ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-312341

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

PIN # 4628 - 69 - 9817

APPLICANT/OWNER: DOMINIC AGRESTA / J. KENNETH CLAY REVOCABLE TRUST APPLICANT ADDRESS: 156 GAGE DRIVE, MOORESVILLE, N.C. 28115

SITE ADDRESS: 230 ALLENDALE CIRCLE, TROUTMAN, N.C. 28166 PHONE: 910-880-9431 ALT. PHONE 910-880-9480

SITE DIRECTIONS: (S) ON 21, (R) ON PERTH, (R) ON STATE PARK, (L) ON MORRISON FARM, (R) ON ALLENDALE, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO REPAIR

SUBDIVISION: ALLENDALE POINT SECTION: — LOT # 22 LOT AREA: 0.5 AC DESIGN FLOW: 480 GPD L.T.A.R.: 0.325 (0.65)

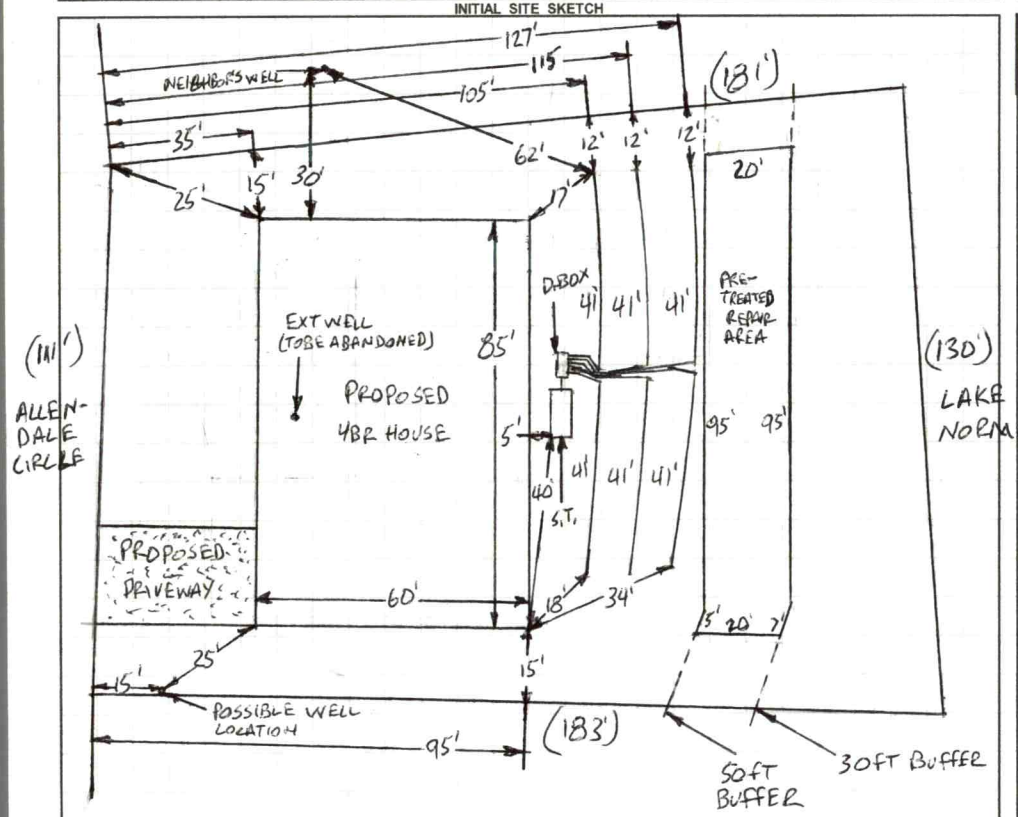
Septic Tank	1000	(gal)	STB	Inf. Heater	Date		☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	50% REDUCTION-HORIZONTAL PPBPS			
Pump Make	—		Model	—	Serial #	—	Repair System Description:	PRETREATED TSII DRIP			
# Nitrification Fields	1		# Lines	6	Linear Ft	246 FT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 IN		Trench Bottom Depth(Low side)		20 IN	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE		

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

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE 54 PANELS OF HORIZONTAL PPBPS, UTILIZE D-BOX TO FEED ALL LINES EQUAL, MAINTAIN 50FT FROM ALL WELLS

NO FOUNDATION DRAINAGE ALONG BACK OF HOUSE, 50FT BUFFER AND ALL PROPERTY LINES MUST BE MARKED EVERY 25FT AT TIME OF INSTALLATION.

INITIAL SITE SKETCH



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.

WELL MUST BE ABANDONED PRIOR TO A.C WELL ABANDONED 1-20-2021

SEE NEW ATTACHED SITE PLAN DATED: 3-4-2022

1 IN = 40 FT
S.T. = SEPTIC TANK
EXT = EXISTING

Bottom 2 lines CW 5/16/23

Installed as drawn

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**

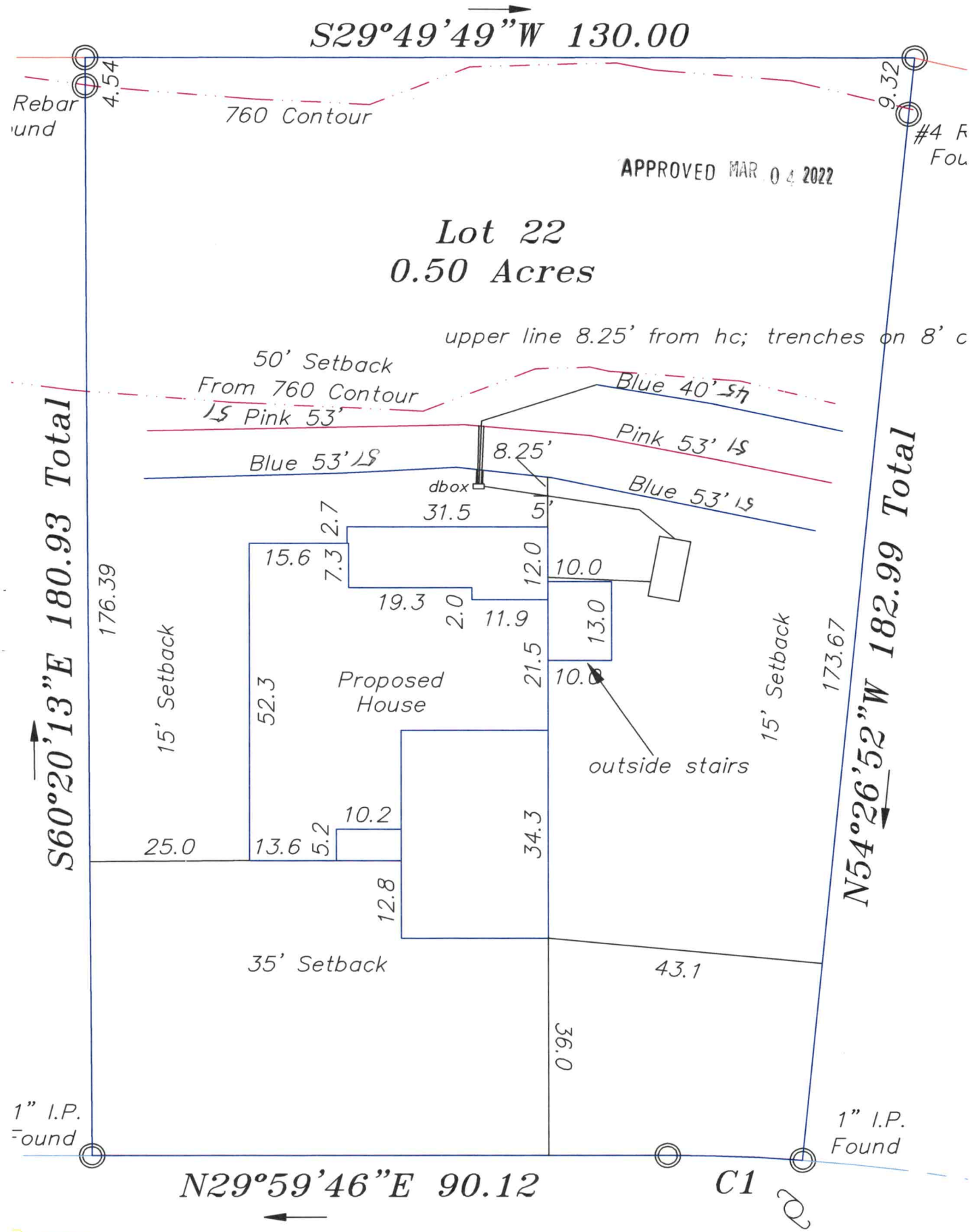
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 12/23/20 Installed by: Groundbreakers

IMPROVEMENT PERMIT by: Burgent C. White Date: 12-23-2020 OPERATION PERMIT by: [signature] Date: 5/19/23

AUTHORIZATION TO CONSTRUCT by: Burgent C. White Date: 3-4-2022 Existing System Inspected by: Date:

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


S29°49'49"W 130.00
Rebar
Found
4.54
760 Contour
9.32
#4 R
Fou
APPROVED MAR 0 4 2022
Lot 22
0.50 Acres
upper line 8.25' from hc; trenches on 8' c
50' Setback
From 760 Contour
LS Pink 53'
Blue 40' LS
Pink 53' LS
Blue 53' LS
8.25'
dbox
Blue 53' LS
S60°20'13"E 180.93 Total
176.39
15' Setback
31.5
5'
2.7
15.6
7.3
12.0
10.0
19.3
2.0
11.9
13.0
21.5
10.0
52.3
Proposed
House
outside stairs
15' Setback
173.67
N54°26'52"W 182.99 Total
10.2
5.2
25.0
13.6
34.3
12.8
35' Setback
43.1
36.0
1" I.P.
Found
1" I.P.
Found
N29°59'46"E 90.12
C1

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

Sheet 1 of 11
PROPERTY ID #: 4623649817
COUNTY: IREDELL

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

OWNER: DOMINIC AGRESTA — APPLICATION DATE: 10-30-2020
ADDRESS: 156 GAGE DRIVE, MOORESVILLE, N.C. 28115 — DATE EVALUATED: 11-20-2020
PROPOSED FACILITY: 4BR — PROPOSED DESIGN FLOW (.1949): 480 GPD — PROPERTY SIZE: 0.5 AC
LOCATION OF SITE: 230 ALLENDALE CIRCLE, TROUTMAN, N.C 28166 — 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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE ROAD BED 10%	0-26	FILL	FILL	SAP INC THRU OUT	80"+	NA	NA REMOVED 12-4-2020	PS .325 IF FILL REMOVED
		26-42	C, SBK	FR, S, P, SEXP					
		42-80	SCL, WSBK	FR, SS, SP, SEXP					
2	LINEAR SIDE 25%	0-21	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT	62"+	NA	NA	PS .325
		21-62	CL, WSBK	VFR, SS, SP, SEXP					
3	LINEAR SIDE 30%	0-8	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	60"+	NA	NA	PS .325
		8-25	C, SBK	FR, S, P, SEXP					
		25-60	CL, WSBK	VFR, SS, SP, SEXP					
4	LINEAR SIDE 35%	0-12	C, SBK	FR, SP, SEXP	SAP INC THRU OUT	49"+	NA	NA	PS .325
		12-49	CL, WSBK	VFR, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	50%	DRIP
Site LTAR	0.325	0.15

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Burnett Cumbie
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

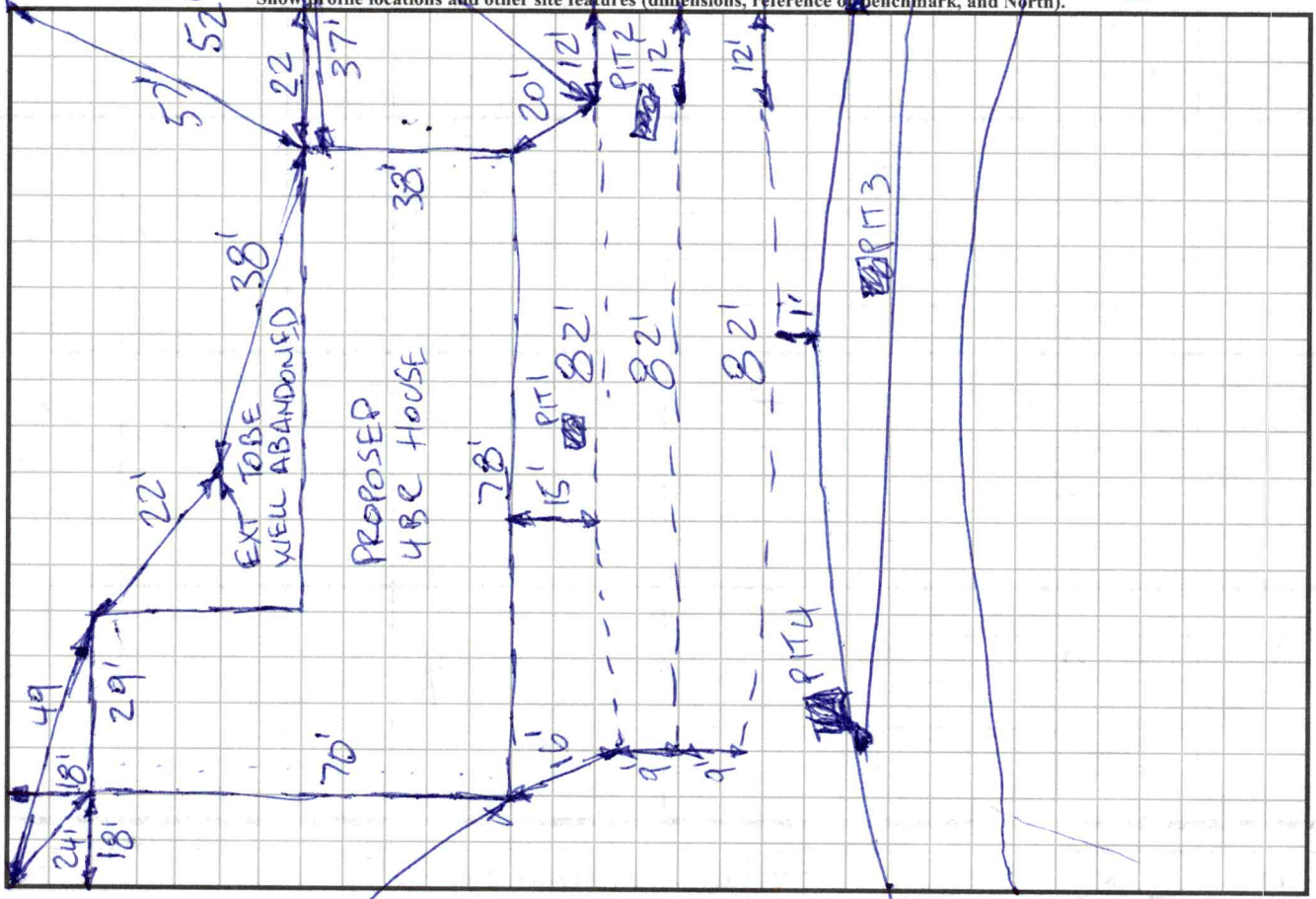
NOTES

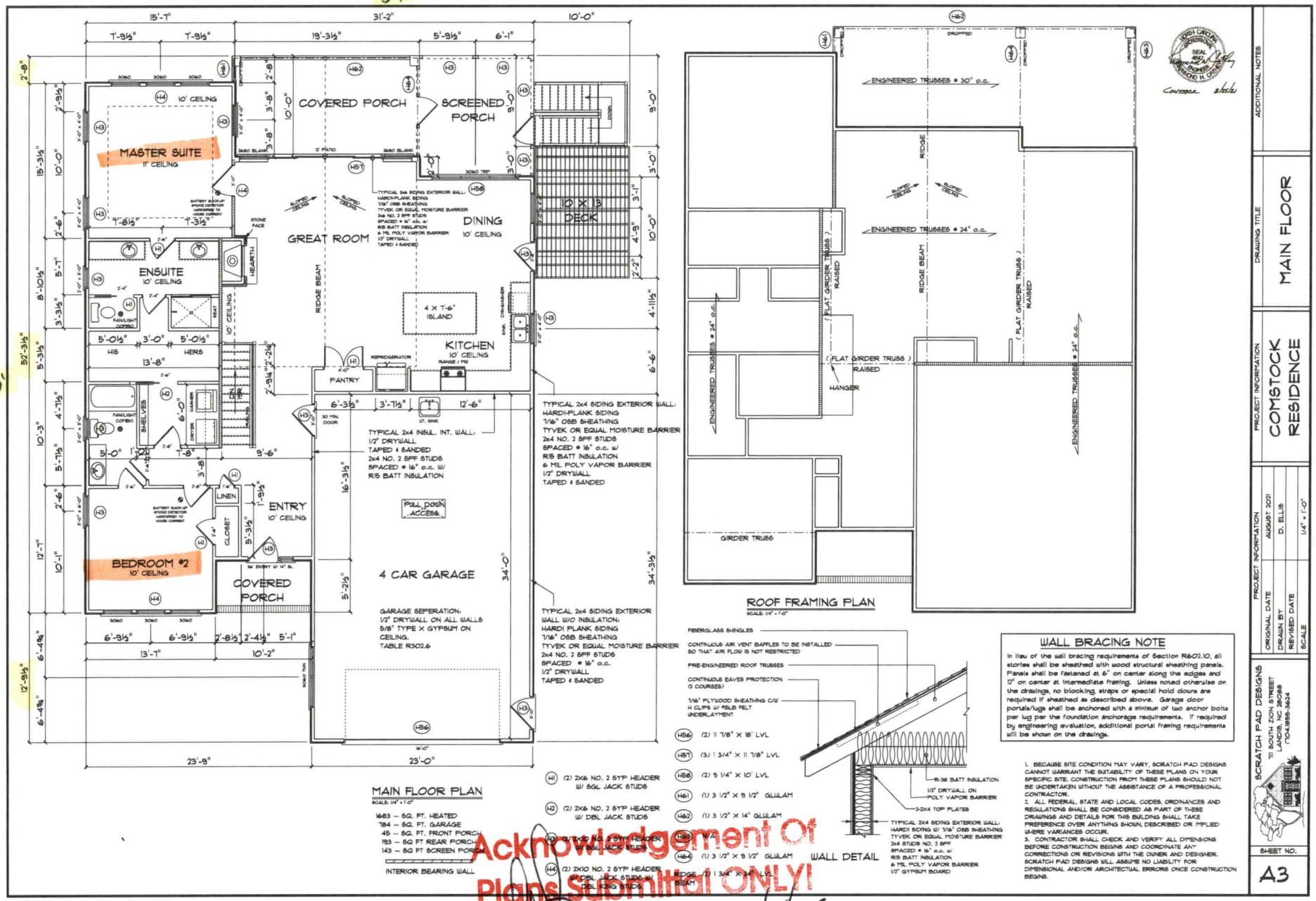
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

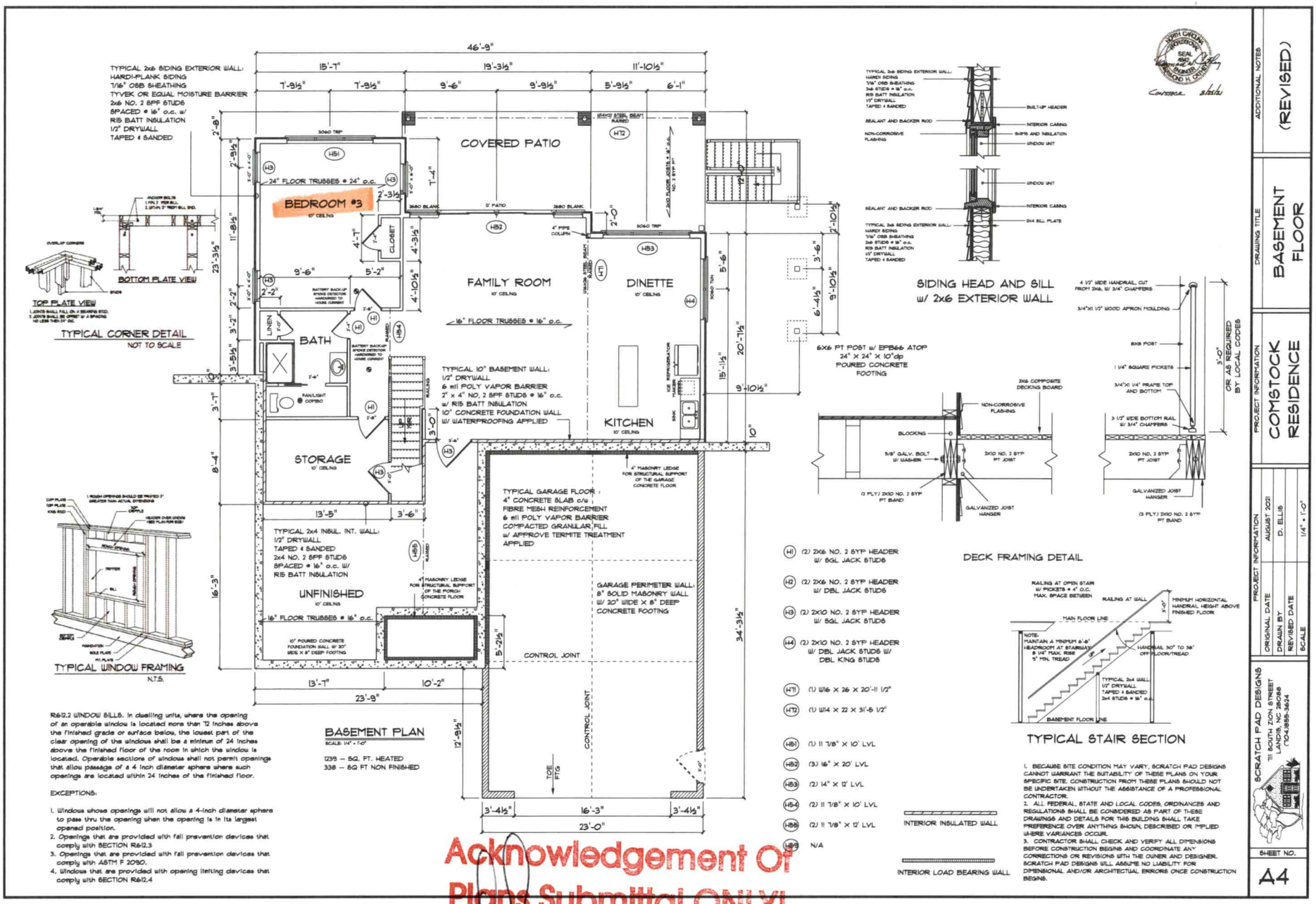
Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).




MASTER SUITE
11' CEILING
COVERED PORCH
SCREENED PORCH
10 X 12 DECK
GREAT ROOM
DINING
10' CEILING
ENSUITE
10' CEILING
4 X 7'-6" ISLAND
KITCHEN
10' CEILING
PANTRY
ENTRY
10' CEILING
BEDROOM #2
10' CEILING
COVERED PORCH
4 CAR GARAGE
HIS
HERS
LINEN
CLOSET
RIDGE BEAM
HEARTH
STONE FACE
PULL DOWN ACCESS
TYPICAL 2x4 INSUL. INT. WALL:
1/2" DRYWALL
TAPED & SANDED
2x4 NO. 2 SPF STUDS
@SPACED @ 16" o.c. W/
R15 BATT INSULATION
TYPICAL 2x4 SIDING EXTERIOR WALL:
HARDI-PLANK SIDING
7/16" OSB SHEATHING
TYVEK OR EQUAL MOISTURE BARRIER
2x4 NO. 2 SPF STUDS
@SPACED @ 16" o.c. W/
R15 BATT INSULATION
6 MIL POLY VAPOR BARRIER
1/2" DRYWALL
TAPED & SANDED
GARAGE SEPERATION:
1/2" DRYWALL ON ALL WALLS
5/8" TYPE X GYPSUM ON
CEILING.
TABLE R302.6
TYPICAL 2x4 SIDING EXTERIOR
WALL W/O INSULATION:
HARDI PLANK SIDING
7/16" OSB SHEATHING
TYVEK OR EQUAL MOISTURE BARRIER
2x4 NO. 2 SPF STUDS
@SPACED @ 16" o.c.
1/2" DRYWALL
TAPED & SANDED
H1 (2) 2X6 NO. 2 SYP HEADER W/ SGL JACK STUDS
H2 (2) 2X6 NO. 2 SYP HEADER W/ DBL JACK STUDS
H3 (2) 2X8 NO. 2 SYP HEADER W/ DBL JACK STUDS
H4 (2) 2X10 NO. 2 SYP HEADER W/ DBL JACK STUDS W/ DBL KING STUDS
H56 (2) 11 7/8" X 18" LVL
H57 (3) 1 3/4" X 11 7/8" LVL
H58 (2) 9 1/4" X 10' LVL
H61 (1) 3 1/2" X 9 1/2" GLULAM
H62 (1) 3 1/2" X 14" GLULAM
H63 N/A
H64 (1) 3 1/2" X 9 1/2" GLULAM
RIDGE BEAM (2) 1 3/4" X 14" LVL
INTERIOR BEARING WALL
ENGINEERED TRUSSES @ 30" o.c.
ENGINEERED TRUSSES @ 24" o.c.
RIDGE
RIDGE BEAM
FLAT GIRDER TRUSS RAISED
HANGER
GIRDER TRUSS
DROPPED
SLOPED CEILING
MAIN FLOOR PLAN
SCALE: 1/4" = 1'-0"
1683 -- SQ. FT. HEATED
784 -- SQ. FT. GARAGE
45 -- SQ FT. FRONT PORCH
193 -- SQ FT REAR PORCH
143 -- SQ FT SCREEN PORCH
ROOF FRAMING PLAN
SCALE: 1/4" = 1'-0"
FIBERGLASS SHINGLES
CONTINUOUS AIR VENT BAFFLES TO BE INSTALLED SO THAT AIR FLOW IS NOT RESTRICTED
PRE-ENGINEERED ROOF TRUSSES
CONTINUOUS EAVES PROTECTION (2 COURSES)
7/16" PLYWOOD SHEATHING C/W H CLIPS W/ #15LB FELT UNDERLAYMENT
R-38 BATT INSULATION
1/2" DRYWALL ON POLY VAPOR BARRIER
2-2X4 TOP PLATES
TYPICAL 2X4 SIDING EXTERIOR WALL: HARDI SIDING W/ 7/16" OSB SHEATHING TYVEK OR EQUAL MOISTURE BARRIER 2x4 STUDS NO. 2 SPF @SPACED @ 16" o.c. W/ R15 BATT INSULATION & MIL POLY VAPOR BARRIER 1/2" GYPSUM BOARD
WALL DETAIL
WALL BRACING NOTE
In lieu of the wall bracing requirements of Section R602.10, all stories shall be sheathed with wood structural sheathing panels. Panels shall be fastened at 6" on center along the edges and 12" on center at intermediate framing. Unless noted otherwise on the drawings, no blocking, straps or special hold downs are required if sheathed as described above. Garage door portals/lugs shall be anchored with a minimum of two anchor bolts per lug per the foundation anchorage requirements. If required by engineering evaluation, additional portal framing requirements will be shown on the drawings.
1. BECAUSE SITE CONDITION MAY VARY, SCRATCH PAD DESIGNS CANNOT WARRANT THE SUITABILITY OF THESE PLANS ON YOUR SPECIFIC SITE. CONSTRUCTION FROM THESE PLANS SHOULD NOT BE UNDERTAKEN WITHOUT THE ASSISTANCE OF A PROFESSIONAL CONTRACTOR.
2. ALL FEDERAL, STATE AND LOCAL CODES, ORDINANCES AND REGULATIONS SHALL BE CONSIDERED AS PART OF THESE DRAWINGS AND DETAILS FOR THIS BUILDING SHALL TAKE PREFERENCE OVER ANYTHING SHOWN, DESCRIBED OR IMPLIED WHERE VARIANCES OCCUR.
3. CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE CONSTRUCTION BEGINS AND COORDINATE ANY CORRECTIONS OR REVISIONS WITH THE OWNER AND DESIGNER. SCRATCH PAD DESIGNS WILL ASSUME NO LIABILITY FOR DIMENSIONAL AND/OR ARCHITECTURAL ERRORS ONCE CONSTRUCTION BEGINS.
ADDITIONAL NOTES
DRAWING TITLE
MAIN FLOOR
PROJECT INFORMATION
COMSTOCK RESIDENCE
PROJECT INFORMATION
ORIGINAL DATE AUGUST 2021
DRAWN BY D. ELLIS
REVISED DATE
SCALE 1/4" = 1'-0"
SCRATCH PAD DESIGNS
111 SOUTH ZION STREET
LANDIS, NC 28088
(704)855-3624
SHEET NO.
A3
Acknowledgement Of
Plans Submittal ONLY!
Date 4/14/22
Date
Buyer C. Wheel 3-4-2022



Acknowledgement Of Plans Submittal ONLY!

(PRO)

Date 4/14/22

Date 3-4-2022

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ 1. *** APPLICANT AND OWNER ARE THE SAME. *** *(Sign here)* _____

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.

☐ 2. I, CELIA TOWNSLEY, am the legal owner(s) of the property located at 230 ALLENDALE CIR TROUTMAN, identified as PIN (Parcel Identification Number) 4628699817, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) OSCAR KOEHLER, KOEHLER HOMES 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.

Celia Townsley
Signature of Owner(s)

2/16/22
Date

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

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

RECEIVED FEB 2 4 2022

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP- 312341

Application For:

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

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. 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: KOEHLER HOMES INC Address: 167 MAPLE VIEW DR TROUTMAN Zip: 28166
Applicant Email: OKOEHLERHOMES@AOL.COM Phone: 704-309-0227 Alt. Phone: _____
Owner Name: CELIA TOWNSLEY Address: 154 PINOAK LA MOORESVILLE Zip: 28117
Owner Email: CTOWNZ62@GMAIL.COM Phone: 219-669-4442 Alt. Phone: _____

Property Information:

Street Address: 230 ALLENDALE CIRCLE TROUTMAN 28166
Subdivision Name: ALLENDALE POINT Section/Phase: _____ Lot Number: 22
Driving Directions: STATE PARK RD, L ON MORRISON FARM, R ON ALLENDALE

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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: (X) Replacement Well – Reason: EXISTING ABANDONED
( ) 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: _____
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

(X) Yes ( ) 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.

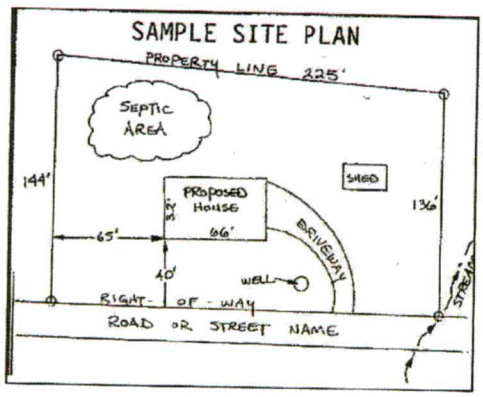
Signature: (CMES) 2/17/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and 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

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 SURVEY

Signature: _____

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

_____

DATE

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

____ **Complete all Environmental Health forms**:

- ✓ Application
- ✓ Site Plan including the dimensions of proposed structure, addition, pool etc.
- ✓ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- N/A Copy of Zoning Permit when applicable
- ____ Sign this sheet after you have completed all items

✓ **Lot must be cleared of heavy undergrowth**. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

✓ **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

✓ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted**. The proposed structure, etc. must be staked out on the property as per the site plan.

✓ **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 2/17/22

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP-312341

PIN # 4628 - 69 - 9817

APPLICANT/OWNER: DOMINIC AGRESTA / J. KENNETH CLAY REVOCABLE TRST APPLICANT ADDRESS: 156 GAGE DRIVE, MOORESVILLE, N.C. 28115

SITE ADDRESS: 230 ALLENDALE CIRCLE, TROUTMAN, N.C. 28166 PHONE: 910-880-9431 ALT. PHONE 910-880-9480

SITE DIRECTIONS: (S) ON 21, (R) ON PERTH, (R) ON STATE PARK, (L) ON MORRISON FARM, (R) ON ALLENDALE, LOT ON (R)

SUBDIVISION: ALLENDALE POINT SECTION: — LOT # 22 LOT AREA: 0.5 AC

SAP CONTROLLED: ☐ YES ☑ NO REPAIR

DESIGN FLOW: 480 GPD L.T.A.R.: 0.325 (0.85)

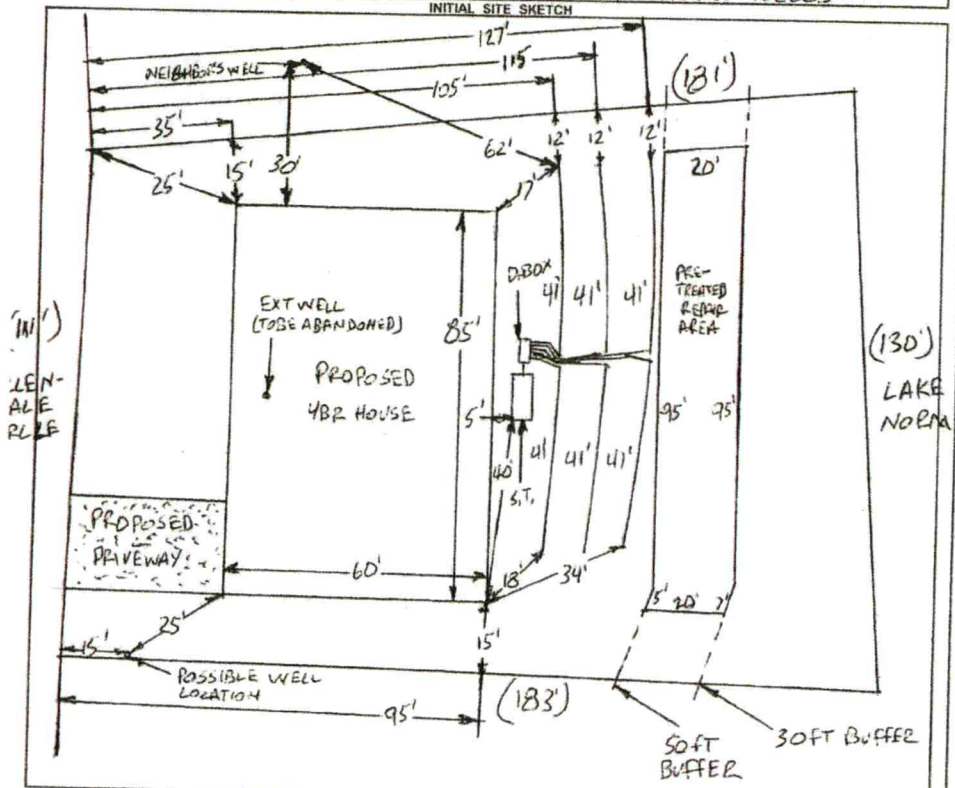
Septic Tank	1000	(gal)	STB		Date		☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	50% REDUCTION-HORIZONTAL PPRPS			
Pump Make	—	Model		—	Serial #	—	Repair System Description:	PRETREATED TSII DRIP			
# Nitrification Fields	1	# Lines	6		Linear Ft	246FT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 IN	Trench Bottom Depth(Low side)		20 IN	Gravel Depth	—		☑ GRAVITY	☐ PRESSURE		

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

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE 54 PANELS OF HORIZONTAL PPRPS, UTILIZE D-BOX TO FEED ALL LINES EQUAL, MAINTAIN 50FT FROM ALL WELLS

NO FOUNDATION DRAINAGE ALONG BACK OF HOUSE, 50FT BUFFER AND ALL PROPERTY LINES MUST BE MARKED EVERY 25FT AT TIME OF INSTALLATION.

INITIAL SITE SKETCH



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.

WELL MUST BE ABANDONED PRIOR TO A.C

1 IN = 40 FT
S.T. = SEPTIC TANK
EXT = EXISTING

COPY

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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: _____ Installed by: _____

IMPROVEMENT PERMIT by: Bryant C. White Date: 12-23-2020 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: _____ Date: _____

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

4

RECEIVED NOV 05 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

AP-312341 $500.00

PAGE 1: *APPLICATION FORM*

Application For:

(X) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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: *Place an (X) beside whichever is submitted if applicable*

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

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Dominic Agresta Address: 156 Gage Dr. Mooresville Zip: 28115

Applicant Email: dagresta9@gmail.com Phone: 910-880-9431 Alt. Phone: 910-880-9480

Owner Name: I. KENNETH CLAY REVOCABLE TRUST Address: 7304 DRY RUN RD., BURNSVILLE, VA. Zip: 24487

Owner Email: hgking@mgwnet.com Phone: 540-925-2275 Alt. Phone: 919-623-9492

Property Information:

Street Address: 230 Allendale Cir., Troutman, NC 28166

Subdivision Name: Allendale Circle Section/Phase: N/A Lot Number: 22

Driving Directions: From State Park Rd 1.4 Miles, Left on Morrison Farm, Rt Allendale Cir

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

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

CHECK FOUNDATION TYPE

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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 (X) 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 (3) Alternative (1) Conventional (4) Innovative (2) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:

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

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

Signature: _____ 10/30/2020

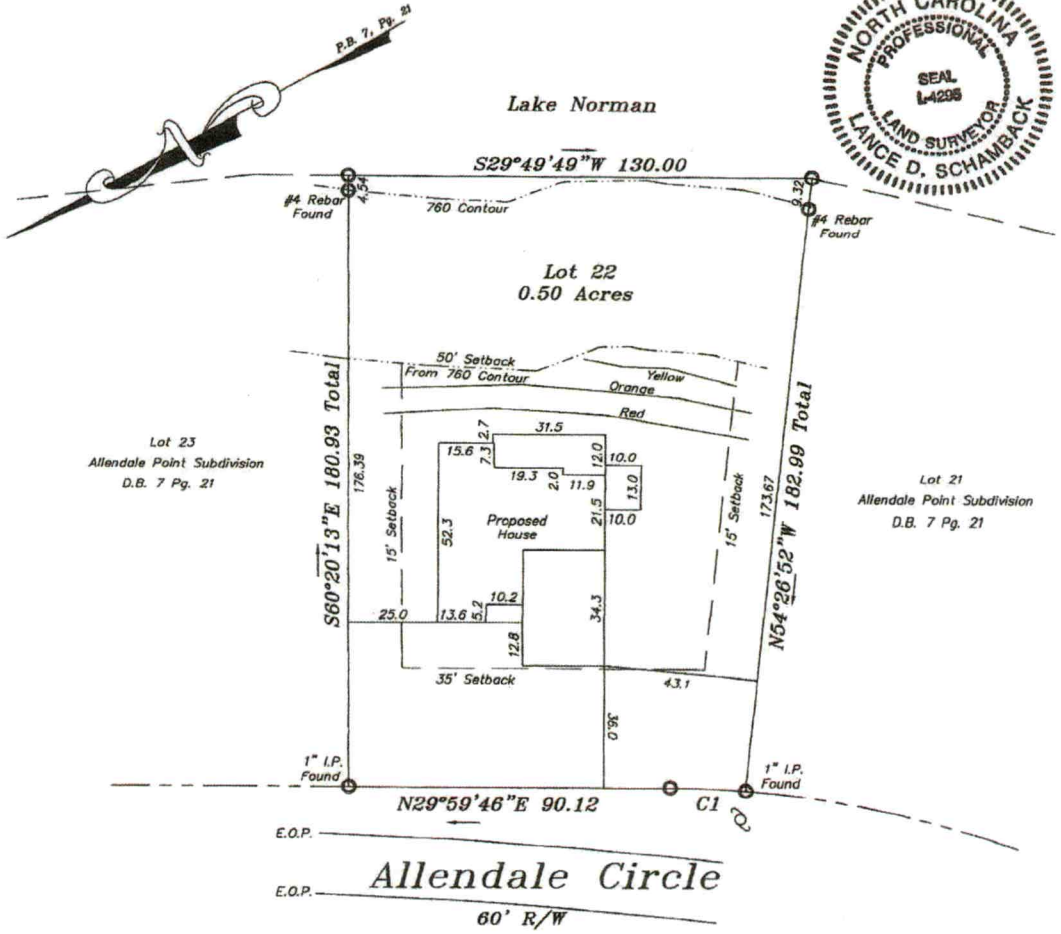
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

I Lance D. Schamback, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description and/or Map Book: 7, Page 21. That the boundaries not surveyed are indicated as drawn from information as shown on the survey; that the ratio of precision as calculated is 1: 10,000+ that this map meets the requirements of The Standards of Practice for Land Surveying in North Carolina (21 NCAC 56.1600). This 19 day of January, A.D. 2022.

Lance D. Schamback, PLS
LICENSE NUMBER: L-4295

NORTH CAROLINA PROFESSIONAL SEAL L-4295 LAND SURVEYOR LANCE D. SCHAMBACK

CURVE TABLE				
CURVE	LENGTH	RADIUS	Chord Distance	Chord Bearing
C1	21.13	257.12	21.13	N32°14'46"E

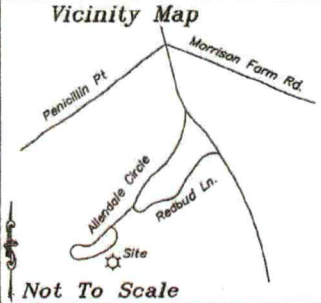


Notes:
1) This property may be subject to Any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Map Book: 7 at Page: 21 as recorded in the Iredell County Register of Deeds.
3) This survey is of an existing parcel or parcels of land.
4) Area by coordinate method.
5) No Title Commitment was provided or reviewed.

Legend
R/W = Right-of-way
I.P.S. = #4 Rebar Set
= Not to scale
= Cable Box
= Utility Pole
= Catch Basin

GRAPHIC SCALE
40 0 20 40 80
(IN FEET)
1 inch = 40 ft.

Vicinity Map



Not To Scale

Plot Plan

FOR

Celia K. Townsley Revocable Trust

PROPERTY DESCRIPTION

LOT 22,
Allendale Point Subdivision
Plat Book 7, Page 21
Dee Book 2648 at Page 24
230 Allendale Circle
Fallstown Township, Iredell County, NC

SCALE: 1" = 40'

FIELD BOOK:

FILE: 2022-02

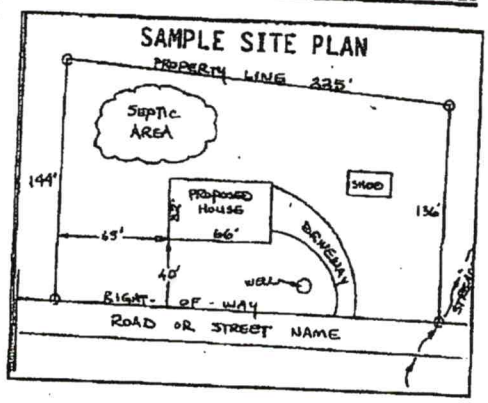
TAX PARCEL ID:
4628699817

Schamback Surveying, P.A.
Post Office Box 4143
Mooresville, NC 28117
(704) 622-9915
C-3218

312341

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *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:

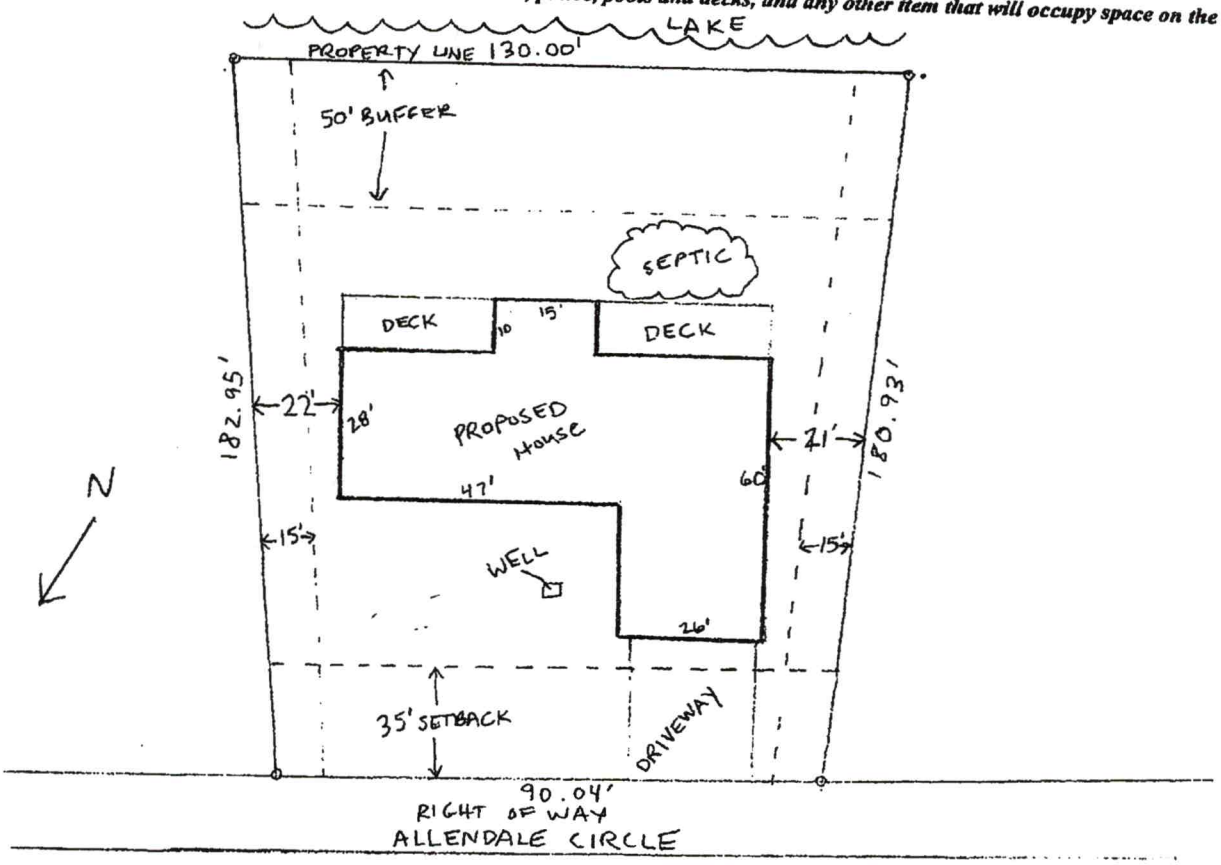
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator 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



Signature: _____

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

10/30/2020
DATE

312341

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ 1. *** APPLICANT AND OWNER ARE THE SAME. *** *(Sign here)* _____

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.

☑ 2. I, ~~Clay I Kenneth Trust~~ (Harold G. King) I. KENNETH CLAY REVOCABLE TRUST, am the legal owner(s) of the property located at **230 Allendale Circle, Troutman, NC 28166**, identified as PIN (Parcel Identification Number) **4628-69-9817.000**, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) **Dominic and Anna Agresta** _____, 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.

Harold G. King, TRUSTEE
Signature of Owner(s)

10/30/2020
Date

Mooresville - Environmental Health

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

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

312341

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

DA **Complete all Environmental Health forms:**

- DA Application
- DA Site Plan including the dimensions of proposed structure, addition, pool etc.
- DA Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- DA Copy of Zoning Permit when applicable
- DA Sign this sheet after you have completed all items

DA **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

DA **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

DA **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. must be staked out on the property as per the site plan.

____ **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

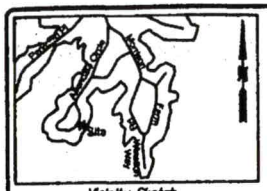
By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 10/3/20

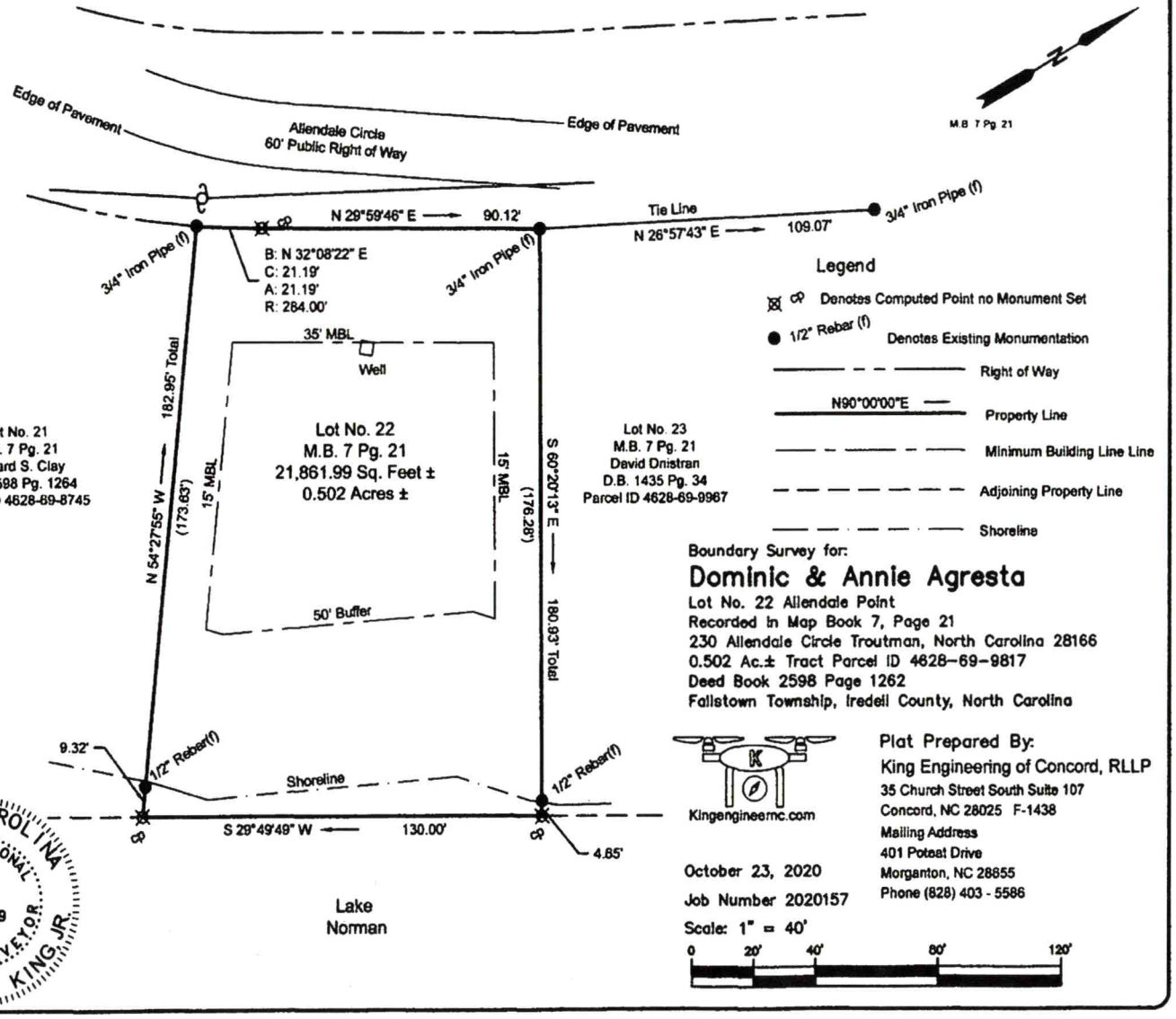
Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625



Vicinity Sketch
Not to Scale



Legend

- cp Denotes Computed Point no Monument Set
- 1/2" Rebar (f) Denotes Existing Monumentation
- Right of Way
- N90°00'00"E Property Line
- Minimum Building Line Line
- Adjoining Property Line
- Shoreline

1. All distances are horizontal unless otherwise noted
2. All acreage is by coordinate method
3. The Client acknowledges (1) that boundary surveying services do not determine land ownership and that the professional land survey provides only an opinion of previously described boundary lines which may or may no be upheld by a court of law and, (2) the general survey does not include the location of all easements and, (3) in services relating to boundary surveys, the consultant limits the liability to the professional fee charged to the client
4. Broken lines indicate lines not surveyed
5. This survey does not constitute a title search by Surveyor. Surveyor has made no investigation or independent search for easements or record, encumbrances, restrictive covenants, ownership title evidence, or any other facts that an accurate and current title search may disclose.
6. This property is not located in a 100 year flood zone as shown on F.E.M.A. Firm Map # 3710462800K Effective Date: March 18, 2008
7. Copyright© King Engineering of Concord, RLLP, All rights reserved. No part of this drawing may be reproduced by photocopying, recording or by any other means, or stored, processed or transmitted electronically without the prior written permission of the surveyor. This survey is valid only for the parties indicated the title block and is non transferable to subsequent parties.

I certify that this map was drawn under my supervision from an actual survey made under my supervision (deed description recorded in D.B. 2598, Pg. 1262); that the boundaries not surveyed are indicated as drawn from information in M.B. 7, Pg. 21; that the ratio of precision or positional accuracy is 1:99,089; and that this map meets the requirements of The Standards of Practice for Land Surveying in North Carolina (21 NCAC 56.1600)

This 23rd day of October, 2020.

Professional Land Surveyor License No. L-3089

NORTH CAROLINA PROFESSIONAL SEAL L-3089 LAND SURVEYOR SAMUEL L. KING, JR.

Boundary Survey for:

Dominic & Annie Agresta

Lot No. 22 Allendale Point
Recorded in Map Book 7, Page 21
230 Allendale Circle Troutman, North Carolina 28166
0.502 Ac.± Tract Parcel ID 4628-69-9817
Deed Book 2598 Page 1262
Fallstown Township, Iredell County, North Carolina

Kingengineernc.com

Plat Prepared By:
King Engineering of Concord, RLLP
35 Church Street South Suite 107
Concord, NC 28025 F-1438
Mailing Address
401 Poteat Drive
Morganton, NC 28655
Phone (828) 403 - 5586

October 23, 2020
Job Number 2020157
Scale: 1" = 40'

0 20' 40' 80' 120'

31234

IREDELL COUNTY · NC

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

APPLICATION NUMBER
312341 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4628699817.000	230 ALLENDALE CIR	Iredell County

Owner Information	Applicant Information
Name: CLAY I KENNETH REVOC TR ETAL	Name: DOMINIC AGRESTA
Address:	Address: 156 GAYE DR MOORESVILLE, NC 28115
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	50	35	15	15	WSIV-CA Catawba/Lake Norman	YES

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: 11/03/2020

Signature of Owner/Contractor

Permit Number	312341	TOTAL FEES:	$77.25

3/2341

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

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)
No

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 **I. Kenneth Clay Revocable Trust** Phone # **540-925-2275**

Owner's Current Address **7304 Dry Run Road, Burnsville, VA 24487**

Property Information

Property Address 230 Allendale Cir. Troutman NC Parcel # **4628-69-9817.000**

Subdivision: **Allendale Point** Lot: 22 Zoning: R20 Watershed: Y or ☑ Flood Plain: Y or ☑ Township: **Fallstown**

Directions to property (from a MAIN ROAD) From Perth Rd & 1.4 miles on State Park Rd, Left onto Morrison Farm Rd 2.5 miles & Rt onto Allendale Circle 0.2 miles

Application Information

Applicant's Name or Company Dominic Agresta Applicant's Phone # (910) 880-9431

Applicant's Address 156 Gage Dr. Mooresville NC 28115

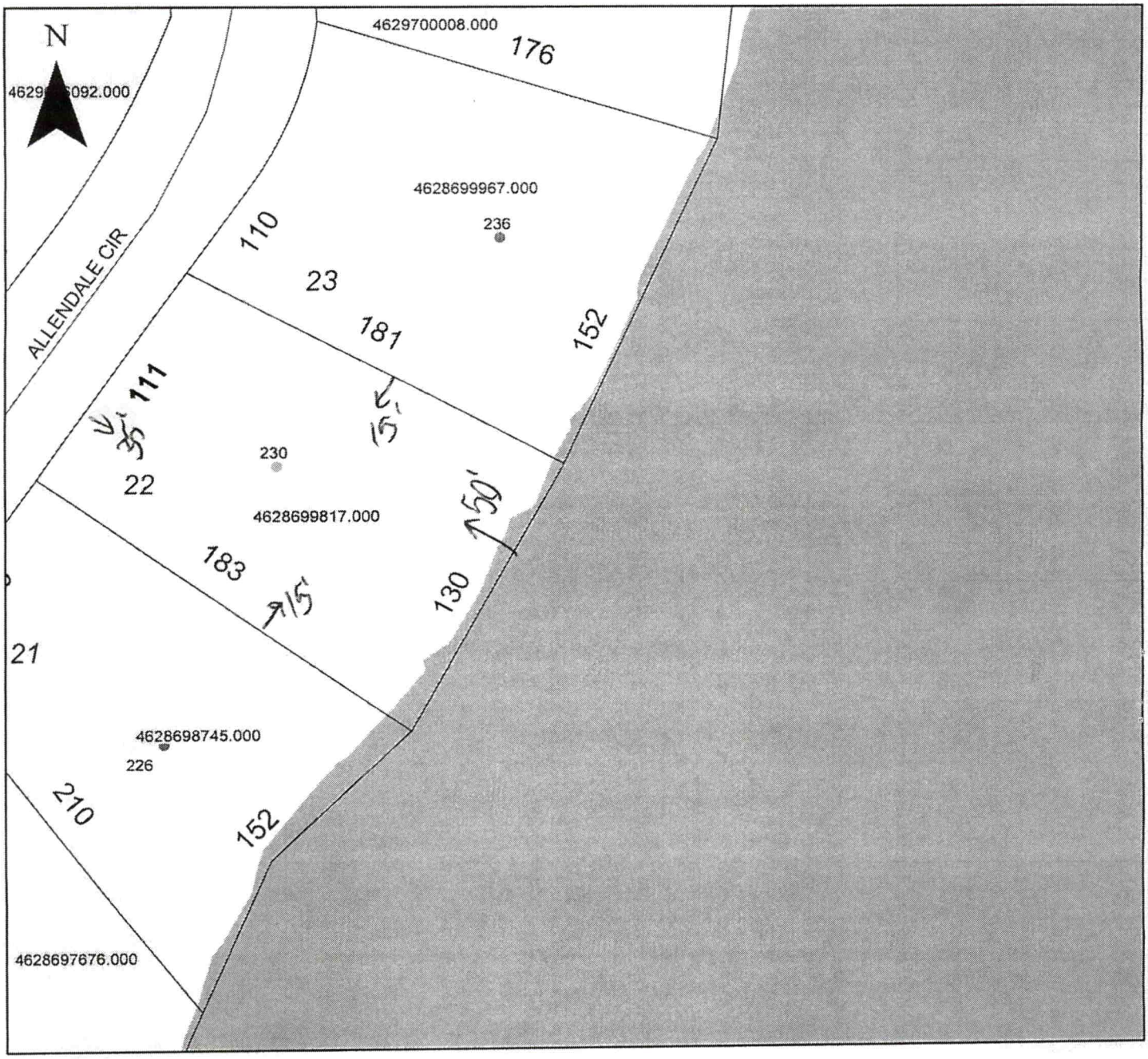
If Company, Representative's Name and Title _____

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 10/30/20

312341

ZONING DISCLAIMER



Property Address 230 Allendale

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.

Applicant

11/03/20
Date