✓107 Sunset Bay 2nd trn. CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 94453 / 133307 PIN# 4629-74-1155 DATE 10/5/06

OWNER OR APPLICANT Heritage Homes PHONE: Business 980-722-1370 Home 704-663-2710

ADDRESS PO BOX 3333 MOORESVILLE NC 28117

LOCATION Sub Rte (L) Morrison Dam (R) SUNSET BAY DR 1ST LOT ON LEFT

SUBDIVISION SUNSET BAY BLOCK / SECTION LOT 6 LOT AREA 33,260 sq ft SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 1.5

Septic Tank: 1000 Gallons: STB 350 Date 2-1-06
Pump Tank: 1000 Gallons: PT 750 Date 6-28-06
Pump Make: ZOELLNER Model N-750 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 ☐ Gravity ☒ Pressure

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: LPP PRESS SYS.
Repair System Description:
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Persons 8 No. Employees

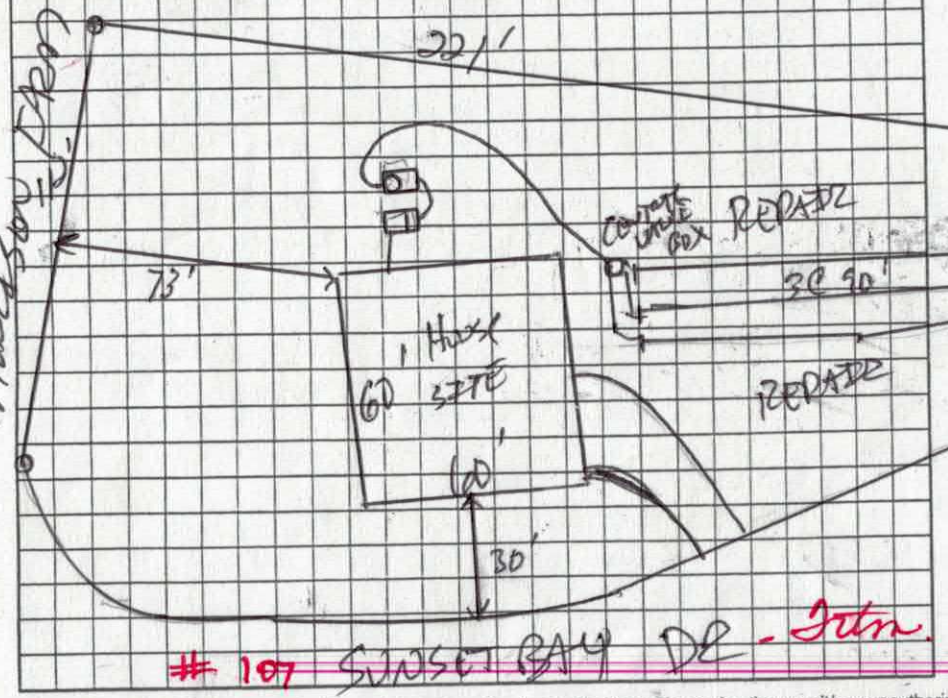
Water Supply: ☐ Individual ☒ Public ☒ Community

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

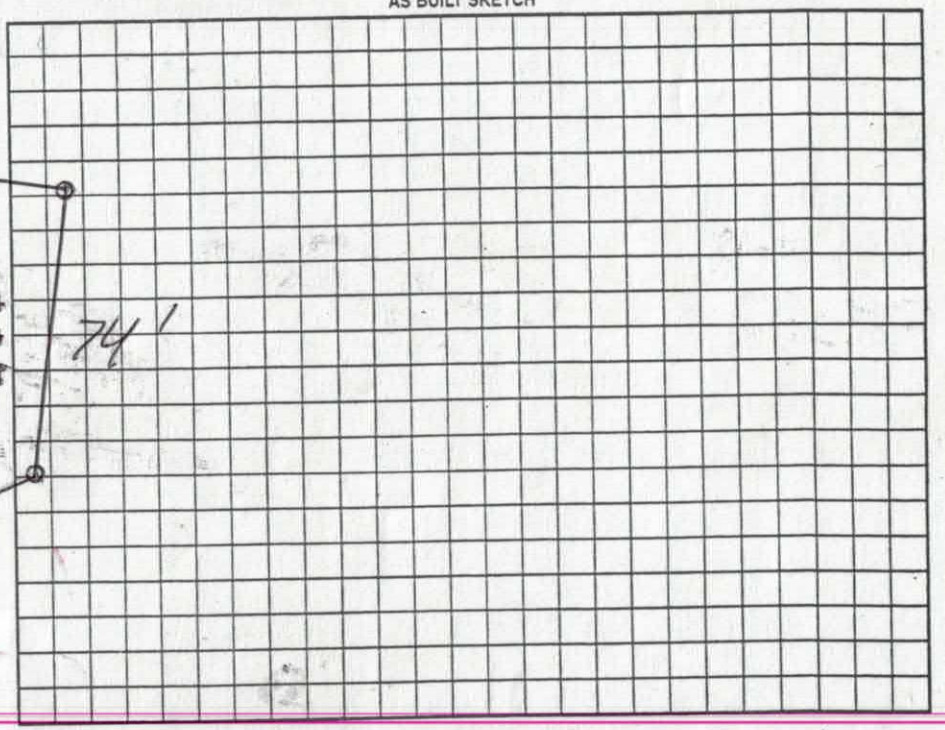
Comments:/Conditions: (1) SYSTEM INSTALLED BY PREVIOUS Permit OWNER 8/30/01. EXPIRED DURING INSTALLATION. PAID NEW FEE & ISSUED NEW PERMIT.

Comments:/Conditions: 3/16 Holes @ 10/2 Poly/lic Filter adapter. INSTALLER IS THE OPERATOR

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: [signature] date 10-5-06 Installed by: Piedmont Septic

Improvement Permit by: [signature] date 10-5-06 Operation Permit by: [signature] date 10-5-06

Authorization to Construct by: [signature] date 10-5-06 Existing System Inspection by: date

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

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: ___ 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
Heritage Homes of the Carolinas	P.O. Box 3333 Mooresville, NC 28117	704-663-2760	980-722-7370
Same			
Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
Lot 6	Sunset Bay	

Driving Directions: _____

****

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

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

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

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

****

6. **Proposed Water Supply:**

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

****

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

****

8. **Please Answer The Following To The Best of Your Ability:**

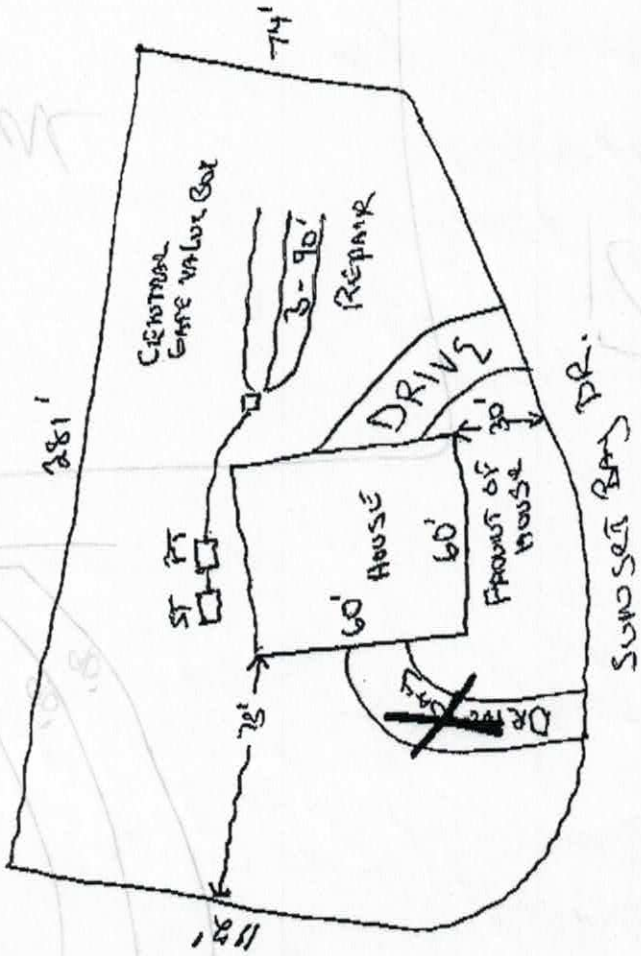
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

****

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

9. Signature: _____ 12-5-08
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Home facing Sunset Bay
instead of Morrison Farm

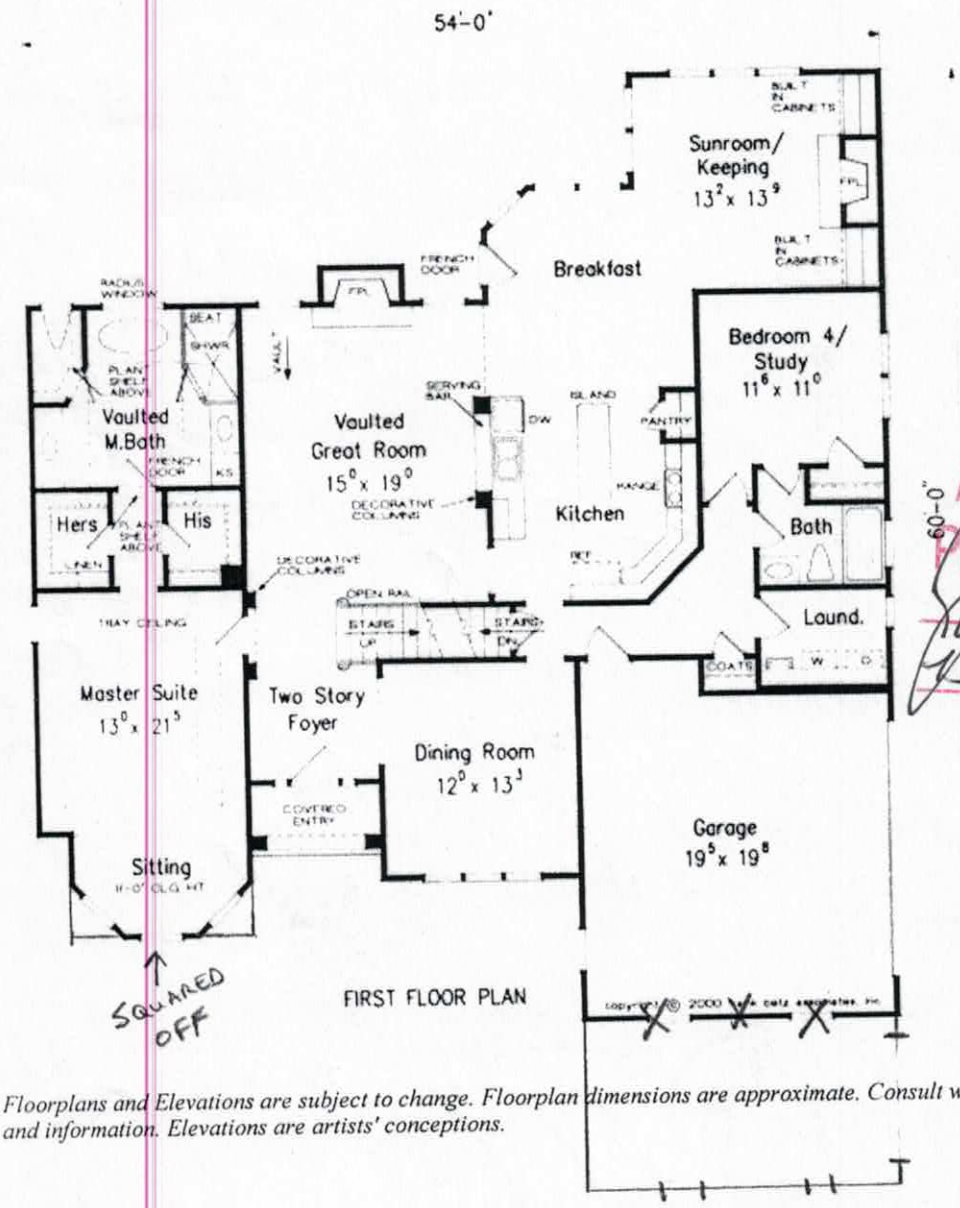


10/24/2005 14:50 7048927794 THE UPS STORE PAGE 02/03

FRANK BETZ ASSOCIATES INC

HOMEPLANS *Designed for Today's Market.*

AMBROSE - Main Floor

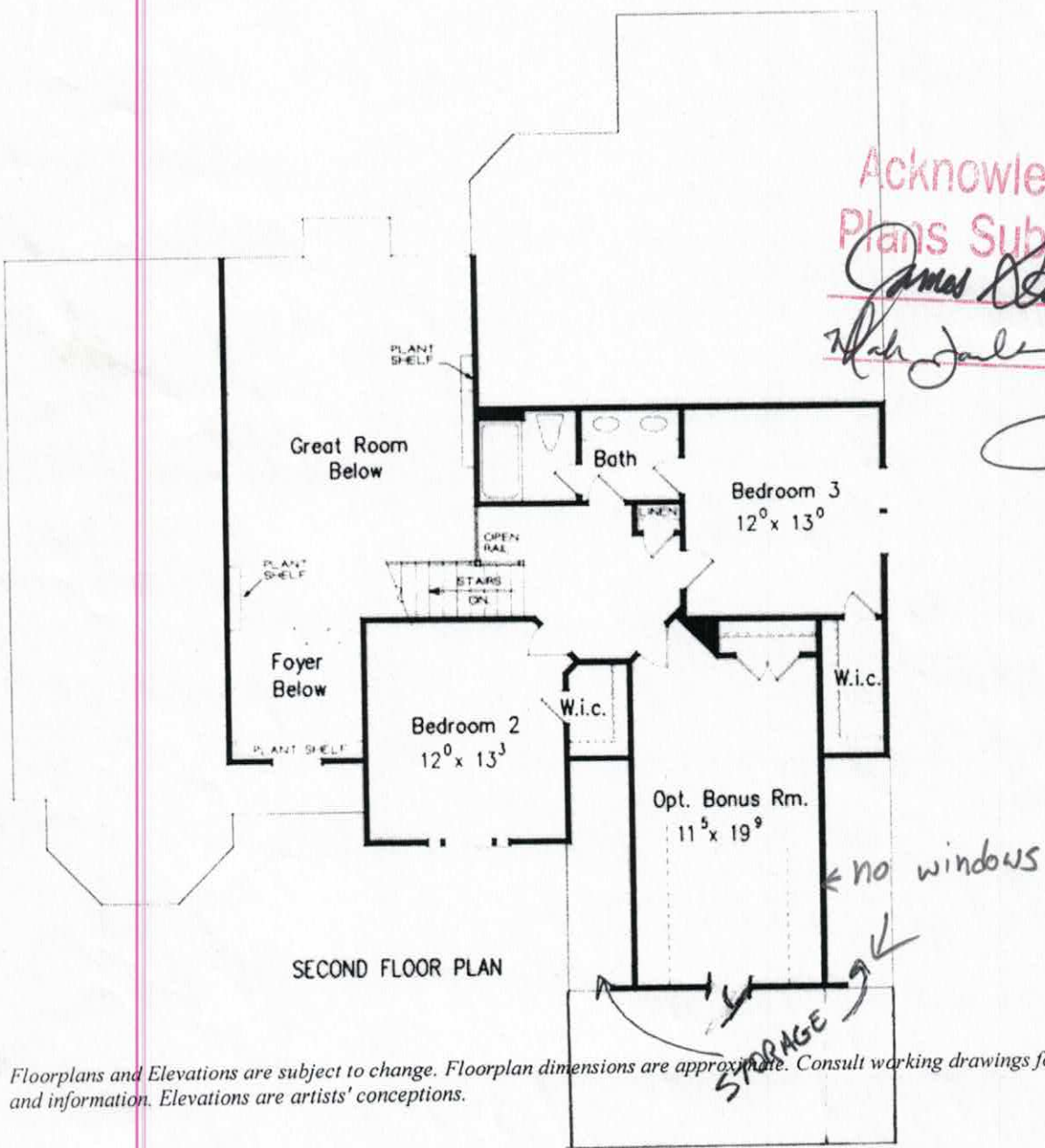


Acknowledgement Of
Plans Submittal ONLY!
Date 1-5-6
11/6/06
Date

Floorplans and Elevations are subject to change. Floorplan dimensions are approximate. Consult working drawings for actual dimensions and information. Elevations are artists' conceptions.

HOMEPLANS *Designed for Today's Market.*

AMBROSE - Upper Floor



SECOND FLOOR PLAN

Acknowledgement Of Plans Submittal ONLY!
Date 1-5-6
1/6/06 Date

Floorplans and Elevations are subject to change. Floorplan dimensions are approximate. Consult working drawings for actual dimensions and information. Elevations are artists' conceptions.

IREDELL COUNTY
PROPERTY DESCRIPTION FORM
P.O. BOX 788 277 S. CENTER ST.
STATESVILLE, NC 28687
Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

Permit No: 094453 Zoning Permit: X Improvements Permit: 1

Name: CRESCENT RESOURCES Address: PO BOX 1003

City: CHARLOTTE State: NC Zip: 282011003

Phone: 7046636905

Proposed Use: 01

PIN #: 4639641771 PT Zoning: R20 Township: 1700

Street Address: MORRISON FARM RD

Flood Zone: Plan Review Deposit: Date Received: / /

Subdivision/MHP: ~~LONG COVE~~ SUNSET BAY Lot #: 6 Lot Size: 38206

Has Property been recorded? Y Community Water? N Sewer? N

Provider:

Watershed: WSIVCA Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: F35 S15 R35 C25

Minimum Lot Size: 25000 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments:

Hold Building Permits? Y Reason: PLAT NOT RECORDED COVE

Location: PERTH,R STATE PARK,L MORRISON FARM,CORNER OF LONG

Staff: SBW Date: 02/06/01

Fees: Zoning: $ 31.50 Health: $ 175.00

Signature of Applicant: _____
Owner: Agent: