NEW AMERICAN BLDRS / TODD WILLIAMS

IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT REPLACES EXPIRED PERMIT #094580

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 147654 PIN# 4629-65-7420 DATE 1-2-2008

OWNER OR APPLICANT S & ME, INC ENGINEERING PHONE: Business 704-662-8625 Home 704-201-8855

ADDRESS 105D DENVER BUSINESS PARK DR, MOORESVILLE, NC 28115

LOCATION STATE PARK ROAD TL MORRISON FARM ROAD, TR ROUNDSTONE ROAD, 0.3 MILE ON LEFT

SUBDIVISION LAKEWAY EST BLOCK / SECTION — LOT 4 LOT AREA 1.027 ACRES SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.30 GAD/FT²

Septic Tank: 1000 Gallons; STB 744 Date 3-28-08

Pump Tank: 1000 Gallons; PT 27 Date 4-1-08

Pump Make: ZOELLER Model N-148 Serial No. —

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 270

No Lines FIVE Trench Width 24" Max Trench Bottom Depth 36" Min. Depth 24"

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

System Description: 50% REDUCTION, LOW-PRESSURE

Repair System Description: 50% REDUCTION, LOW-PRESSURE

Maintenance Agreement Required: ☑ Yes ☐ No

☐ Gravity ☑ Pressure

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons —

☐ Business No. Employees —

☐ Other —

Water Supply: ☐ Individual ☑ Public ☐ Community

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: ① INSTALL 50% REDUCTION SYSTEM ON CONTOUR USING 64 PPBPS PANELS ② SEE ATTACHED SHEETS FOR PUMP & LOW-PRESSURE REQUIREMENTS

Comments/Conditions: POLYLOK Filter & MONLOR

INITIAL SITE SKETCH

③ A CONTRACT SHALL BE EXECUTED BETWEEN THE SYSTEM OWNER & A MANAGEMENT ENTITY PRIOR TO ISSUANCE OF OPERATION PERMIT.

SEE ATTACHED "FAST TRACK" SITE PLAN PREPARED BY PATRICK MITCHELL, S&ME, INC ENG.

AS BUILT SKETCH

BUILDER OK TO MAKE CHANGES TO ST & PT.

	Date	Initials
Drain Lines Checked	5-5-08	ALC
Tanks Checked	5-5-08	ALC
Pressure Manifold or Valve Box Checked	5-5-08	ALC
Pressure Head Set	5-29-08	ALC
Electrical Checked	5-29-08	ALC
Floats Set	5-5-08	ALC
Alarm Checked	5-29-08	ALC
Maintenance Contract (Y) N	5-29-08	ALC

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☑ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

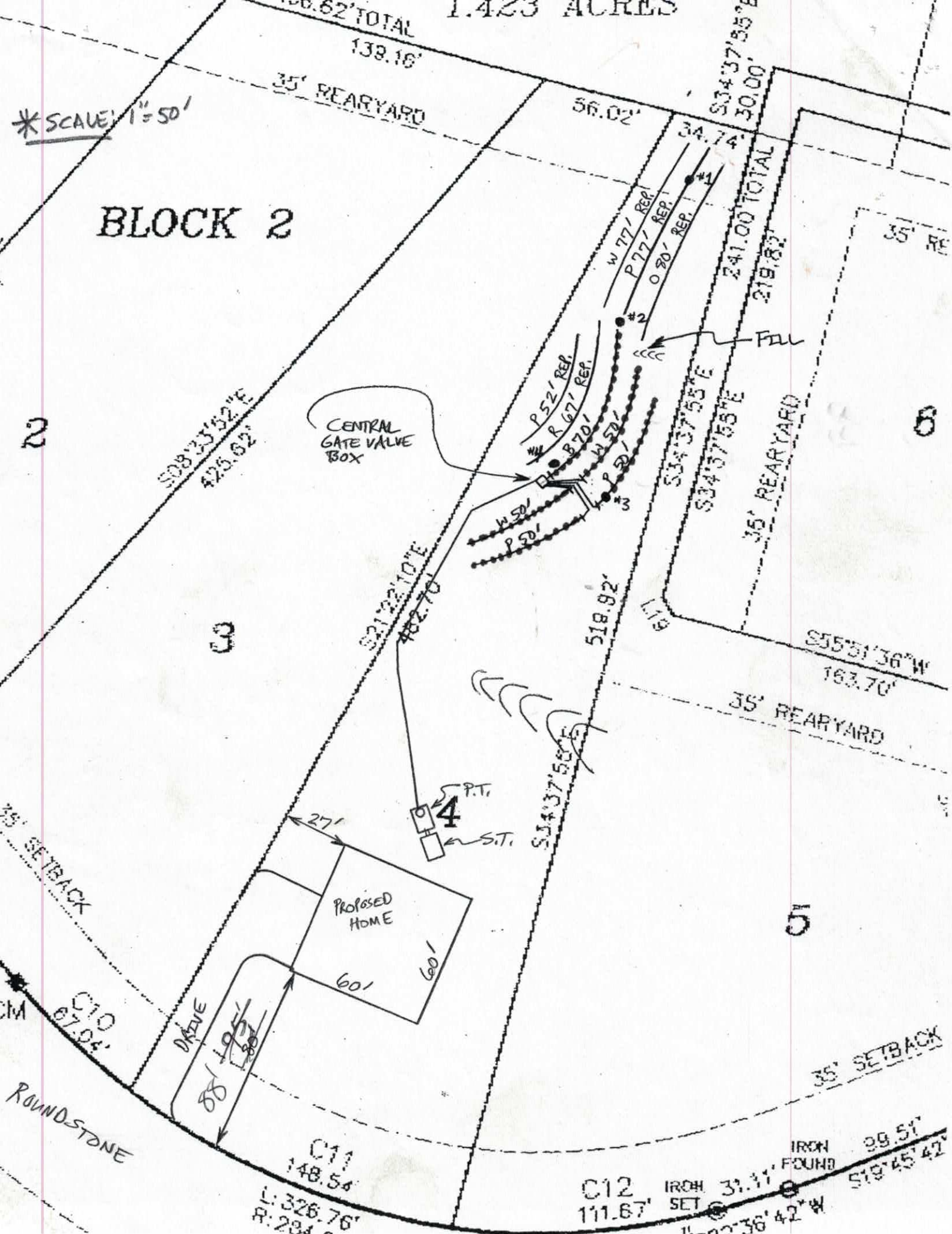
Signed: [signature] date 1/8/08 Installed by: Commercial Services of Stanfield

Improvement Permit by: STEVE HEDRICK date 1-24-2008 Operation Permit by: [signature] date 6-13-08

Authorization to Construct by: STEVE HEDRICK date 1-11-08 Existing System Inspection by: — date —

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

2011 Block: Jeffrey / Cheryl Bentley
Site Address: 157 Roundstone Rd. Statesville


1.423 ACRES
*SCALE: 1"=50'
BLOCK 2
138.16'
35' REARYARD
56.02'
S34°37'55"E
30.00'
34.74'
W 77' REP.
P 77' REP.
O 90' REP.
#2
241.00' TOTAL
219.82'
35' REARYARD
FILL
P 52' REP.
R 67' REP.
870'
W 50'
P 50'
#3
CENTRAL GATE VALVE BOX
S08°33'52"E
425.62'
S34°37'55"E
S21°22'10"E
482.70'
518.92'
S55°31'36"W
163.70'
35' REARYARD
S34°37'55"E
P.T.
S.T.
4
27'
35' SETBACK
PROPOSED HOME
60'
60'
DRIVE
88'
C10
67.04'
C11
148.54'
L: 326.76'
R: 284.
C12
111.67'
IRON SET
IRON FOUND
31.11'
99.51'
S19°45'42"
ROUNDSTONE
35' SETBACK
2
3
5
6

S&ME

To: Iredell County Environmental Health

From: Patrick Mitchell, RS, SS-IT
Paul Penninger, LSS

RE: Lot 4, Lakeway Estates – New American Builders – Fast Track

Date: December 31, 2007

Attached is the Fast Track information required to place Lot 4 in Lakeway Estates on your individual Fast Track list to review the septic system layout. Please call when you are ready to review the lot and we will meet you on the site.

The attached information is not an Improvement Permit or Authorization to Construct, and is only to assist the Iredell County Health Department (ICHD) with the site evaluation. The ICHD must approve the lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC rules. If the ICHD wishes to change tank locations, distribution devices, etc., this can be shown on the Improvement Permit.

All information and specifications were prepared in conjunction with the Fast Track Program for Iredell County and are for the sole use of New American Builders in acquiring a permit under the Fast Track Program. It is ultimately the Iredell County Health Department's responsibility to verify all specifications before permitting and/or septic system installation.

S&ME, INC. / 385 Timber Road, Suite 104 / Mooresville, NC 28115-7899 / *p* 704.662.8625 *f* 704.662.8735 / www.smeinc.com

Lot 4 - Lakeway Estates Subdivision

Fast Track Septic System Information

Number of Bedrooms:	**4**
Design Flow (gpd):	480
Foundation Type:	**Crawl**
Initial System Type:	**LP PPBPS**
LTAR (gpd/ft2):	**0.3**
No. Lines:	5
Total Linear Feet:	270
Trench Width:	2' min.
Trench Spacing:	8' min.
Pump Required:	Yes
Distribution Device:	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required:	Yes
Length and Diameter of Supply Pipe:	172' of 2" SCH 40 PVC
Size of laterals:	1 1/4" SCH 40 PVC
Flow Rate through the system (gpm):	32
Approx. Elevation head (ft.):	16
Pressure head (ft.):	3
Friction head (ft.):	2
20% Contingency (ft.):	1
Total Head (ft.):	22
Approx. Pump Requirements:	**32 gpm @ 22 ft. of head**

***To be designed by installer at time of installion**

Dosing Volume (gal/dose/day @ design flow):	230.4 gallons	2.1 doses/day @ design flow*
Volume of water pumped per dose:	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)	
Approx. Pump Run Time per dose (min.):	7.2	
Check Valve:	Yes	
Siphon Break hole:	Yes	
Repair System:	**LP PPBPS**	
Total Linear Feet:	353	
Repair LTAR:	0.30	*266.7 ft. Required*

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

Lot 4 - Lakeway Estates Subdivision Fast Track Septic System Information

Table 1: Summary of Initial LPPPBPS System Specifications

Line No.	Line Color	Length (ft)	# Panels	Hole Size(In.) per panel	Elev. (Ft.)
1	Blue	70	16	5/32"	
2	White	50	12	5/32"	
3	White	50	12	5/32"	
4	Pink	50	12	5/32"	
5	Pink	50	12	5/32"	7.1
Totals		**270**	**64**		

Table 2: Summary of Repair System Specifications

Laterals	Line Color	Length (ft)	Elev. (Ft.)
1	Pink	52	4.4
2	Red	67	
3	White	77	
4	Pink	77	
5	Orange	80	
Totals		**353**	

			Elev. (ft.)
Tank	Red	1000 gal (2 compartment)	9.6
Pump Tank	Red	1000 gal.	
House	Blue	Front Right Corner	1.5

**** Elevations should be verified by surveyor at time of installation**

NOTES: ** Place one 5/32" hole per panel

1) Fill eroded/gullied areas in area of drainfield

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

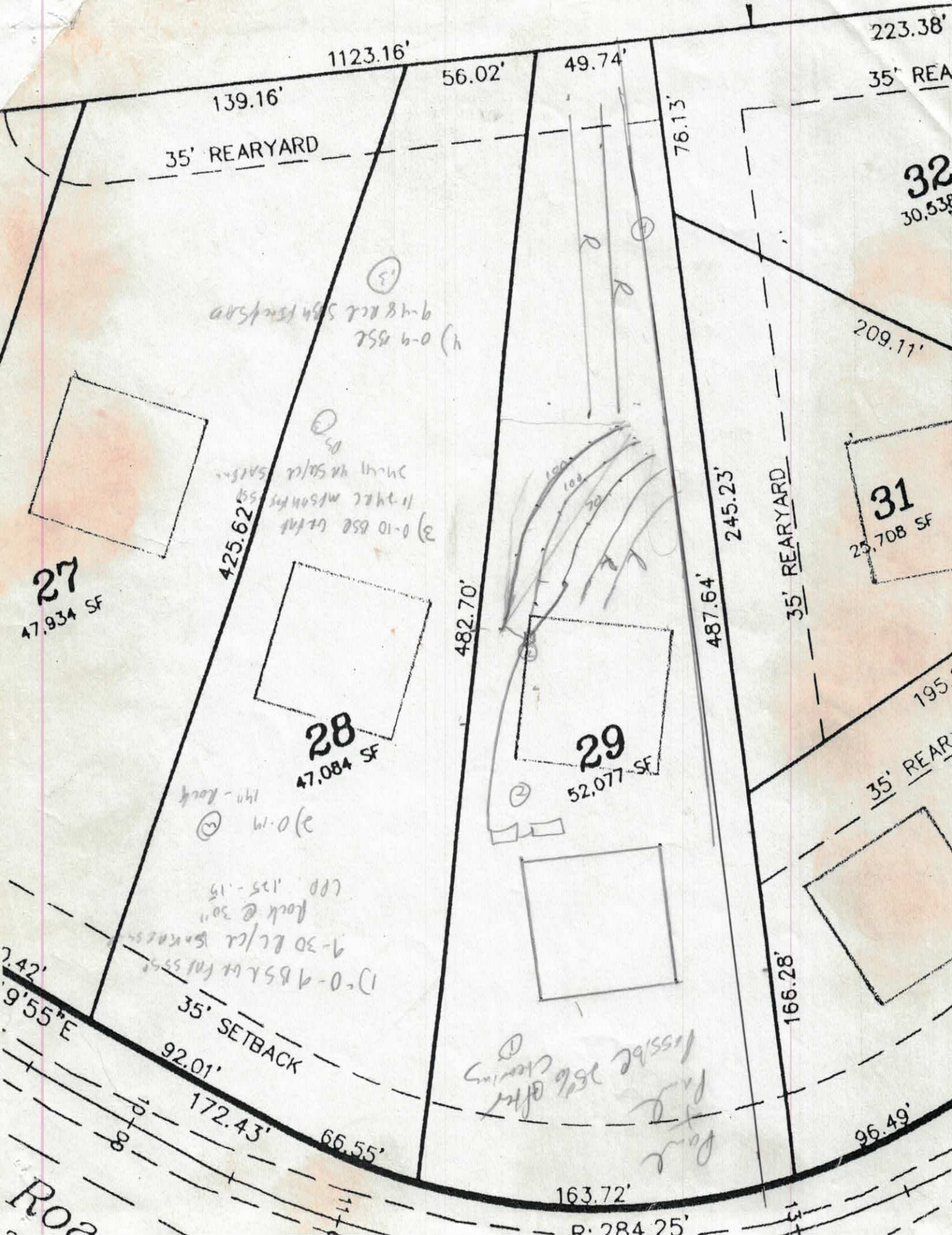
OWNER: New American Elders, (Todd Williams) APPLICATION DATE ___
ADDRESS: ___ DATE EVALUATED: 12/27/07
PROPOSED FACILITY: 4BR SFD PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: ___
LOCATION OF SITE: Lot 4 off Ramstone PROPERTY RECORDED: ___
WATER SUPPLY: • Private • Public • Well • Spring • Other ___
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	L 6-10%	0-5	Wk, Gr, SL	VFr, NS, NP (Lt. Brwn.)					0.35
		5-11	Mo, Gr, SCL	Fr, SS, SP (Lt. Red)					
		11-30	Mo, Gr/Sbk, SCL	Fr, SS, SP (Brwn.)					
		30-48	Wk, Sbk, SCL/SC	Fr, SS, SP (Red)	w/ F-Sap. Inclus.				
2	L	0-4	Mo, Gr, SL	Fr, SS, NP (Brwn.)					0.30
		4-30	Mo, Sbk, C	Fr, SS, SP (Red)	w/ F-Sap. Inclus.				
		30-48	Mo/Sk, Sbk, CL	Fr, SS, SP (Red)	w/ C-M Sap. Inclus.				
3	L	0-8	Wk, Gr, SL/SCL	Fr, SS, NP/SP (Brwn.)					0.30+
		8-28	Mo, Sbk, C	Fr, SS, SP (Red)					
		28-38	Wk, Sbk, CL	Fr, SS, SP (Red)	w/ M-Sap. Inclus. (~50% @ ~30")				
		38-48	Mass., SL	Sap. Fr, NS, NP (Multi.)					
4	L	0-6	Mo, Gr, SL	VFr, NS, NP (Lt. Brwn)					0.30+
		6-28	Mo, Sbk, C	Fr, SS, SP (Red)					
		28-37	Wk, Sbk, CL	Fr, SS, SP (Red)	F-Sap. Inclus.				
		37-48	Wk, Sbk, CL	Fr, SS, SP (Lt. Red)	C-M Sap. Inclus.				

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: P. Mitchell
OTHER(S) PRESENT: ___

COMMENTS: ___

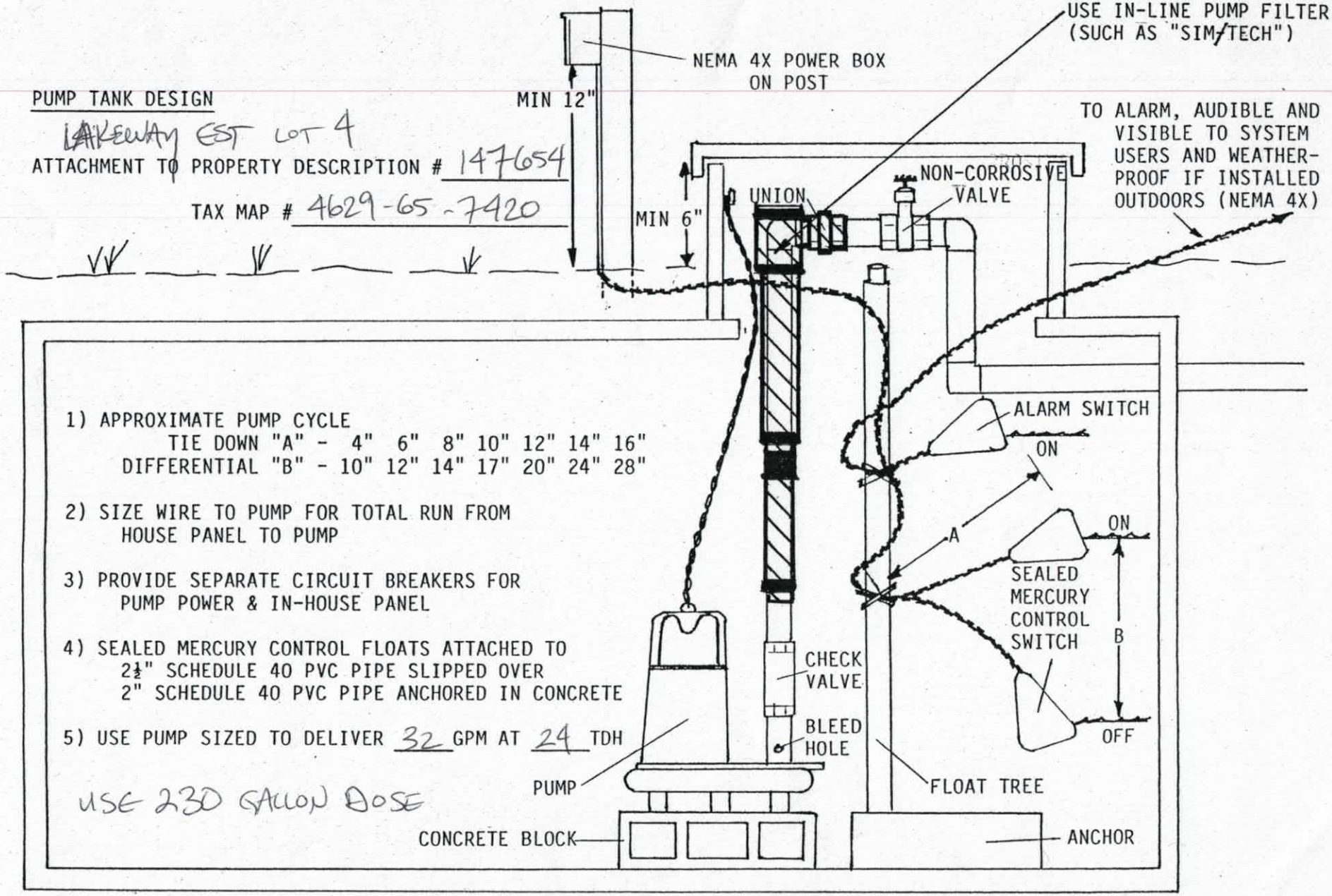

1123.16'
139.16'
35' REARYARD
56.02'
49.74'
223.38'
35' REA
76.13'
32
30,53
209.11'
425.62'
482.70'
487.64'
245.23'
35' REARYARD
31
25,708 SF
27
47,934 SF
28
47,084 SF
29
52,077 SF
195
35' REAR
166.28'
35' SETBACK
92.01'
172.43'
66.55'
163.72'
96.49'
9'55"E
2.42'
R: 284.25'

PUMP TANK DESIGN

LAKEWAY EST LOT 4

ATTACHMENT TO PROPERTY DESCRIPTION # 147654

TAX MAP # 4629-65-7420



1) APPROXIMATE PUMP CYCLE
   TIE DOWN "A" - 4" 6" 8" 10" 12" 14" 16"
   DIFFERENTIAL "B" - 10" 12" 14" 17" 20" 24" 28"

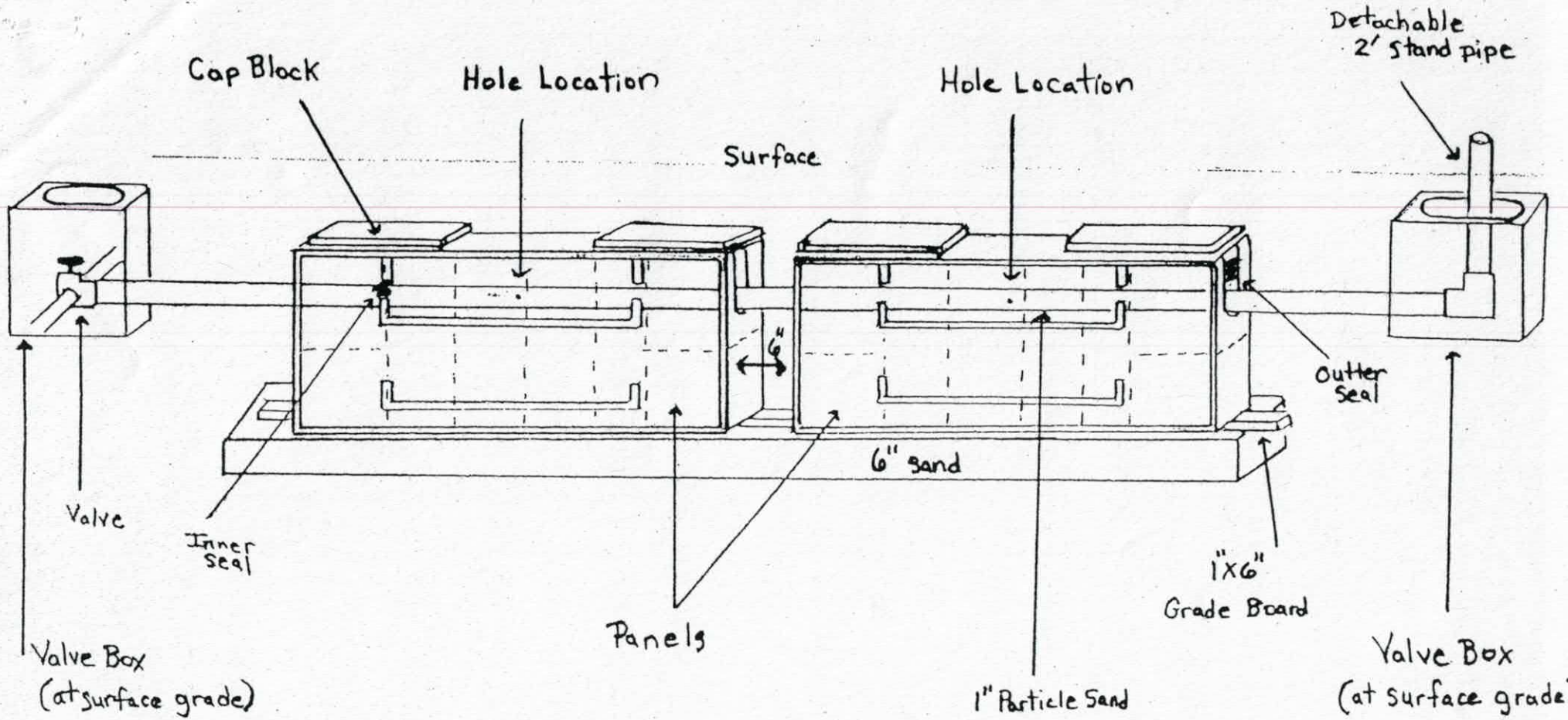
2) SIZE WIRE TO PUMP FOR TOTAL RUN FROM HOUSE PANEL TO PUMP

3) PROVIDE SEPARATE CIRCUIT BREAKERS FOR PUMP POWER & IN-HOUSE PANEL

4) SEALED MERCURY CONTROL FLOATS ATTACHED TO 2½" SCHEDULE 40 PVC PIPE SLIPPED OVER 2" SCHEDULE 40 PVC PIPE ANCHORED IN CONCRETE

5) USE PUMP SIZED TO DELIVER 32 GPM AT 24 TDH

USE 230 GALLON DOSE



LAKEWAY EST LOT 4
PERMIT #147654

Pressure Dosed PPBPS

# of panels 64.
Size holes 5/32". 1 hole per panel.
Approximate amount of sand needed _____.
100 lbs. of partical sand per 8 panels.
Sidewalls raked and limed.
GPM 32.
TDH 24.

Comments

SCOUR TRENCH BOTTOMS & SIDEWALLS AND APPLY A LIGHT DUSTING of LIME PRIOR to INSTALLING SAND & PANELS

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, 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:** X **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	Work Phone
New American Builders/Todd Williams		704-201-8855 Cell	704-843-2006
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Lakeway Estates	Lot 4

Driving Directions: Hwy 21 South (R) Peith Rd. (R) State Park Rd. (L) Morrison Frm Rd. (R) Roundstone, Lot on left.

****

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**

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

- (X) **Crawl Space Foundation?**
- ( ) **Concrete Slab Foundation?**
- ( ) **Basement w/Plumbing?**
- ( ) **Basement w/out Plumbing?**

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

****

6. **Proposed Water Supply:**

( ) **New Well** ( ) **Existing Well** ( ) **Community Well** ( ) **City Water** (X) **Other Public Water**

****

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

(X) **Alternative** ( ) **Conventional** ( ) **Innovative** (X) **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:** _____ 12/31/07
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY HEATLH DEPARTMENT

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…**
SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
____ **Front and side setbacks from property line…**
____ **Preferred driveway location and configuration, preferred well location…**
____ **Area you prefer your septic system to be placed…**
____ **North arrow, or other sufficient indicator of direction…**

Circle N/A on the following if appropriate:

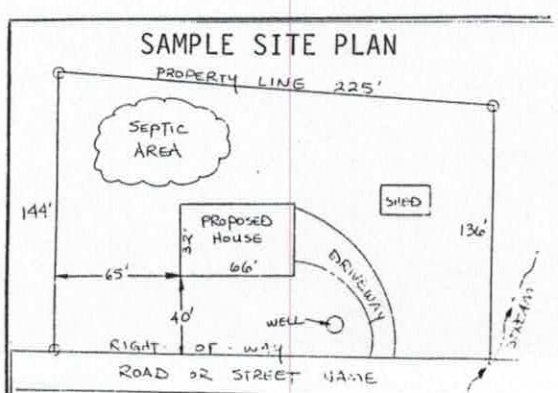
____ **Location of septic systems and wells within 100' of your property…** **N/A**
____ **Location of easements and rights of ways on your property…** **N/A**
____ **Location of any designated wetlands on the property…** **N/A**

Signature: Paul Mabe
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12/31/07
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

* See Attached



IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

325.00 paid

PERMIT# 094580 PIN# ~~4629641771.4~~ 4629-65-7420 DATE 10/10/01

OWNER OR CONTRACTOR PROVIDET DEV. GROUP PHONE: Business 367-0167 Home

ADDRESS 6707 FAIRVIEW RD - SUITE B - CHARLOTTE NC 28210

LOCATION STATE PARK - TL MORRISON FARM - TR ROUNDSTONE ON LT

SUBDIVISION LAKEWAY ESTATES BLOCK / SECTION LOT 4 LOT AREA 52077 SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .36PD/FT2

Septic Tank: 1000 Gallons; STB Date

Pump Tank: 1000 Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 270

No Lines 3 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III (IV) V, VI

System Description: 4 PANEL

Repair System Description: SAME

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

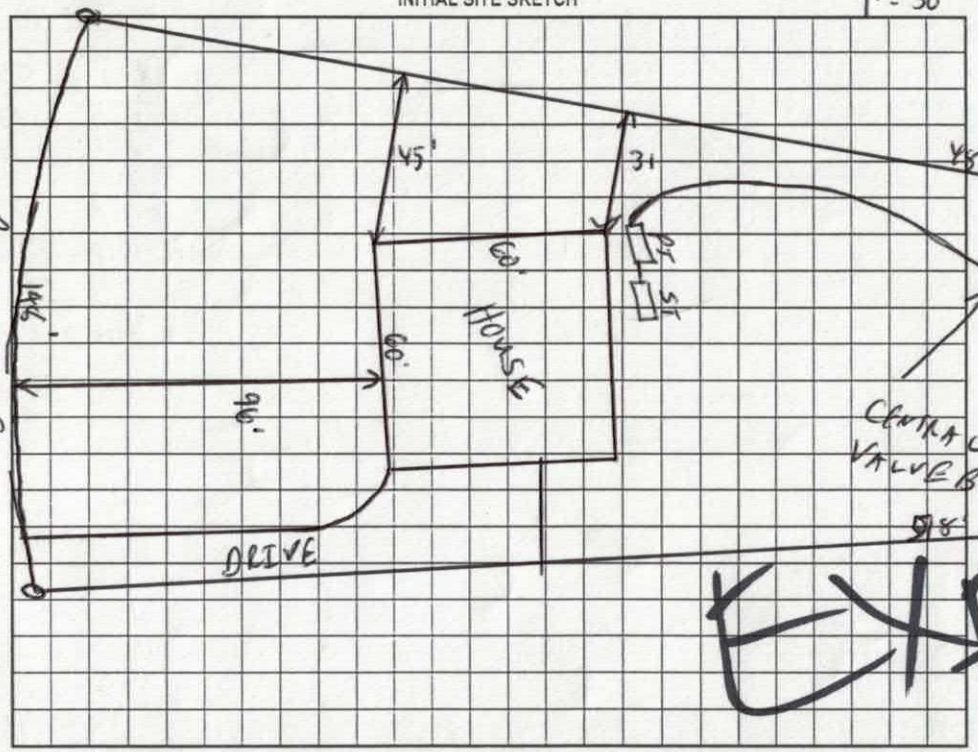
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Public
☑ Community

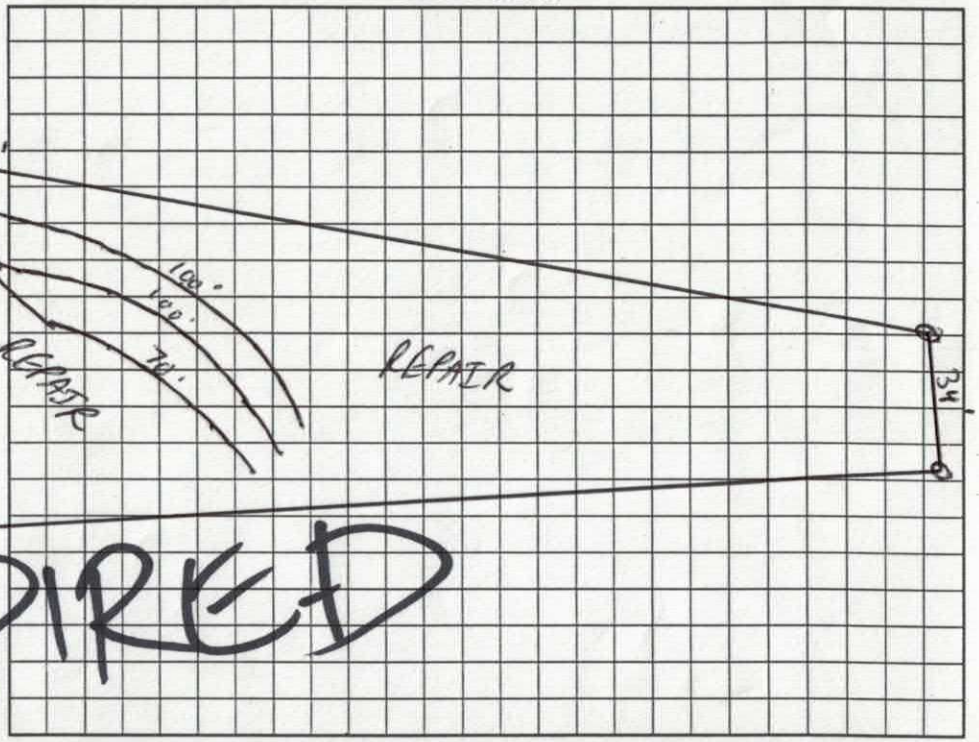
Comments:/Conditions:

Comments:/Conditions: 1) SEE PLAT FOR CHANGES
2) NOW lot 4 LAKEWAY ESTATES. WAS LOT 29 LONG COVE.

INITIAL SITE SKETCH 1" = 50'



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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date 10-11-01 Installed by:

Improvement Permit by: C. [illegible] RS date 10/10/01 Operation Permit by: date

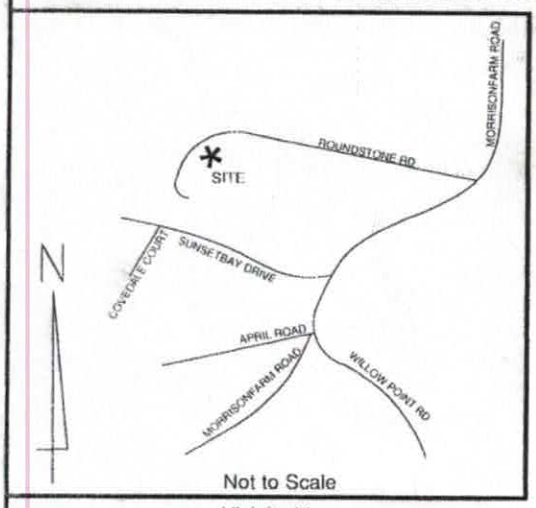
Authorization to Construct by: date Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

THIS IS TO CERTIFY THAT ON THE 3 DAY OF January 20 08 AN ACTUAL SURVEY WAS DONE UNDER MY SUPERVISION OF THE PROPERTY SHOWN HEREON. THIS MAP IS NOT INTENDED TO MEET GS 47-30 RECORDING REQUIREMENTS.

SIGNED Robert G. Bishop

Bishop Land Surveying, Inc.
15806 Brookway Drive, Suite 200-F
Huntersville N.C. 28078
Phone (704) 987-3080
Fax (704) 987-3008

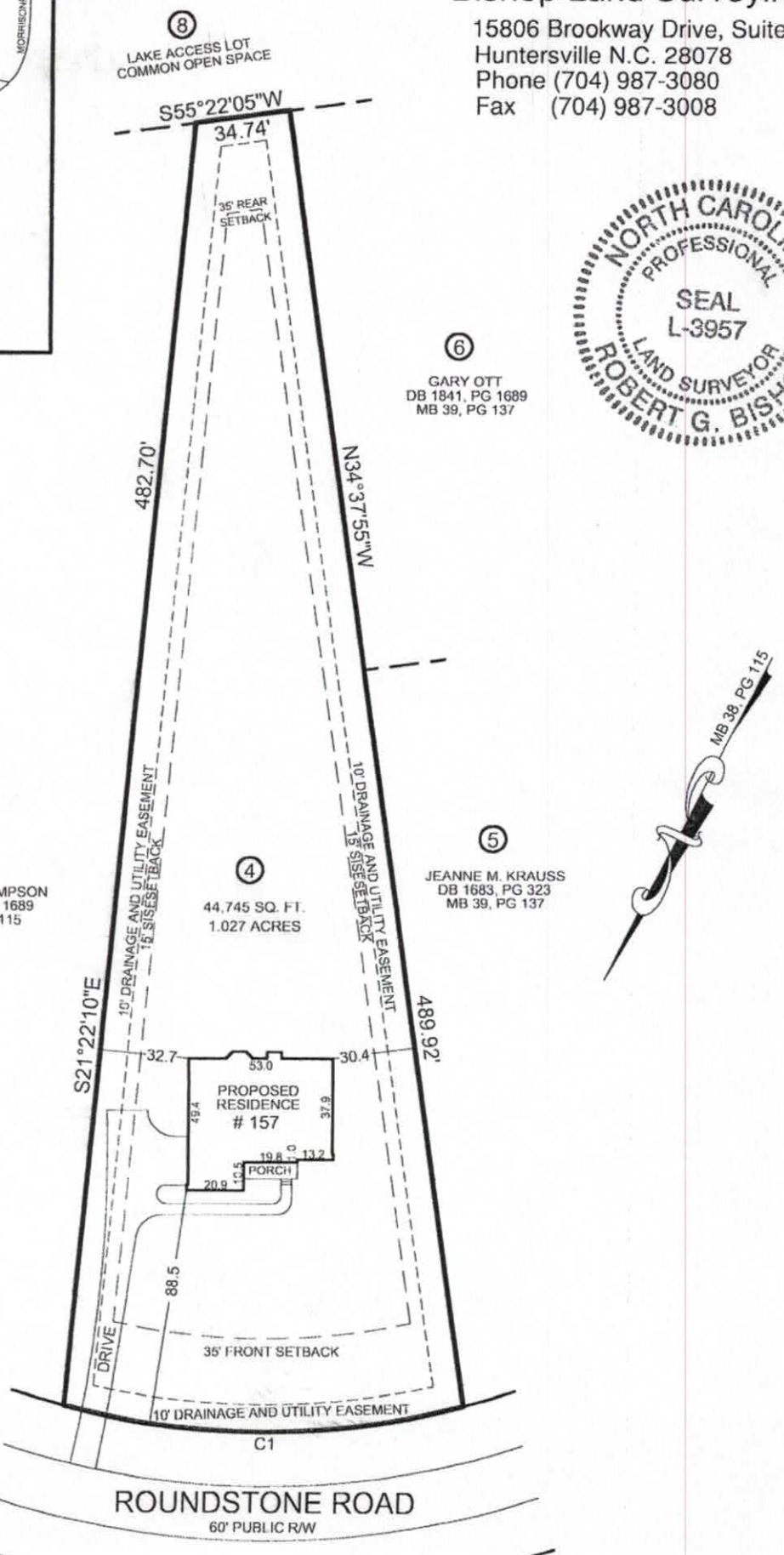


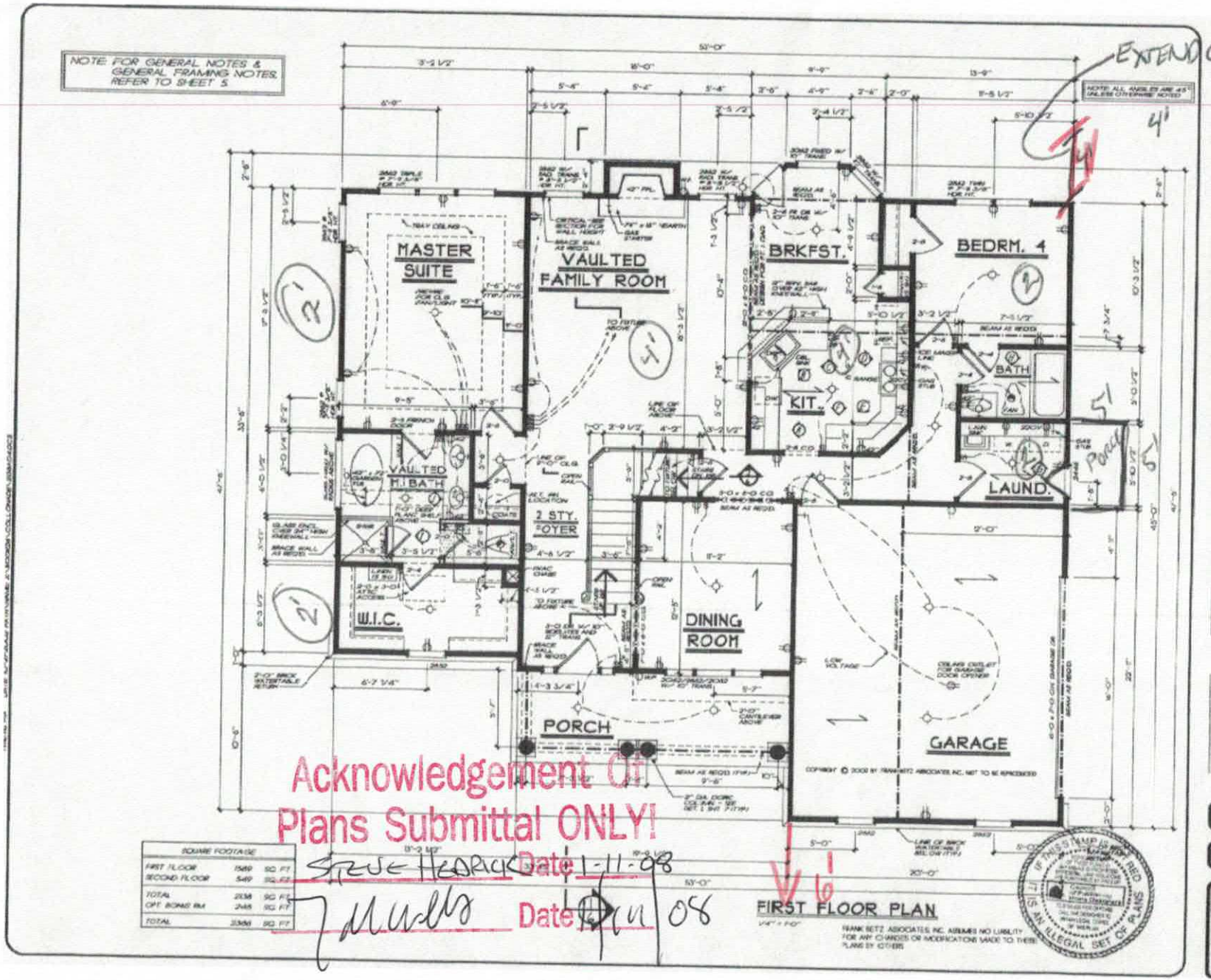
Vicinity Map

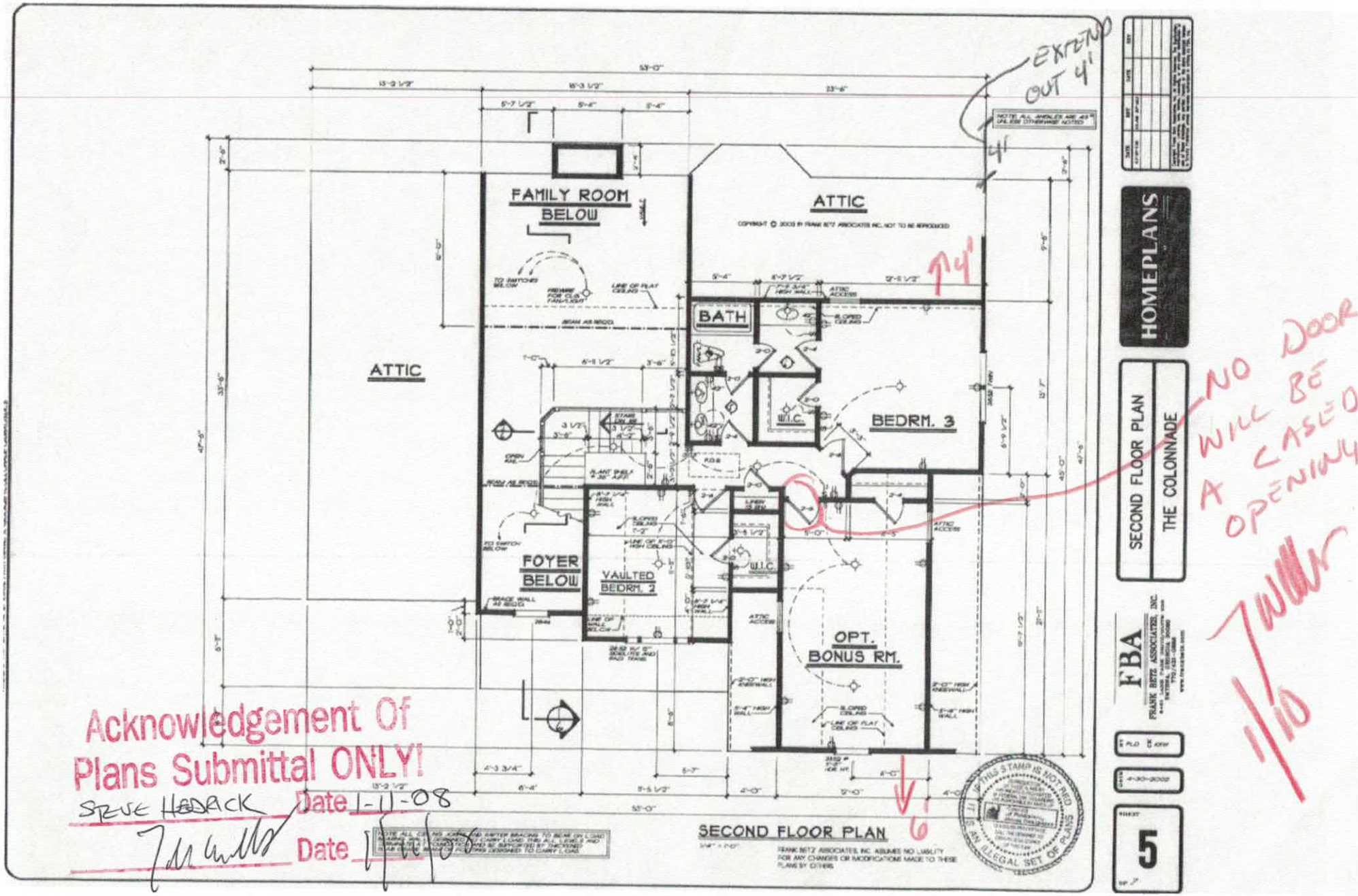
NORTH CAROLINA PROFESSIONAL SEAL L-3957 LAND SURVEYOR ROBERT G. BISHOP

LEGEND

E I P	EXISTING IRON PIN
E C M	EXISTING CONCRETE MONUMENT
S I P	RE-SET IRON PIN
CP	COMPUTED POINT
	PROPERTY LINE
	ADJOINER PROPERTY LINE BY DEED OR PLAT
P S D E	PUBLIC STORM DRAINAGE EASEMENT
CLOSURE	EXCEEDS 1in 10,000'
F P E	FLOOD PROTECTION ELEVATION
	POWER POLE
	WATER METER




NOTE: FOR GENERAL NOTES & GENERAL FRAMING NOTES, REFER TO SHEET 5
EXTEND OUT
4'
MASTER SUITE
VAULTED FAMILY ROOM
BRKFST.
BEDRM. 4
KIT.
BATH
VAULTED M.BATH
2 STY. FOYER
LAUND.
PORCH
W.I.C.
DINING ROOM
GARAGE
SQUARE FOOTAGE
FIRST FLOOR 1549 SQ. FT.
SECOND FLOOR 549 SQ. FT.
TOTAL 2038 SQ. FT.
OPT. BONUS RM 245 SQ. FT.
TOTAL 2283 SQ. FT.
FIRST FLOOR PLAN
Acknowledgement Of
Plans Submittal ONLY!
STEVE HEDRICK Date 1-11-08
Date 1/11/08
IF THIS STAMP IS NOT RED IT IS AN ILLEGAL SET OF PLANS
HOMEPLANS
FIRST FLOOR PLAN
THE COLONNADE
FBA
FRANK BETZ ASSOCIATES, INC.
4-30-2002
4
OF 7


EXTEND OUT 4'
4'
FAMILY ROOM BELOW
ATTIC
BATH
BEDRM. 3
W.I.C.
ATTIC
FOYER BELOW
VAULTED BEDRM. 2
W.I.C.
OPT. BONUS RM.
NO DOOR WILL BE A CASED OPENING
Acknowledgement Of Plans Submittal ONLY!
STEVE HEDRICK Date 1-11-08
Date
SECOND FLOOR PLAN
FRANK BETZ ASSOCIATES, INC. ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS
IF THIS STAMP IS NOT RED IT IS AN ILLEGAL SET OF PLANS
HOMEPLANS
SECOND FLOOR PLAN
THE COLONNADE
FBA
FRANK BETZ ASSOCIATES, INC.
4-30-2002
5

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	147654ZO	Subdivision:	
Proposed Use:	Single Family	Township:	1500 Fallstown
Location of Property:	157 ROUNDTREE RD TROUTMAN NC 28166		
Parcel #:	4629657420.000	Zoning:	RR
Lot #:	4 Size: 1.027	Flood Plain:	No Watershed: WSIV CRIT
Applicant:	S&ME INC. ENGINEERING (Toney Jacobs)	Owner:	DARRYL & NICOLE SAWYERS
Address:	105D DENVER BUSINESS PARK DR Mooresville NC 28115	Address:	20181 WEXFORD ST. DETROIT, MI 48234
Phone:	704-662-8625	Phone:	
Property Recorded:	Yes Site Plan Reviewed:	Community Water:	No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area:	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width: 100	Min: Rear Yard: 35 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

SFD

DEVELOPER PERMIT

Directions:

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$275.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$320.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

PAULA WOODY Printed: 12/28/2007