$ 77.25