IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 242494

PIN # 4627-10-9355

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

APPLICANT/OWNER: Anthony Zurick | APPLICANT ADDRESS: 122 Willow Bend Ct. Mooresville, NC | PHONE: | ALT. PHONE Gary McNealy: 704-576-3887

SITE ADDRESS: 122 Willow Bend Ct. Mooresville, NC | SAP CONTROLLED: ☐ YES ☒ NO

SITE DIRECTIONS: BSR to McKendree → R on Lakeview Shores Loop → L on Abbot → R on Willow Bend → Cul on Right | DESIGN FLOW: 720 GPD | L.T.A.R.: 0.30

SUBDIVISION: The Farms | SECTION: 4 | LOT # 507 | LOT AREA: 1.701 acres

Septic Tank	1500 Existing (gal)	STB	338	Date	5-3-2011	☐ New System	☐ Repair	☒ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 6
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Existing + 25% Reduction [LD-Box + Serial]			☐ Business	No. Persons 12
Pump Make	—	Model	—	Serial #	—	Repair System Description:	LPP PPBPS (50% Reduction)			☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	4	Linear Ft	200	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	24"-32"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Recommend pumping septic tank (1500 gallon per STB#) every 3-5 years.

INITIAL SITE SKETCH

See attached plans from Michael Athanas + Associates

Dated 3/7/2019 Michael Athanas LSS# 1252

3/26/2019: Per floorplan, perimeter of house NOT to change. Interior renovation only!

AS BUILT SKETCH

- new lines - Left side - 50'
  50'
  right side - 46'
  54'
- set with D-box

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: 3/20/2019 Installed by: Richard Abernathy

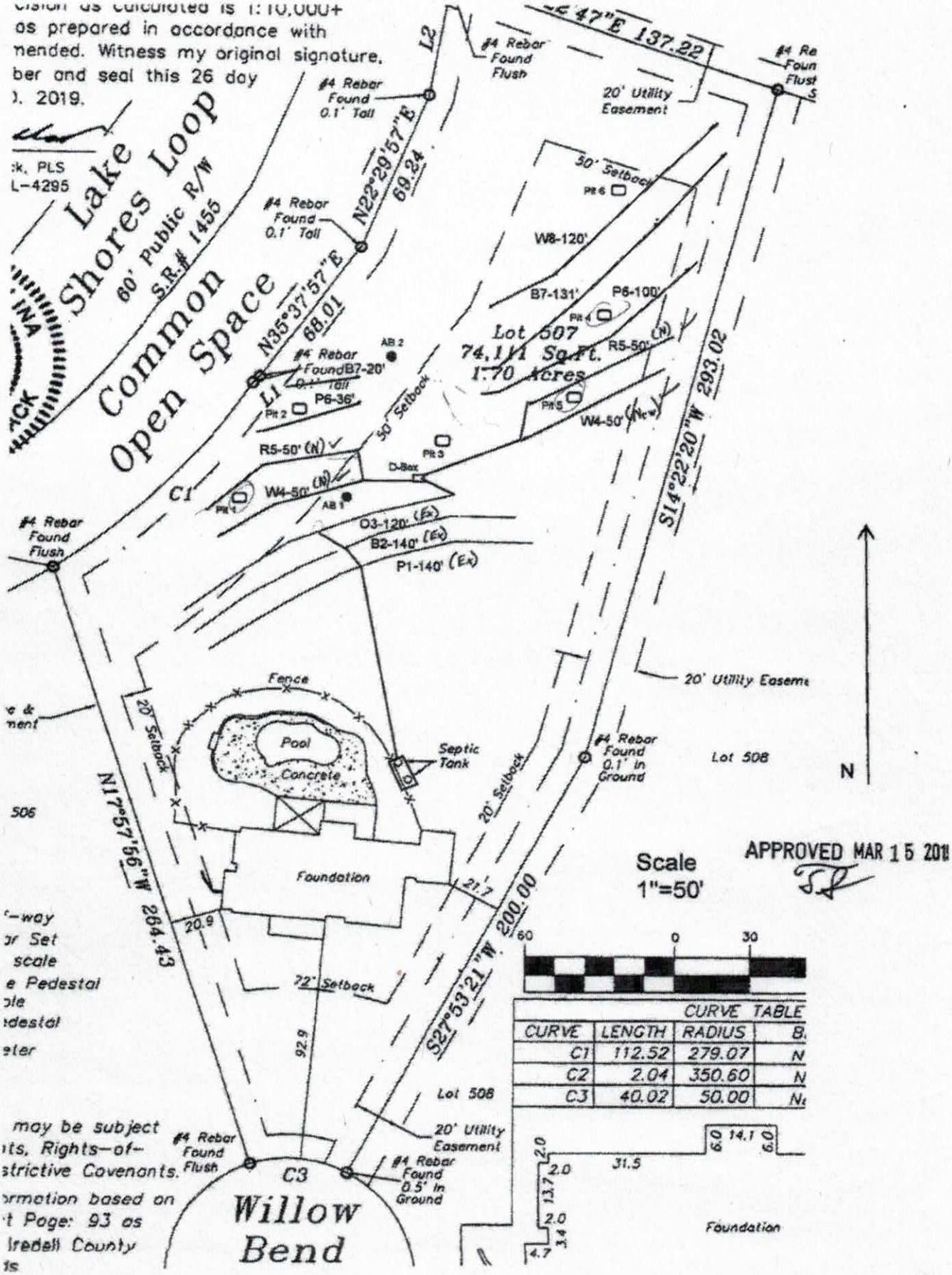
IMPROVEMENT PERMIT by: Tom Shuck Date: 3/15/2019 OPERATION PERMIT by: Carla C. Cole Date: 5-23-19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 3/26/2019 Existing System Inspected by: Date:

FOR 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 inspection time.

cision as calculated is 1:10,000+
os prepared in accordance with
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ber and seal this 26 day
). 2019.

:k, PLS
L-4295



CURVE TABLE			
CURVE	LENGTH	RADIUS	B.
C1	112.52	279.07	N
C2	2.04	350.60	N
C3	40.02	50.00	N.

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IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 242494

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

PIN # 4627-10-9355

APPLICANT/OWNER: Anthony Zurick APPLICANT ADDRESS: 122 Willow Bend Ct. Mooresville, NC

SITE ADDRESS: 122 Willow Bend Ct. Mooresville, NC PHONE: ALT. PHONE Gary McNealy: 704-576-3887

SITE DIRECTIONS: BSR to McKendree → R on Lakeview Shores Loop → L on Abbot → R on Willow Bend → End on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Farms SECTION: 4 LOT # 507 LOT AREA: 1.701 acres DESIGN FLOW: 720 GPD L.T.A.R.: 0.30

Septic Tank 1500 Existing (gal) STB 338 Date 5-3-2011

Pump Tank — (gal) PT — Date —

Pump Make — Model — Serial # —

Nitrification Fields 1 # Lines 4 Linear Ft 200

Trench Width 36" Trench Bottom Depth(Low side) 24"-32" Gravel Depth —

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

System Description: Existing + 25% Reduction [D-Box + serial]

Repair System Description: LPP PPBPS (50% Reduction)

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement w/o plumbing

No. Bedrooms 6 No. Persons 12 No. Employees —

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Recommend pumping septic tank (1500 gallon per STB#) every 3-5 years.

INITIAL SITE SKETCH

See attached plans from Michael Athanas + Associates

Dated 3/7/2019 Michael Athanas LSS# 1252

3/26/2019: Per floorplan, perimeter of house NOT to change. Interior renovation only!

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: Date: 3/20/2019 Installed by:

IMPROVEMENT PERMIT by: Tom Shuchs Date: 3/15/2019 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Tom Shuchs Date: 3/26/2019 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.



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 122 Willow Bend Ct, The Farms Lot 507
House Footprint: See attached plan
Building Setbacks: 72' front, 50' rear, 20' side
Water Source: Community well
Number of Bedrooms/Daily Flow: 6/720 GPD
Proposed LTAR: 0.3 GPD/FT^2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-Distribution box, End cap/Drop boxes
Septic Tank Size: 1500 gallon (existing)
Proposed Trench Bottom: 24-36"



Line	Design Length	Actual Length
Pink 1 (ex)	**140'**	**140'**
Blue 2 (ex)	**140'**	**140'**
Orange 3 (ex)	**120'**	**120'**
White 4	**50'/50'**	**50'/50'**
Red 5	**50'/50'**	**50'/50'**
Pink 6		100'/36'
Blue 7		131'/20'
White 8		120'

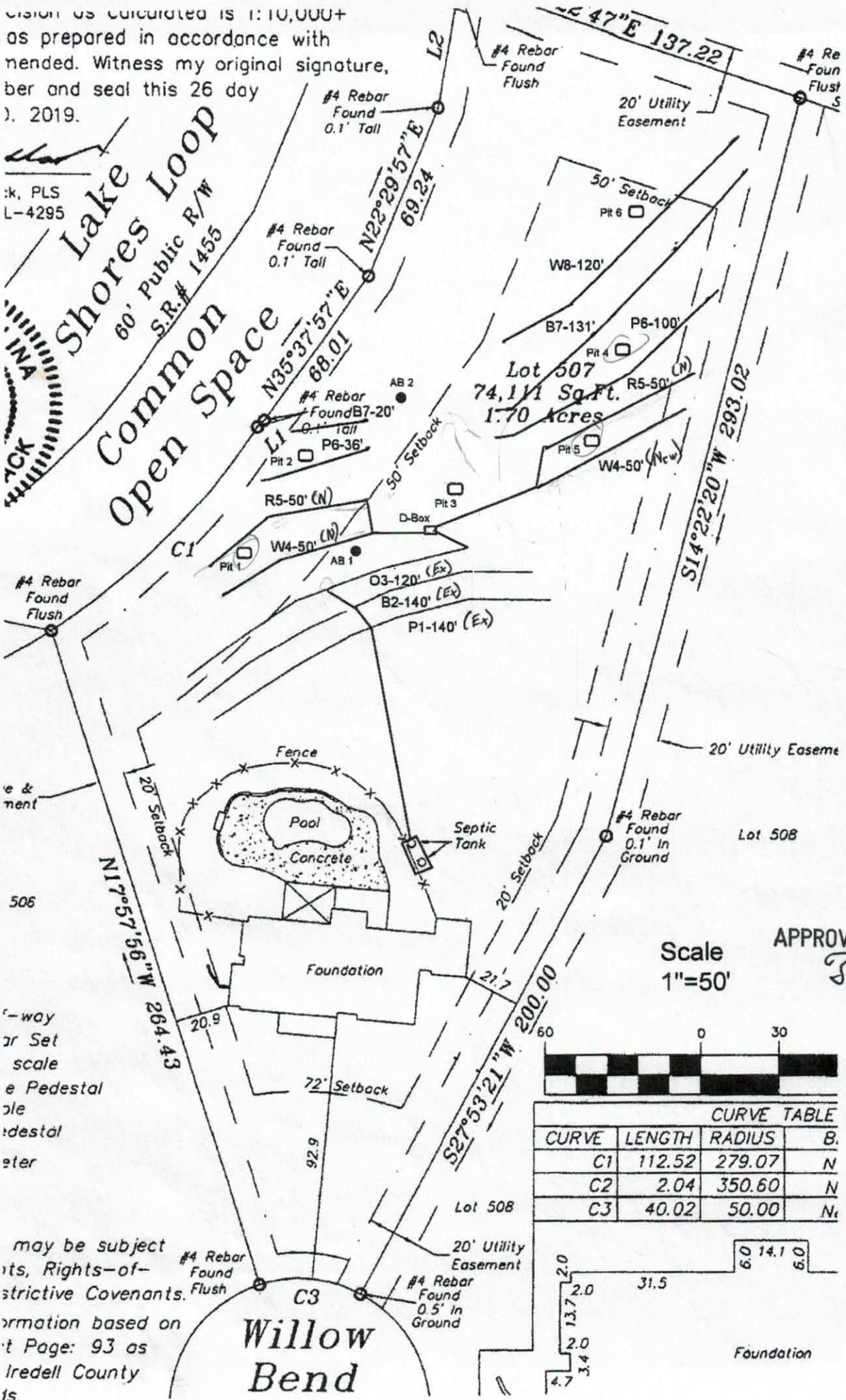
Initial System: 600' **Repair System:** 407'

Comments:
There is an existing 400' of 25% reduction system. MA&A is proposing to add 200' of 25% reduction to expand the system.

APPROVED MAR 15 2019

cision as calculated is 1:10,000+
as prepared in accordance with
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). 2019.

:k, PLS
L-4295



APPROVED MAR 15 20

Scale
1"=50'

60 0 30

CURVE TABLE			
CURVE	LENGTH	RADIUS	B.
C1	112.52	279.07	N
C2	2.04	350.60	N
C3	40.02	50.00	N

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Iredell County
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Weddington, NC 28173
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White 4	**50'/50'**	**50'/50'**
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Pink 6		100'/36'
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White 8		120'

Initial System: 600' **Repair System:** 407'

Comments:
There is an existing 400' of 25% reduction system. MA&A is proposing to add 200' of 25% reduction to expand the system.

PROPERTY ID #: 4627109355__
COUNTY: _Iredell____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Anthony Zurick_____ APPLICATION DATE_____
ADDRESS: 122 Willow Bend Ct, Mooresville, NC 28117_____ DATE EVALUATED: _3/2019_____
PROPOSED FACILITY: __6 bdrm_____ PROPOSED DESIGN FLOW (.1949): _720 GPD___ PROPERTY SIZE: ___1.70 AC_____
LOCATION OF SITE: 122 Willow Bend Ct, The Farms Lot 507_____ PROPERTY RECORDED: _____

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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 1	LS 6%	0-7	Br CL WSBK	FR SS SP SXP	N/A	57"	N/A	N/A	PS 0.3-0.35
		7-24	R C SBK	FR SS SP SXP					
		24-57	R CL WSBK	FR SS SP SXP					
PIT 2	LS 10%	0-3	Br CL WSBK	FR SS SP SXP	N/A	62"	N/A	N/A	PS 0.3-0.35
		3-30	R C SBK	FR SS SP SXP					
		30-62	R CL WSBK	FR SS SP SXP					
PIT 3	LS 5%	0-6	FILL		YB 30-36" CHR 2 @ 36" No YB >36"	36"	N/A	N/A	PS 0.25 TO 36"
		6-9	Br CL WSBK	FR SS SP SXP					
		9-36	R C ABK	FR SS SP SXP					
		36-58	R CL WSBK	FR SS SP SXP					
PIT 4	LS 6%	0-5	Br CL WSBK	FR SS SP SXP	N/A	65"	F-C SAP	N/A	PS 0.3-0.35
		5-28	R C SBK	FR SS SP SXP					
		28-65	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1800 FT^2	1221 FT^2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

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

EVALUATED BY: MA&A
OTHER(S) PRESENT: Tom Shuck (Pits 1, 5, 4) 3/11/19

APPROVED MAR 15 2019

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4627109355____
DATE OF EVALUATION: _____
COUNTY: __IREDELL____

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 5	LS 6%	0-13	RBr SCL WSBK	FR SS SP SXP	N/A	55"	N/A	N/A	PS 0.3-0.35
		13-26	R C SBK	FR SS SP SXP					
		26-55	R CL WSBK	FR SS SP SXP					
PIT 6	LS 6%	0-6	Br CL WSBK	FR SS SP SXP	N/A	60"	N/A	N/A	PS 0.3-0.35
		6-24	R C SBK	FR SS SP SXP					
		24-60	R CL WSBK	FR SS SP SXP					
AB 1	LS 4%	0-3	FILL		N/A	48"	F-C SAP	N/A	PS 0.3-0.35
		3-23	R C SBK	FR SS SP SXP					
		23-48	R CL WSBK	FR SS SP SXP					
AB 2	LS 8%	0-20	R C SBK	FR SS SP SXP	N/A	24"	N/A	N/A	PS 0.3
		20-24	R CL WSBK	FR SS SP SXP					
		24	Auger Refusal						

COMMENTS: _____

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: The Farms, LLC APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 6/8
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: _____
LOCATION OF SITE: Lot 507 PROPERTY RECORDED: _____
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Linear 4-6%	0-2	MoGR SL	SS SP FR	BR				
		2-20	Mo SBK C	SS SP FR	Red; FF mica				
		20-46	WK SBK CL	SS SP FR	Red; C/M sap				.3
		46-52	MA L Sap	SS SP FR	yel Red				
2	Linear 6-8%	0-5	MoGR SL	SS SP FR	BR				
		5-18	Mo SBK C	SS SP FR	Red				
		18-46	WK SBK CL	SS SP FR	Red; C sap				.3
		46-52	WK SBK CL	SS SP FR	Red; M sap				
A/B 3	gradual 14% ± L	0-7	wk sbk brn scl	fr sss sp					
		7-26	SBK RC	fr sss sp sap					.3
		26-60	WK SBK yel cl sap	fr sss p					
B/ 4		0-3	gr brn SL	fr					
		3-29	SBK RC	fr sss p sap					-3
		29-60	WK SBK yel cl sap	fr sss p					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		

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

EVALUATED BY: _____

RECEIVED MAR 8 - 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Expansion Paid $350.00

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 #242494

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: Anthony Zurick **Address:** 122 Willow Bend Ct, Mooresville, NC **Zip:** 28117

Applicant Email: azurick3@gmail.com **Phone:** _____ **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

****

Property Information:

Street Address: 122 Willow Bend Ct

Subdivision Name: The Farms **Section/Phase:** _____ **Lot Number:** 507

Driving Directions: _____

****

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(✓) Bedroom(s) Addition Finish Basement
( ) Repair to failing septic system ___ Tank ___ Drain lines

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

( ) 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:** _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other: Accepted

****

Please answer the following to the best of your ability:

( ) Yes (✓) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (✓) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (✓) No **Is the site subject to approval by any other public agency?**

****

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 3/7/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or 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: ___ 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 #	Alternate Phone #
DEO LLC	4547 Sawyer Ct Denver NC	704-201-7728	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Anthony Zwick	122 Willow Bend Ct.		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
122 Willow Bend Ct.	The Farms	507

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
- ( ) Other _____

Maximum Number of Bedrooms ___
Maximum Number of Occupants ___
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 (X) Community Well ( ) City Water ( ) Other Public Water

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) 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: _____ 9-19-11
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, Anthony Zurick III, am the legal owner(s) of the property located at 122 Willow Bend Ct Mooresville NC 28117, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Michael Asharas & Associates, 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.

3/5/19

Signature of Owner(s) Date

Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health

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

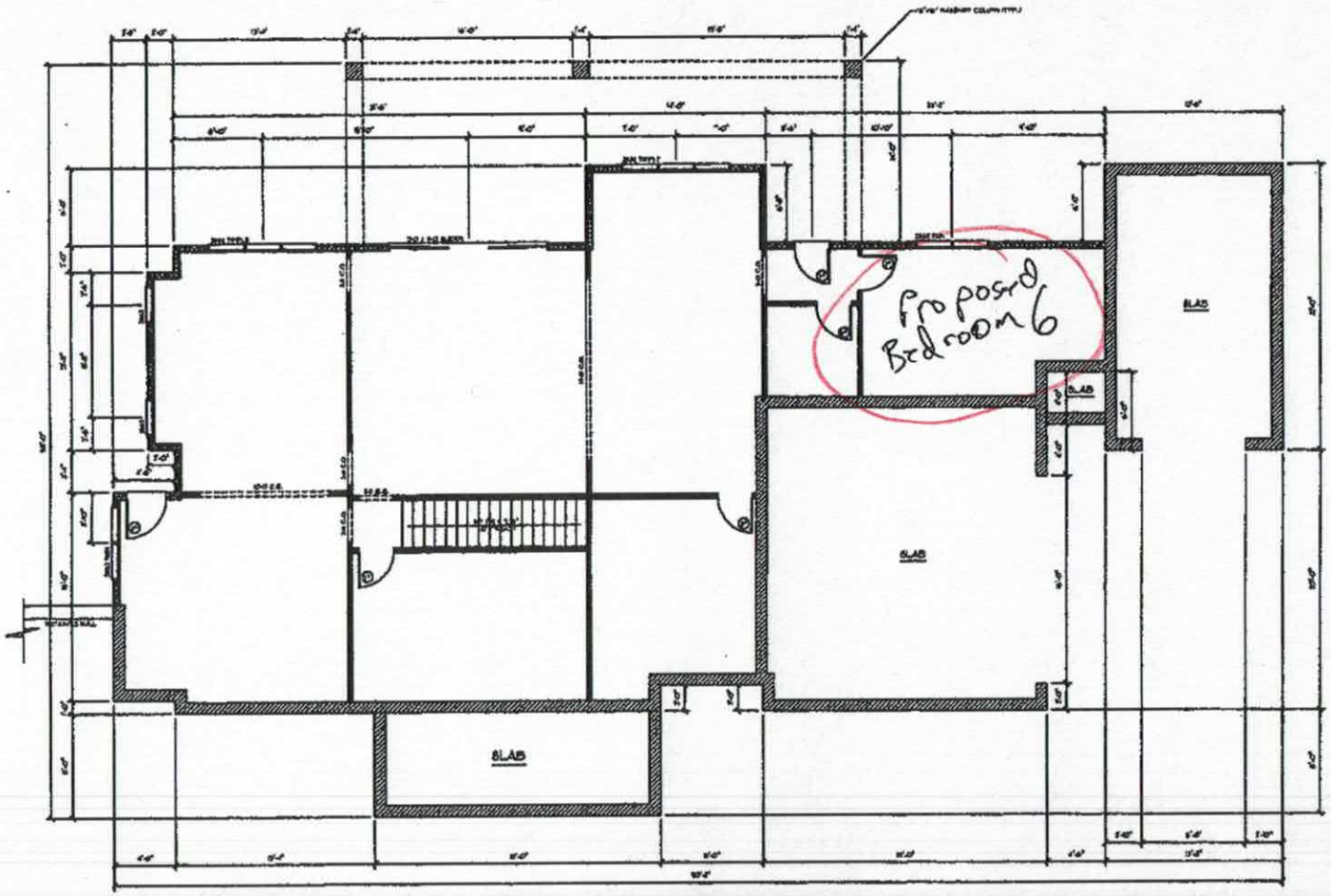
Statesville - Environmental Health

Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement Of
Plans Submittal ONLY!

Date 3/26/19

Date 3/26/19



LEGEND:

UNFINISHED BASEMENT PLAN

10'-0" CEILING HEIGHT

ALL INTERIOR AND EXTERIOR DOORS TO BE 8'-0" TALL

NOTES:

BUILDER:

RESIDENCE: ZURICK RESIDENCE

FILE NAME: ZURICK

LEVEL: UNFINISHED BASEMENT PLAN

JOB NUMBER:	SCALE:
190044	N.T.S.
DATE:	DRAWN BY:
3/19	BRIAN BOOKER

PROPOSED RESIDENCE FOR:
ANTHONY & LESLIE ZURICK
LOT 180 "THE FARMS"
MOORESVILLE, NC 28117

Residential Engineering Services, P.A.
www.resengservices.com

REVISIONS:

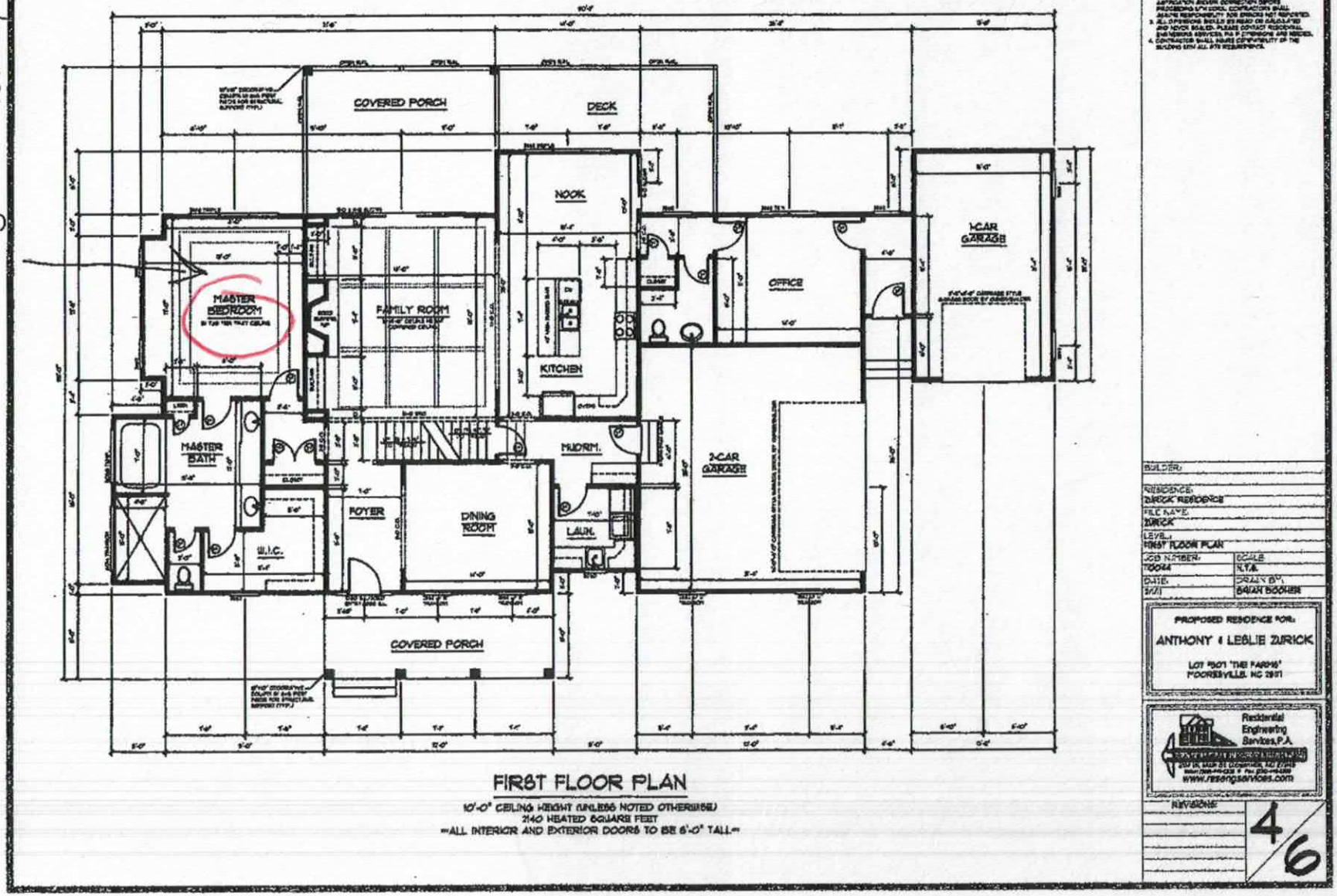
3/6

Acknowledgement Of
Plans Submittal ONLY!

Date 3/26/19

Date 3/26/19

Existing Mstr Bdrm



FIRST FLOOR PLAN

10'-0" CEILING HEIGHT (UNLESS NOTED OTHERWISE)
2140 HEATED SQUARE FEET
ALL INTERIOR AND EXTERIOR DOORS TO BE 6'-0" TALL

NOTES:

1. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE NATIONAL, STATE AND LOCAL CODES, REGULATIONS, AND PHASES THEREOF.
2. CONTRACTOR SHALL VERIFY ALL CONDITIONS AND DIMENSIONS AT SITE BEFORE BEGINNING CONSTRUCTION. ANY DISCREPANCIES SHALL BE REPORTED TO RESIDENTIAL ENGINEERING SERVICES, PA FOR CLARIFICATION AND/OR CORRECTION BEFORE PROCEEDING WITH WORK. CONTRACTOR SHALL ASSUME RESPONSIBILITY FOR ERRORS NOT REPORTED.
3. ALL DIMENSIONS SHALL BE READ OR CALCULATED AND NEVER SCALED. PLEASE CONTACT RESIDENTIAL ENGINEERING SERVICES, PA IF DIMENSIONS ARE NEEDED.
4. CONTRACTOR SHALL ASSUME CONFORMITY OF THE BUILDING WITH ALL SITE REQUIREMENTS.

BUILDER:
RESIDENCE: ZURICK RESIDENCE
FILE NAME: ZURICK
LEVEL: FIRST FLOOR PLAN
JOB NUMBER: 190244
SCALE: N.T.S.
DATE: 2/7/19
DRAWN BY: BRIAN BOOKER

PROPOSED RESIDENCE FOR:
ANTHONY & LESLIE ZURICK
LOT #307 "THE FARMS"
MOORESVILLE, NC 28117

Residential Engineering Services, P.A.
www.resengservices.com

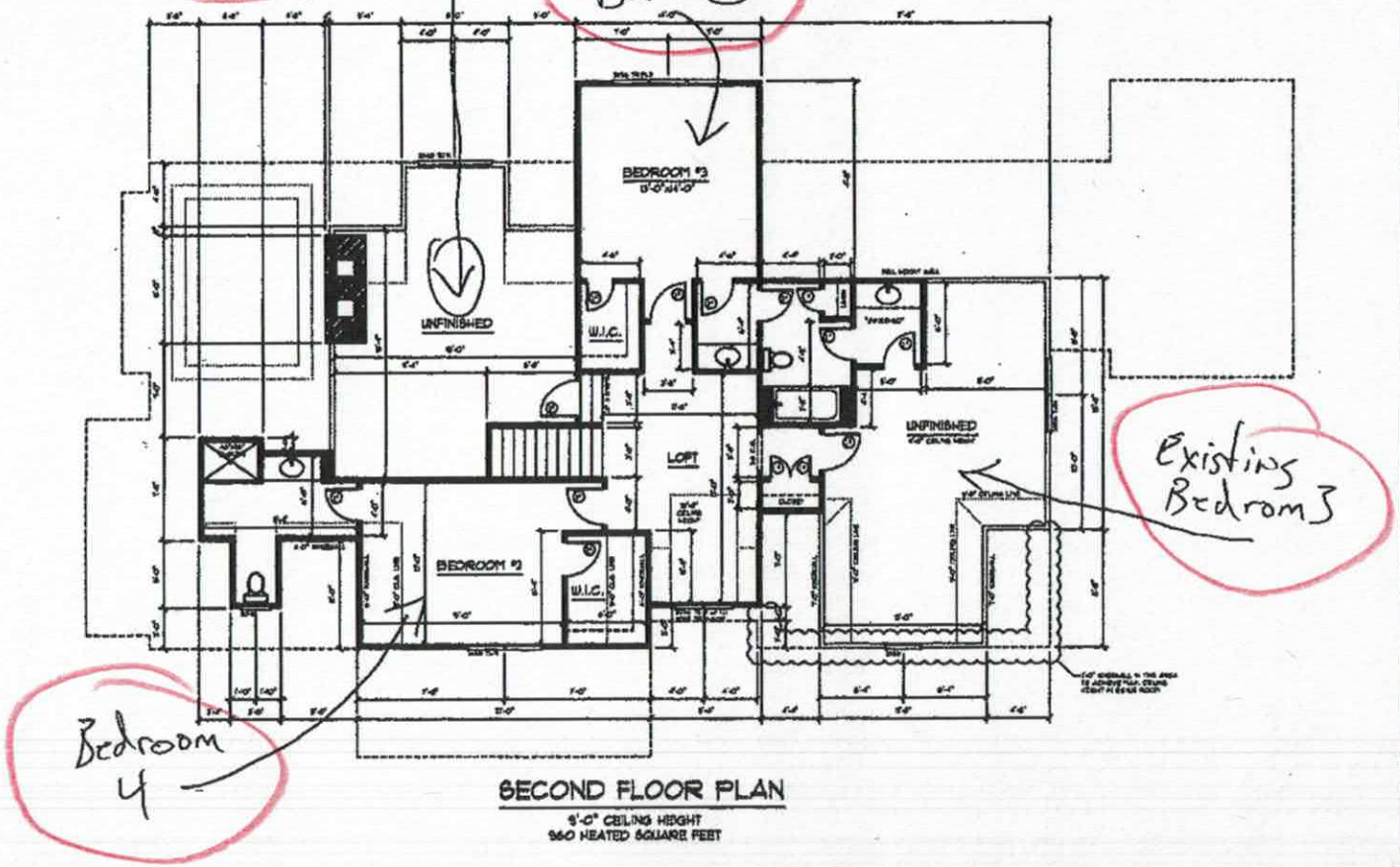
REVISIONS:

4/6

Acknowledgement Of
~~Plans Submittal ONLY!~~

Date 3/26/19

Date 3/26/19



SECOND FLOOR PLAN

9'-0" CEILING HEIGHT
960 HEATED SQUARE FEET

NOTES:

1. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE NATIONAL, STATE AND LOCAL CODES, REGULATIONS, AND PUBLIC LAWS.
2. CONTRACTOR SHALL VERIFY ALL CONDITIONS AND DIMENSIONS AT SITE BEFORE BEGINNING CONSTRUCTION. ANY DISCREPANCIES SHALL BE REPORTED TO RESIDENTIAL ENGINEERING SERVICES, PA PRIOR TO APPLICATION AND/OR CORRECTION. SERVICES PERFORMED UPON LOCAL CONTRACTOR'S SHALL ASSUME RESPONSIBILITY FOR ERRORS NOT REPORTED.
3. ALL DIMENSIONS SHOULD BE READ OR CALCULATED AND NEVER SCALED. PLEASE CONTACT RESIDENTIAL ENGINEERING SERVICES, PA IF DIMENSIONS ARE NEEDED.
4. CONTRACTOR SHALL REMAIN RESPONSIBLE FOR THE SAFETY OF THE WORKERS WITH ALL SITE REQUIREMENTS.

BUILDER:

RESIDENCE:
ZURICK RESIDENCE

FILE NAME:
ZURICK

LEVEL:
SECOND FLOOR PLAN

JOB NUMBER:	SCALE:
190044	N.T.S.
DATE:	DRAWN BY:
3/19	BRIAN BOOKER

PROPOSED RESIDENCE FOR:
ANTHONY & LESLIE ZURICK
LOT #301 "THE FARMS"
MOORESVILLE, NC 28117

Residential Engineering Services, P.A.
www.reengservices.com

REVISIONS:

5/6

Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 168642ZO

Master #: 168642

Associated Permits:
168642ZO Zoning

Applicant

Name: DEO LLC
Address: 4547 Sawgrass Ct
Charlotte, NC 28037

Phone: 704-201-7728

Parcel

Parcel Number: 4627109355.000
Address: 122 Willow Bend Ct.
Mooresville, NC 28117
Subdivision: The Farms Phase 4

Zoning: R20
Township: 1700
Area: 1.701
Lot(s): 507

Directions to Parcel: Brawley School, right Williamson,right Mckendree,right Lake Shores Lp, left Abott ln, right Willow Bend lot at the end of cul-de-sac

Owners

Name: Anthony Zurick
Address:

Contractors

Fees and Receipts:

Number	Description	Amount
FEE-238104-07	Zoning - Permit / Inspection	$75.00
FEE-238105-07	Technology and Administrative Fee	$2.25
FEE-238106-07	Environmental Health - In Office Plan Review	$25.00
	Total Fees:	**$102.25**
REC-127788-07		$102.25
	Total Receipts:	**$102.25**

Conditions

Date: **Status:** **Code:**

Condition Description:

Condition Comments:

Permit Information:

Max Built Upon Area:	
Watershed:	WSIV-CA
Flood Zone:	No
Set Backs:	R10 RS10 LS10
Minimum Lot Size:	
Minimum Lot Width:	
Min # Parking Spaces:	
Land Use Permitted:	Yes
Community Sewer:	No
Site Plan Reviewed:	
Staff:	
Zoning Permit:	Yes
Septic Typet:	Existing System
Proposed Use:	Swimming Pool
Property Recorded:	Yes
Community Water:	No
Provider:	
Provider:	
Date:	
# of Stories:	0
# of Bedrooms:	0
# of Units in Building	0

Site Plan Conditions:

Zoning Permit Comments: Pools shall be located to comply with minimum setbacks requirements for accessory buildings and structures of the district in which located. Pools which are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N. C. Building Code requirements. Pools shall be protected by a fence of equal enclosure, a minimum of four feet in height, and equipped with self-closing and positive self-latching gate to provide with hardware for permanent locking.
