211341

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

92297

Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: X Improvement Permit X Authorization To Construct X BOTH ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

The following optional attachments may also be submitted: X Survey Plat, Scaled no more than 1 Inch = 60 Feet ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

Place check ( ) beside whichever is submitted if applicable

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Livewell Homes	501 Springcrest Dr 29715		
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
same	Contact Kathleen Saunders, LSS	704-578-4951	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
440 Stillwater Rd	Falls Park	Ph 1 Lot 10

Driving Directions: State park Rd, L Morrison Farm, L Dayvault Cut, R Stillwater, Lot on R

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

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

Maximum Number of Bedrooms 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 (X) City Water ( ) Other Public Water

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

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

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

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

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

9. Signature: Kathleen Saunders — 7-21-15

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

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Greg Whitehead, am the legal owner of the property located at 440 Stillwater Rd, identified as PIN(Parcel Identification Number) 4629 95 0225, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) BRIAN LAMBERT, Manager, Livewell Homes, The Oaks Group, PA, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Signature of Owner — Date: 7/20/15

Signature of Witness — Date: 7/20/15

Lot 10

Zoning Permit # 211341

Fee $ 45.00 **Code 104**

See reverse for new construction.

Zoning Permit

LOCATION	**Date (mm/dd/yy)**	6/15/15	**Tax Parcel #**	4629 9302 25
	Business Name or Property Owner	Live Well Homes		
	Street Address	440 St. Ilwafer Rd		
	Business Type and/or Project Description	Septic permit / New residential SF		
APPLICANT	**Applicant**	Toney C Jacobs	**Preferred Phone**	704 582-9219
	Address City/State/Zip	168 Broadbill Dr Mooresville, NC 28117		
	E-Mail	teneyejacobs@gmail.com		
	Would you like your e-mail address added to: (check any of interest)	☐ The Whistle Stop (Town of Troutman newsletter) ☐ Troutman Business Council (Local Chamber of Commerce) ☐ Sunshine List (Agenda for Town Board Meetings)		

Following approval of this permit proceed to Iredell County Building Inspections (349 N Center St, Statesville, NC 28677). All Applicants, please note that final inspection by the Town is required prior to occupancy (exception, single family residential additions/expansions). Business Applicants, please note that proof of RPZ (backflow) inspection is required prior to occupancy (in addition, restaurants may be required to have a grease trap inspection).

Office Use Only				
Zoning District(s)	RS	**Plans Attached**	Yes ☐	No ☐
Utilities	Public WA / Septic	**Floodplain**	Yes ☐	No ☐
Permitted Use of Property	Perc Test for SFR use			
Minimum Setback Requirements	**Front** ___' **Rear** ___' **Right Side** ___' **Left Side** ___' *Setback measured from nearest projecting point of structure to Property Line.*			
Comments:	"Perk test" Hold additional permits until Troutman Zoning for SFR.			

I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete. I understand that this permit will expire and become invalid unless the work for which it was issued is started within six (6) months of the date of issue or is the work authorized is suspended or abandoned for a period of one (1) year.

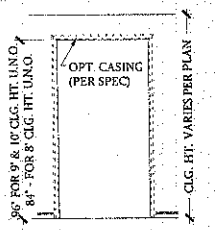
Toney C Jacobs, LSS

Signature of Applicant

To the best of my knowledge, this application is deemed complete and approved based on the information provided to me and my knowledge of the Town of Troutman Unified Development Ordinance.

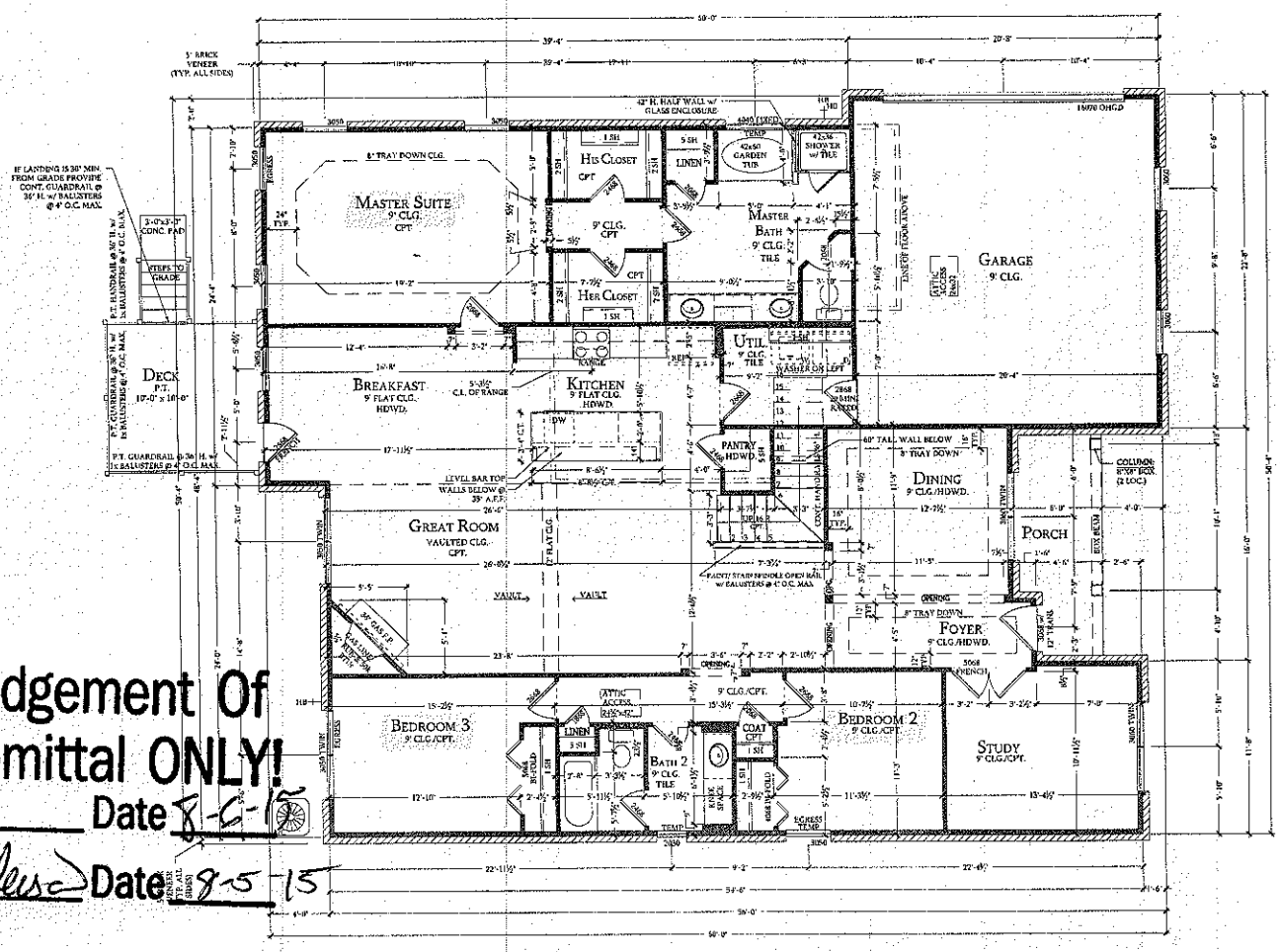
Doreen Upright

Signature of Zoning Administrator



SHEETROCK OPENING DETAIL

SCALE: 3/16"=1'-0"



FIRST FLOOR PLAN

SCALE: 1/8"=1'-0"

Acknowledgement Of Plans Submittal ONLY!

Date 8-6-15

Date 8-5-15

THESE PLANS ARE THE PROPERTY OF LIVE WELL HOMES, LLC. AND MAY NOT BE REPRODUCED, CHANGED OR COPIED WITHOUT THE EXPRESSED WRITTEN CONSENT OF LIVE WELL HOMES, LLC., NOR ARE THEY TO BE ASSIGNED TO A THIRD PARTY WITHOUT OBTAINING SAID WRITTEN CONSENT.

revisions:	
date:	revised by:
3-21-11	FDH
7-20-11	FDH
9-20-11	FDH
6-06-13	FDH
11-01-13	FDH

GENERAL NOTES

1. CONTRACTOR TO VERIFY ALL DIMENSIONS.
2. DO NOT SCALE DIMENSIONS FROM PRINTS. USE DIMENSIONS GIVEN OR CONSULT DESIGNER FOR FURTHER CLARIFICATION.
3. PROVIDE WINDOW FALL PREVENTION PER IRBC 2012 SECTION R612
4. PROVIDE NOT LESS THAN 5/8" TYPE X GYP. BOARD OR EQUIV. PER SECTION & TABLE R302.6 DWELLING/GARAGE SEPARATION OF THE IRBC 2012
5. SEE ELEVATION SHEETS FOR WINDOW HEADER HEIGHT.
6. ALL ANGLED WALLS ARE AT 45 DEGREES UNLESS NOTED OTHERWISE.
7. WALL OPENINGS TO BE GYP. BOARD RETURN U.N.O.
8. SEE DETAIL SHEET FOR ARCHED & SHEET ROCK OPENING DETAILS.
9. SEE FIRST FLOOR FRAMING AND/OR ROOF FRAMING SHEETS FOR BEAM SIZE/LOCATION AND HEADER SCHEDULE.
10. VERIFY INTERIOR BEARING WALL LOCATION WITH TRUSS ENGINEERING PROVIDED BY TRUSS MANUFACTURER.

WALL & SYMBOL LEGEND

- TYP. FRAME WALL
- INTERIOR BEARING WALL
- HALF WALL
- EXTERIOR WALL w/ BRICK VENEER
- EXTERIOR WALL w/ STONE VENEER

SQUARE FOOTAGE TABLE

BASE PLAN

FIRST FL. LIVING:	2216 s.f.
SECOND FL. LIVING:	493 s.f.
TOTAL LIVING:	2709 s.f.
GARAGE:	458 s.f.
FRONT PORCH/COVERED ENTRY:	90 s.f.

FALLS PARK LOT 10

2041 - Carmel

LiveWell Homes
310 Springcrest Drive
Fort Mill, SC 29715
Phone: 803-324-3009

designed by:	MB
drawn by:	SD
checked by:	SD
date:	8/15/09

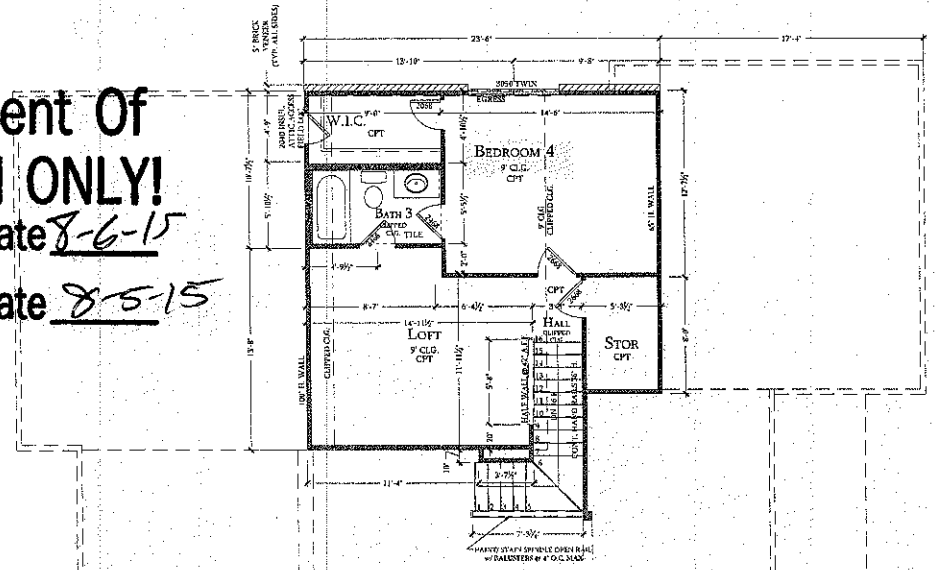
A-3.0

FIRST FLOOR PLAN

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_____ Date 8-6-15

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SECOND FLOOR PLAN

SCALE: 1/8"=1'-0"

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A-5.0

SECOND FLOOR PLAN