HS

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 316175

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

PIN # 4627 -- 78 -- 7486

APPLICANT/OWNER: Chris Rogers | APPLICANT ADDRESS:

SITE ADDRESS: 201 Greenbay Rd Mooresville NC 28117 | PHONE: 256-762-0392 | ALT. PHONE 704-310-1832 (Gary M

SITE DIRECTIONS: NC150 W to L on Paradise Peninsula Rd, L on Greenbay Rd, L on L

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Greenbay Forest | SECTION: Sht 2 LOT # 9 | LOT AREA: 1.18 acres | DESIGN FLOW: 600GPD | L.T.A.R.: .275 (Repair 3)

Septic Tank	1500	(gal)	STB	Infiltrator	Date						
Pump Tank	—	(gal)	PT	—	Date	—					
Pump Make	—	Model	—		Serial #	—					
# Nitrification Fields	1	# Lines	4		Linear Ft	555'					
Trench Width	36"	Trench Bottom Depth(Low side)	24"		Gravel Depth	—					

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

System Description: Gravity 25% Reduction

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

No. Bedrooms: 5 | No. Persons: 10 | No. Employees: | ☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Install lines on contour. Do NOT drive on stone material or manipulate drainfield in any way. All property lines corners and Duke Power R/W must be marked during time of installation and inspection

INITIAL SITE SKETCH

See attached and Approved Site plan by Michael Athanas and Associates Dated 4/8/2021

PTB

AS BUILT SKETCH

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

5/10/22 DW

As Built - Tanks (125' to well) needs baffle wall

PL

13'

4'

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: 4/14/21

IMPROVEMENT PERMIT by: Patrick J Byrne III Date: 4/8/2021

AUTHORIZATION TO CONSTRUCT by: D. Wieberg Date: 6/7/21

Installed by: Specialty Septic

OPERATION PERMIT by: D. Wieberg Date: 5/18/22

Existing System Inspected by: _____ Date: _____

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 3161 75

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

PIN # 4627 -- 78 -- 7496

APPLICANT/OWNER: Chris Rogers | APPLICANT ADDRESS:

SITE ADDRESS: 201 Green Bay Rd Mooresville NC 28117 | PHONE: 256-762-0392 | ALT. PHONE 704-310-1872 (Gary M

SITE DIRECTIONS: NC150 W to L on Paradise Peninsula Rd, L on Green Bay Rd, L on L | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Green Bay Forest | SECTION: Sh 2 LOT # 9 | LOT AREA: 1.18 acres | DESIGN FLOW: 600GPD | L.T.A.R.: .275 (Regular)

Septic Tank	1500 (gal)	STB	Infiltrator	Date	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	5	Water Supply
Pump Tank	— (gal)	PT	—	Date	System Description:	Gravity 25% Reduction	☐ Business	No. Persons	10	☒ Private
Pump Make	—	Model	—	Serial #	Repair System Description:	LPP BPS	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	555'	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	24"	Gravel Depth	—	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install lines on contour. Do NOT drive on, store material or manipulate drainfield in any way. All property lines corners and Duke Power R/W must be marked during time of installation and inspection

INITIAL SITE SKETCH

See attached and Approved site plan by Michael Athanas and Associates Dated 4/8/2021

PTB

AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL 704 664 3703 between 8am-3pm the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

5/10/22 DW

As Built - Tanks (125' to well) needs baffle wall



5-17-2022 BCW

TOP 2 DRAIN LINES CHECKED

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: 4/14/21 Installed by: Specialty Septic

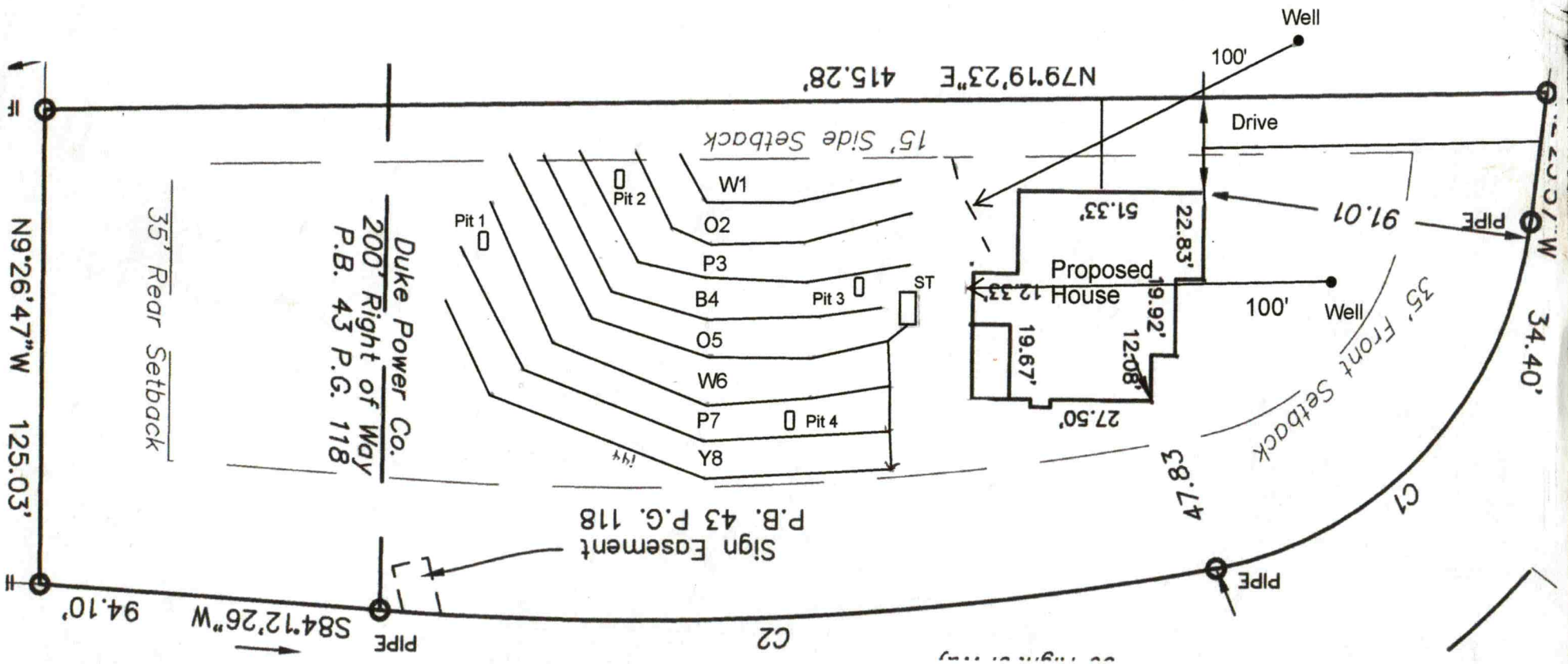
IMPROVEMENT PERMIT by: Patrick J Byrne II Date: 4/8/2021 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Wrecberg Date: 6/7/21 Existing System inspected by: Date:

FOR SEPTIC FINAL INSPECTION CALL 704 664 3703 between 8am-3pm the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

APPROVED APR 0 8 2021

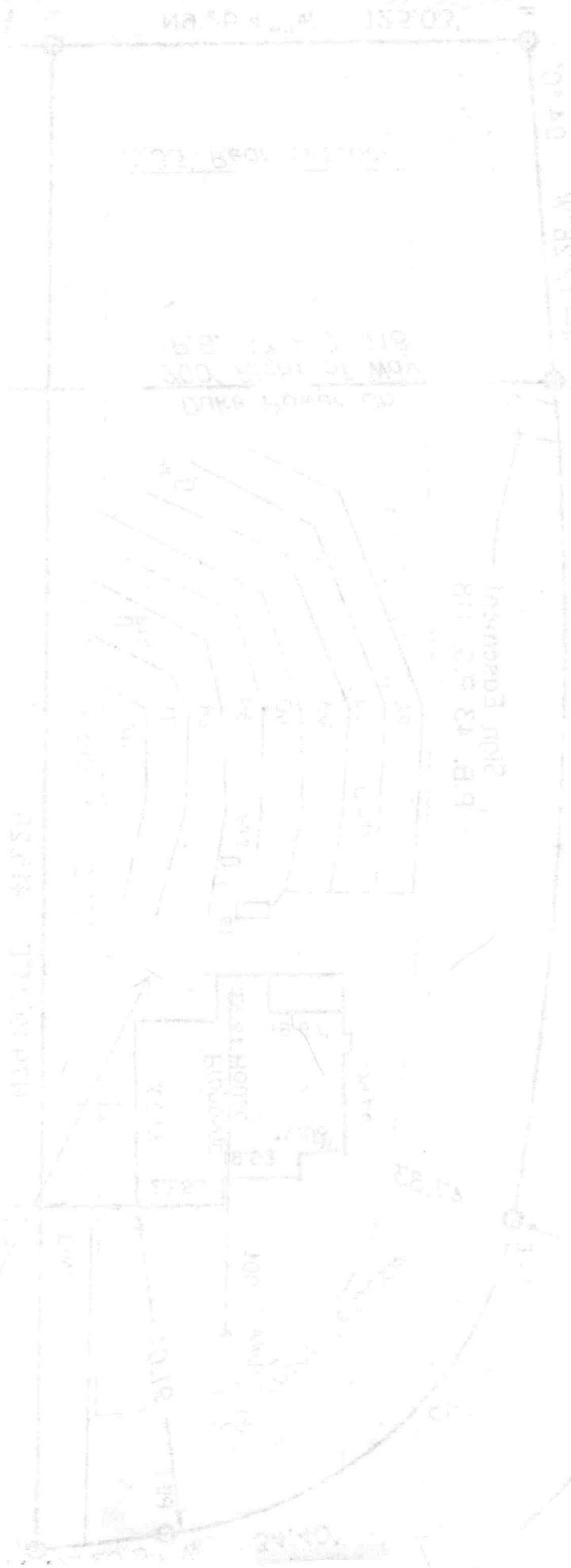
PJB

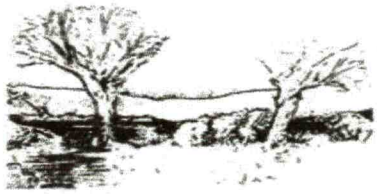


W1 - 70'
O2 - 80'
P3 - 110'
B4 - 118'
O5 - 135'
W6 - 140'
P7 - 140'
Y8 - 140'

Scale
1"=40'

N





MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556Walden Trail
Weddington, NC 28173
(704) 576-3887
3/18/2021

Reference: Data Sheet for 201 Greenbay Rd, Greenbay Forest Lot 9
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 5/600 GPD
Proposed LTAR: 0.275 GPD/FT^2 (initial), 0.3 GPD/FT^2 (repair)
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-End cap/Drop boxes
Septic Tank Size: 1500 gallons
Proposed Trench Bottom: 24" (initial), 36" (repair)

Line	Design Length	Actual Length
White 1		70'
Orange 2		80'
Pink 3		110'
Blue 4		118'
Orange 5	**135'**	**140'**
White 6	**140'**	**156'**
Pink 7	**140'**	**172'**
Yellow 8	**140'**	**186'**

Initial System: 555' **Repair System:** 378'

Comments:



APPROVED APR 0 8 2021

PJB

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

Sheet 1 of 1
PROPERTY ID #: 462772706
COUNTY: Iredell

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

OWNER: Chris Rogers
APPLICATION DATE 3/26/2021
ADDRESS: 422 Catalina Dr Mooresville NC 28117
DATE EVALUATED: 4/5/2021
PROPOSED FACILITY: New Single fam PROPOSED DESIGN FLOW (.1949): 600GPD
PROPERTY SIZE: 1.18 acres
LOCATION OF SITE: 2016 Green Bay Rd
PROPERTY RECORDED: yes
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 11%	0-10	SCL WSBK	FV SSSP SoxP	—	42"	Litho inclusions to Sandy Loam sapr 42"	—	PS.3
		10-30	C SBK/ABK	FV SS SP SoxP					
		30-42	CL SBK	FV SSSP SoxP					
		42-60	Sandy Loam Sap mass	VFV					
2	SS 10%	0-11	SCL WSBK	FV SSSP SoxP	YB mottles scattered throughout	50"	Litho inclusions to Sandy Loam sapr 50"	—	PS,3
		11-26	C SBK/ABK	FV SS SP SoxP					
		26-50	CL SBK/ABK	FV SSSP SoxP					
		50-60	Sandy Loam Sap mass	VFV					
3	SS 10%	0-9	SCL WSBK	FV SSSP SoxP	—	60"	Litho inclusions throughout common at bottom	—	PS.3
		9-37	C SBK/ABK	FV SS SP SoxP					
		37-60	CL SBK/ABK	FV SS SP SoxP					
4	SS 11%	0-10	SCL WSBK	FV SSSP SoxP	YB mottles between 25-32"	55"	Litho inclusions to Sandy Loam Sap at 55"	—	PS.275
		10-43	C ABK	FV SS SP SoxP					
		43-55	CL SBK	FV SS SP SoxP					
		55-60	Sandy Loam Sap mass	VFV					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	545	333
System Type(s)	Gravity 25%	LPPPBPS
Site LTAR	.275	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT:

COMMENTS: Sunny but under trees, pits had been open for a few days, Power R/W would need to be marked

APPROVED APR 0 8 2021
PJB

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Princeton Asst Mgmt LP_____ APPLICATION DATE_____
ADDRESS: PO Box 3604, Mooresville, NC 28117_____ DATE EVALUATED: __3/2021_____
PROPOSED FACILITY: __5 BDRM_____ PROPOSED DESIGN FLOW (.1949): _600 GPD__ PROPERTY SIZE: _1.18 AC_____
LOCATION OF SITE: 201 Greenbay Rd, Greenbay Forest Lot 9_____ PROPERTY RECORDED: _____
WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut TYPE OF WASTEWATER: X 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	
1	LS 10%	0-10	Br SCL WSBK	FR SS SP SXP	N/A	40"	F-C SAP @ 36" PS	N/A	PS 0.3
		10-40	R C SBK	FR SS SP SXP					
		40-62	VER SL SAP M	FR SS SP SXP					
2	LS 10%	0-11	Br SCL WSBK	FR SS SP SXP	N/A	52"	F-C SAP PS	N/A	PS 0.3
		11-22	R C ABK	FR SS SP SXP					
		22-40	R C SBK	FR SS SP SXP					
		40-52	R CL WSBK	FR SS SP SXP					
		52-63	VER SL SAP M	FR SS SP SXP					
3	LS 10%	0-10	Br SCL WSBK	FR SS SP SXP	N/A	58"	F-C SAP	N/A	PS 0.3
		10-40	R C SBK	FR SS SP SXP					
		40-58	R CL WSBK	FR SS SP SXP					
4	LS 10%	0-14	Br SCL WSBK	FR SS SP SXP	Few YB @ 30"	55"	F-C SAP PS	N/A	PS 0.275-0.3
		14-40	R C ABK	FR SS SP SXP					
		40-55	R CL WSBK	FR SS SP SXP					
		55-70	VER SL SAP M	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1665 FT^2	1134 FT^2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.275	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____
_____

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 316175

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

PIN # 4627 -- 78 -- 7486

APPLICANT/OWNER: Chris Rogers | APPLICANT ADDRESS:

SITE ADDRESS: 201 Green bay Rd Mooresville NC 28117 | PHONE: 256-762-0392 | ALT. PHONE 704-310-1832 (Gary M)

SITE DIRECTIONS: NC150 W to L on Paradise Peninsula Rd, L on Green bay Rd, L of on L | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Green bay Forest | SECTION: Sht 2 LOT # 9 | LOT AREA: 1.18 acres | DESIGN FLOW: 600GPD | L.T.A.R.: .275 (Rappin 3)

Septic Tank	1500 (gal)	STB	Infiltrator	Date		☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	5	Water Supply
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Gravity 25% Reduction	☐ Business	No. Persons	10	☒ Private
Pump Make	—	Model	—	Serial #	—	Repair System Description:	LPPPPS	☐ Other	No. Employees		☐ Public
# Nitrification Fields	2	# Lines	4	Linear Ft	555	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	24"	Gravel Depth	—		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install lines on contour. Do NOT drive on, store material or manipulate drainfield in any way. All property lines corners and Duke Power R/W must be marked during time of installation and inspection

INITIAL SITE SKETCH

See attached and Approved Site plan by Michael Athanas and Associates Dated 4/8/2021

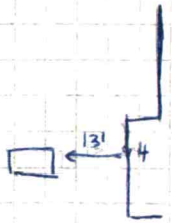
PTB

AS BUILT SKETCH

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

5/10/22 DW

As Built - Tanks (125' to well) needs baffle wall



5-17-2022 BCW
TOP 2 DRAIN LINES CHECKED

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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: [signature] Date: 4/14/21 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Patrick J Byrne III Date: 4/8/2021 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Wieberg Date: 6/7/21 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664 3703 between 8am 9am (the day the [illegible])

APPROVED APR 0 8 2021



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556Walden Trail
Weddington, NC 28173
(704) 576-3887
3/18/2021

Reference: Data Sheet for 201 Greenbay Rd, Greenbay Forest Lot 9
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
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Number of Bedrooms/Daily Flow: 5/600 GPD
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Proposed Repair System Type: PPBPS
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Pink 3		110'
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Orange 5	**135'**	**140'**
White 6	**140'**	**156'**
Pink 7	**140'**	**172'**
Yellow 8	**140'**	**186'**

Initial System: 555' **Repair System:** 378'

Comments:



APPROVED APR 0 8 2021

PJB

RECEIVED MAR 2 6 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $350.00 AP- 316175

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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)** Please contact Gary McNeely (704-310-1832) prior to evalution

Applicant Name: Chris Rogers **Address:** _____ **Zip:** _____

Applicant Email: crogers67@gmail.com **Phone:** 256-762-0392 **Alt. Phone:** _____

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

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

Property Information:

Street Address: 201 Greenbay Rd

Subdivision Name: Greenbay Forest **Section/Phase:** _____ **Lot Number:** 9

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 5 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 10 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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: _____

(X) 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 (X) Other: Accepted

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: _____ 3/26/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

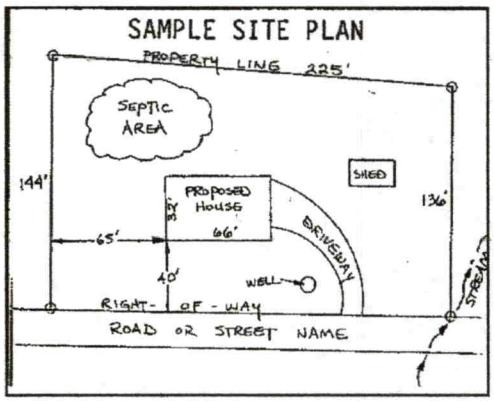
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

- **( ) Property Line measurements are clearly identified**
- **( ) All proposed structures are indicated**
- **( ) Front and side setbacks from property line**
- **( ) Preferred driveway location**
- **( ) Preferred well location**
- **( ) Preferred septic system 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

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

See Attached Plan

Signature: _____

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

3/26/2021

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, Christopher Rogers, am the legal owner(s) of the property located at 201 Greenbay Rd Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4627-78-7488.00, located in Iredell County, North Carolina.

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

Signature of Owner(s)	3/24/21 Date	Signature of Witness	3/24/21 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 · NC

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

APPLICATION NUMBER
316175 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4627787486.000	201 GREENBAY RD	Iredell County

Owner Information	Applicant Information
Name: PRINCETON ASSET MANAGEMENT LP	Name: MICHAEL ATHANAS & ASSOCIATES
Address: PO BOX 3604	Address: 561 ENNIS RD
MOORESVILLE, NC 28117	WEDDINGTON, NC 28173
Phone:	Phone: (704)576-3887

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.18	35	35	35	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
SFD

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 03/26/2021

Signature of Owner/Contractor

Permit Number	316175	TOTAL FEES:	$77.25

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

3/26/21 S

Residential Zoning Permit Application

What are you building? (Please check)

Stick built X 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)

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

If an addition, please describe project: _____

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

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 Princeton Asst. Mgmt LP Phone # _____

Owner's Current Address PO Box 3604, Mooresville, NC 28117

Property Information

Property Address 201 Greenbay Rd Parcel # 4627787486

Subdivision: Greenbay Forest Lot: 9 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 Michael Athanas & Associates Applicant's Phone # _____

Applicant's Address 556 Walden Trail, Weddington, NC 28173

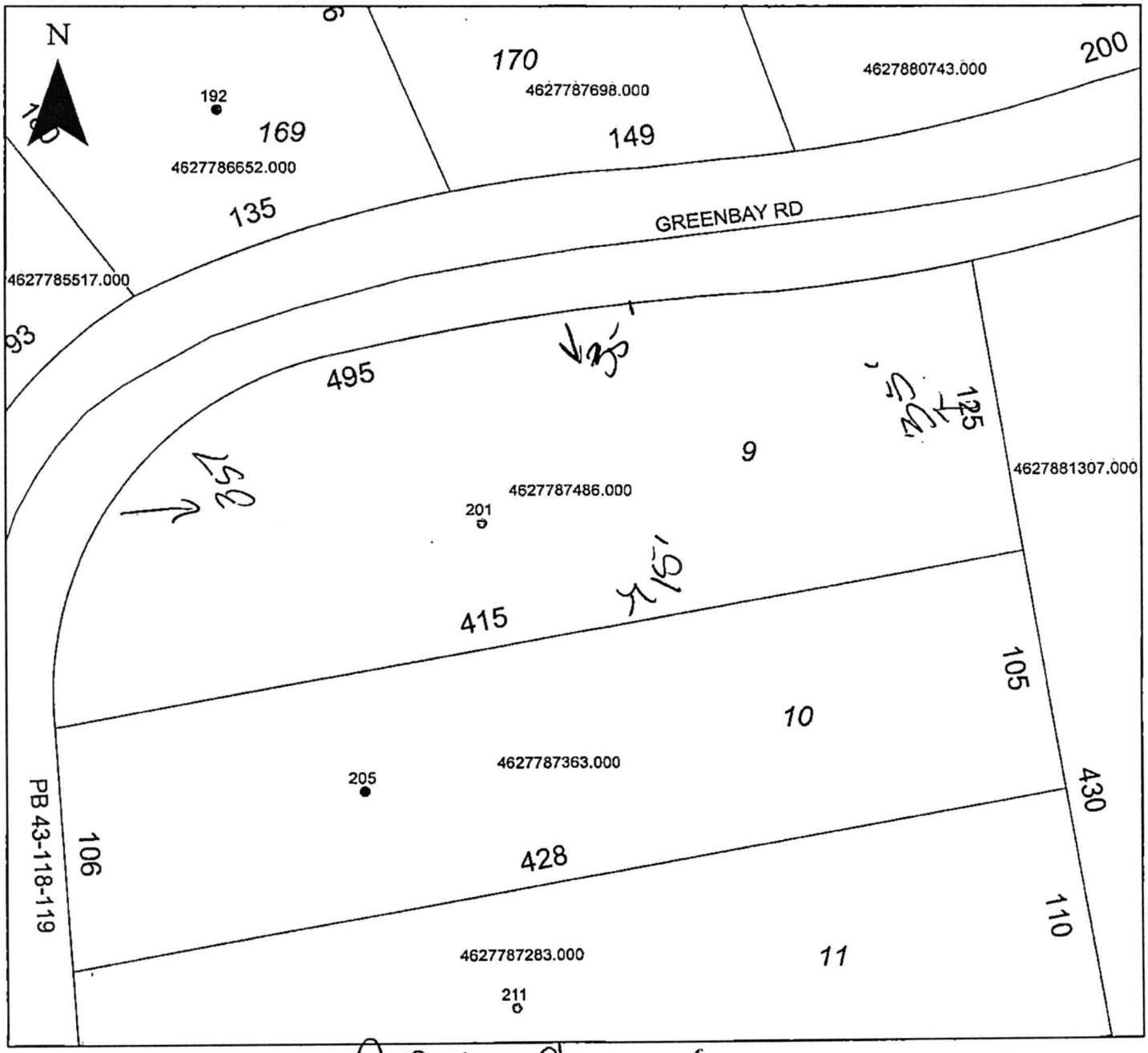
If Company, Representative's Name and Title _____

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 _____ DATE 3/26/2021

IVCA Cat 1.18 acres N BA

ZONING DISCLAIMER



Property Address 201 Green bay

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Applicant

3/26/2021
Date