IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 213216

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

PIN # 4635-04-5553.000

APPLICANT: Ogden Constr. LLC APPLICANT ADDRESS: PO Box 1281 Davidson NC 28036

SITE ADDRESS: 152 Easton Dr. Mooresville NC PHONE: ALT. PHONE:

SITE DIRECTIONS: 1-77 S, TL Pointe Dr., TL Easton, Lot on R

SUBDIVISION: The Point on Norman SECTION: 1A LOT # 7 LOT AREA: .690 Acre DESIGN FLOW: 480 GPD L.T.A.R.: .3

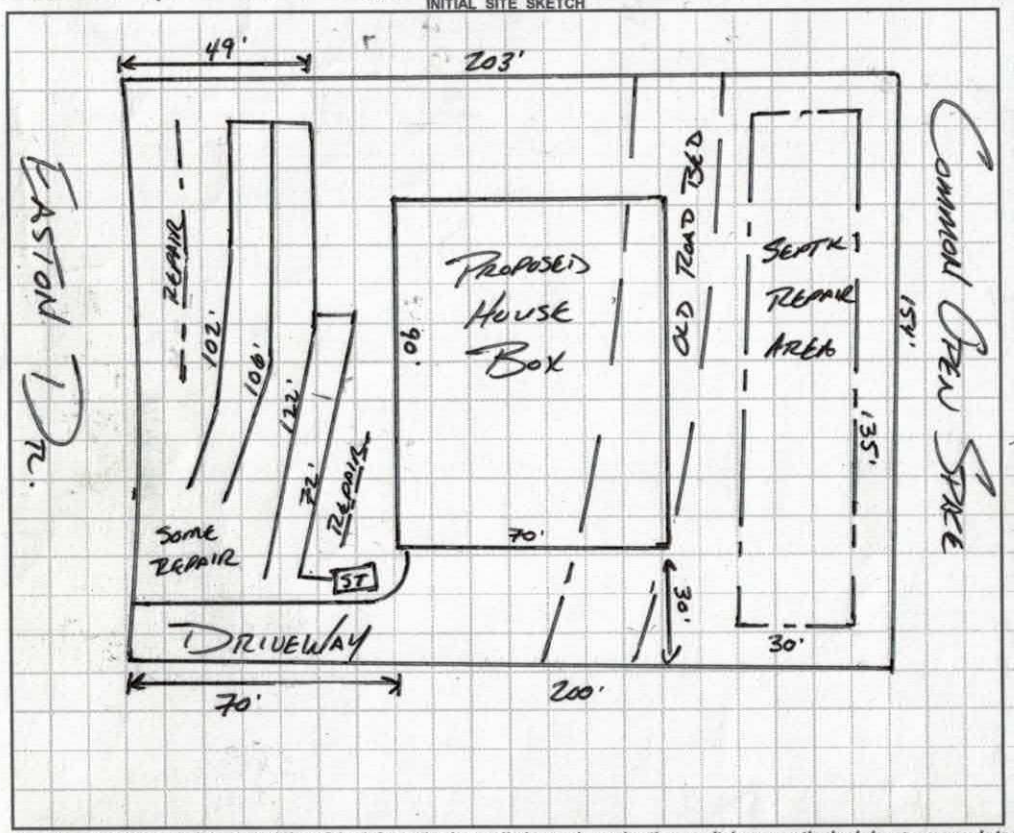
Septic Tank	1000 (gal)	STB	444	Date	12-7-15	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1500 (gal)	PT		Date		System Description: 25% Reduction - Gravity				☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description: LP-PPRPS				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	400'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

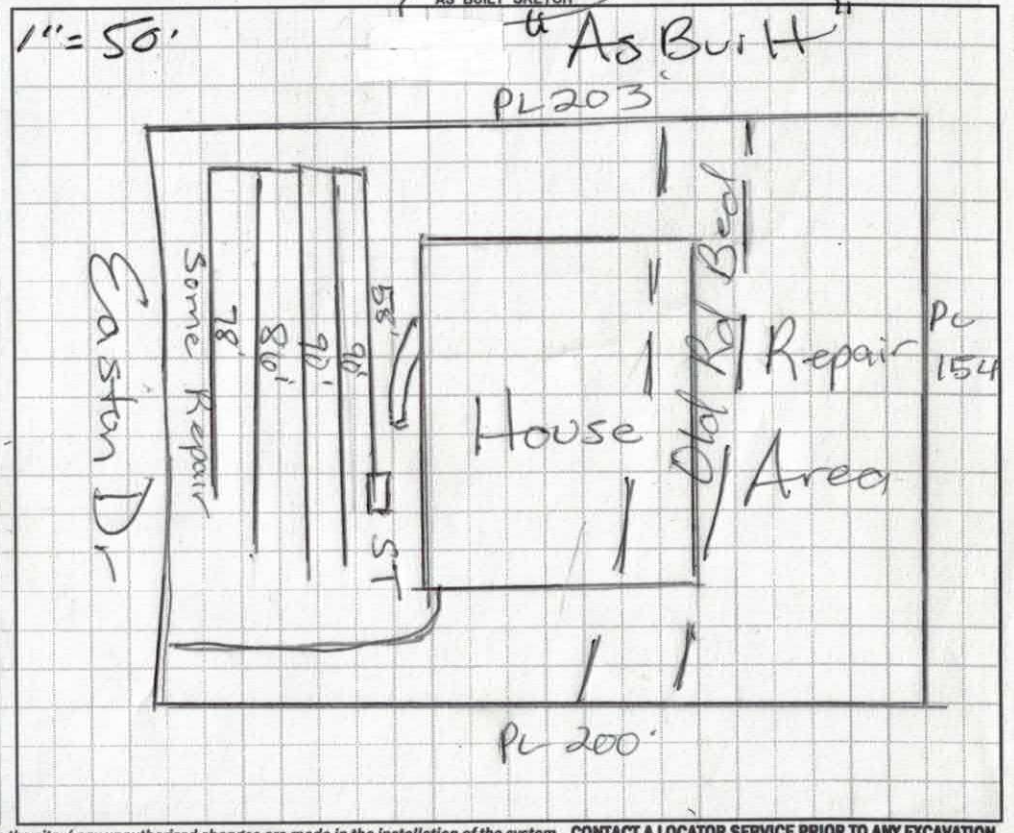
Comments / Conditions: Remove Burn In Septic Area. Properly Fill Old Road Bed. 9"-12" of Fill Must Be Removed From Repair Area Before Ever Utilized.

5/26/16 Revised Floor plans, in Compliance with Improvement permit

INITIAL SITE SKETCH



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. **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: 10-20-15 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Date: 10/15/15 OPERATION PERMIT by: Maria Dolan Date: 2/16/17

AUTHORIZATION TO CONSTRUCT by: Maria Dolan RS Date: 5/26/16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 3
PROPERTY ID #: 5353
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: S. OGDEN
APPLICATION DATE 8/28/15
ADDRESS:
DATE EVALUATED: 10/14/15
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE:
LOCATION OF SITE: 152 EASTON DR.
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	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
A1		0-12	FILL						
		12-17	BSCL, GR	VFR, SS, SP	F BRA MOTTLES @ 43"	48"	N/A	/	.3 12"-40"
		17-26	BSCL, WSBK	FR, SS, SP					
		26-36	RCL, SBK	" " "					
		36-44	RCL, SBK, F ABK	" " "			F MICA		.275 41"-44"
A4		44-48	RCL, SBK	" " "					
					/	/		/	.325
		0-16	BRSCL, SBK	FR, SS, SP		48"	F-C SAP INCL 40"-48"		
		16-44	RCL/CL SBK	FR, SS, SP					
		44-48	RCL, SBK	" " "					
A2		0-9	FILL						
		9-15	BSL, GR	VFR, SS, SP	F MOTTLES @ 12"-15"	48"	F INCL 32"-48"	/	.275 9-15
		15-34	RCL, SBK	FR, SS, SP					.3 15"-48"
		34-49	RCL, SBK	" " "					
A3		0-10	BRCL, WSBK	FR, SS, SP					
		10-30	RCL, SBK	" " "					
		30-48	RCL, SBK	" " "	/	48"	C-M SAP INCL. 28"-48"	/	.3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	APPROVED	APPROVED
Site LTAR	.3	.3

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: SHANE ASHLEY
OTHER(S) PRESENT: S. OGDEN

COMMENTS:

LEGEND

use the following standard abbreviations

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

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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/ft^2

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



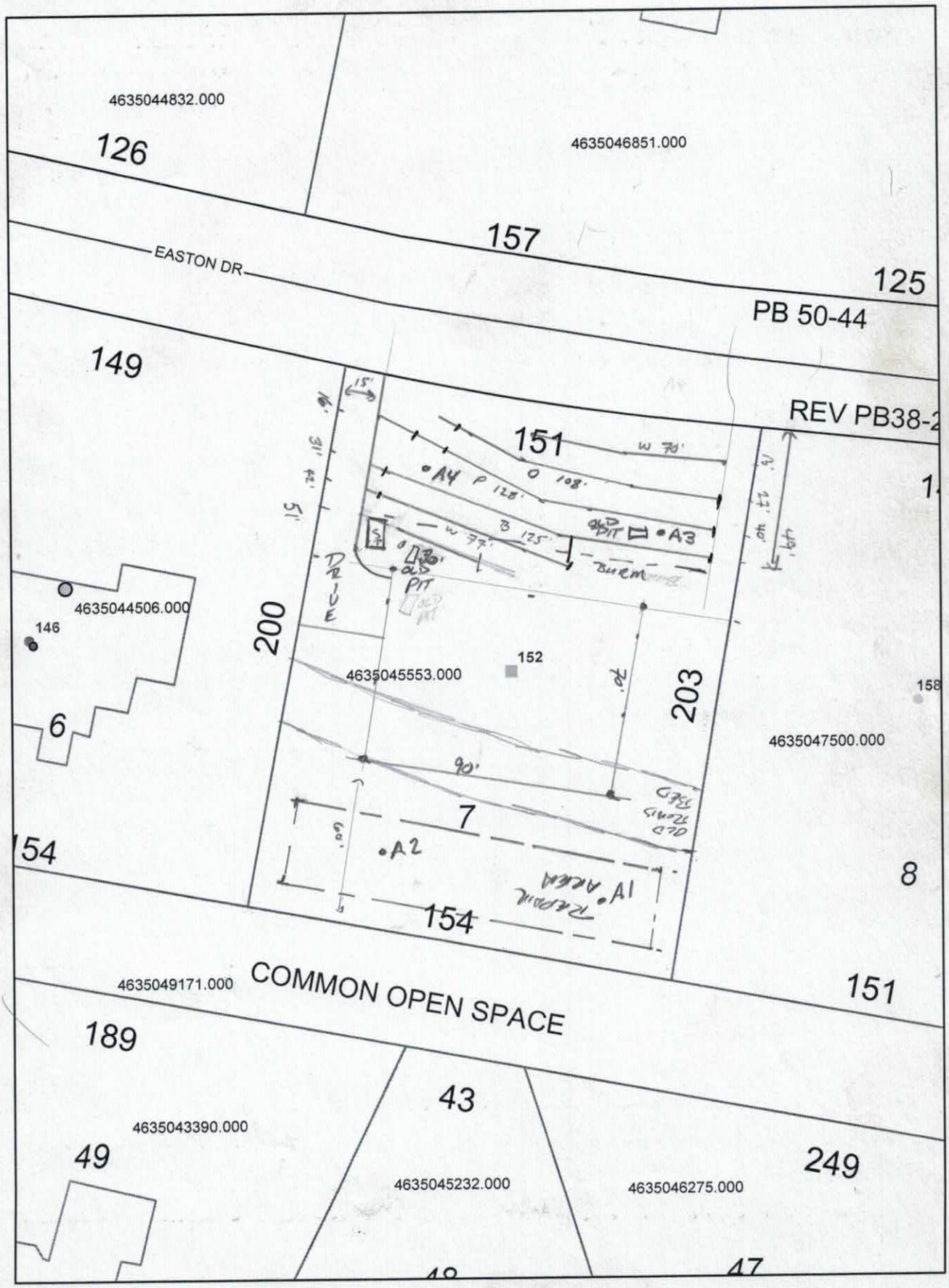
DENR (######)
Review (#####)

* Soil Notes *

3/3

1 inch = 50 feet

1:600



106
126
72'
122
194
500
-194
206
÷ 2
103

72'
122'
106
102
402'

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

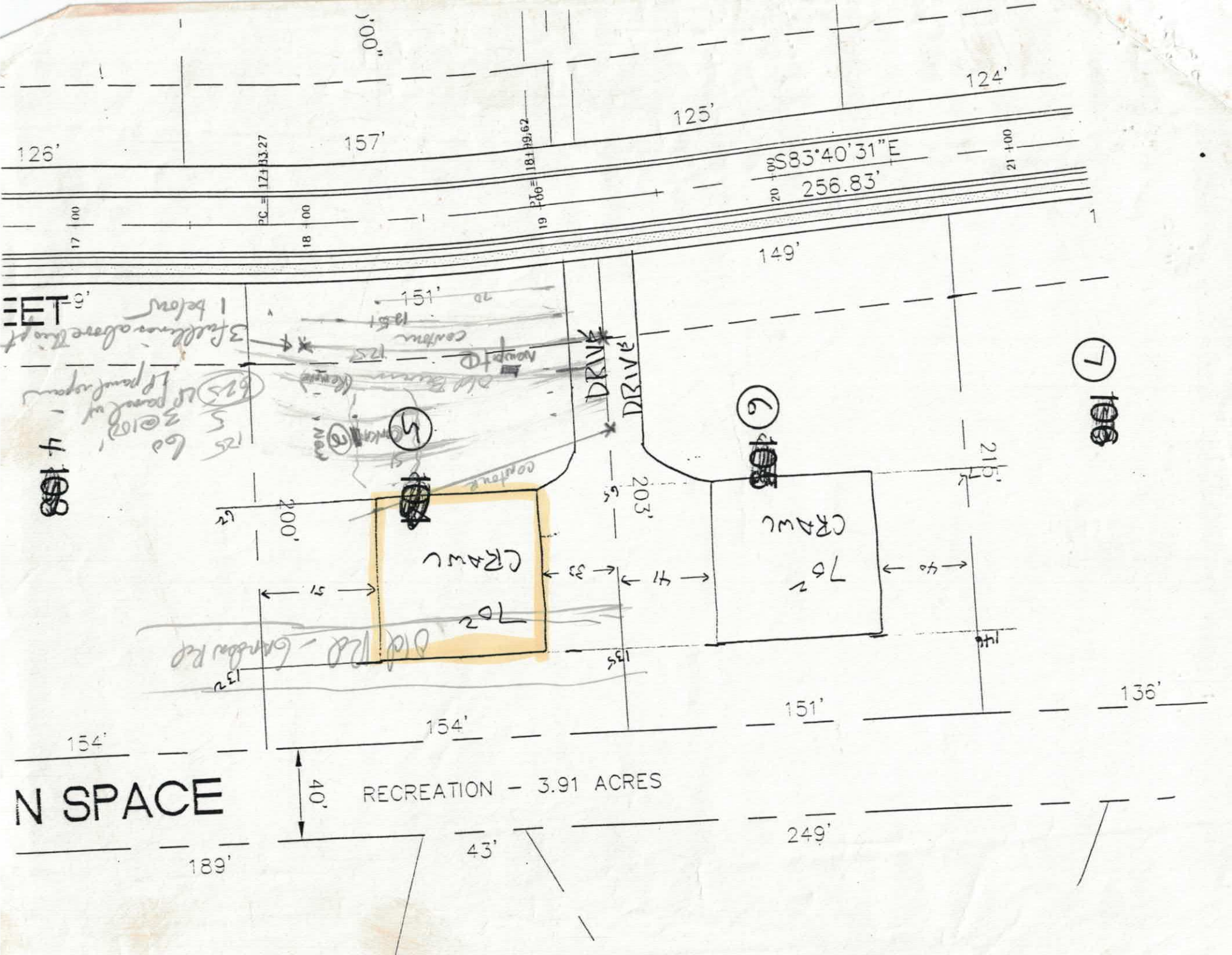
OWNER: CRT APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 3/08
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 5 Hebrite PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION 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	SOIL MORPHOLOGY (1941) 1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS 1942 SOIL WETNESS/ COLOR	1943 SOIL DEPTH	1956 SAPRO CLASS	1944 RESTR HORIZ	PROFIL CLASS & LTA
1		6-11 11-52+	wk sbk loam mod sbk cl few interstp & g relic water	fr fr sss p sp					PS 03
2		0-24 24-52+	R CL wk sbk SiCL CL few medium SAP						B 134
3									
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____


S83°40'31"E
256.83'
124'
125'
157'
126'
149'
151'
DRIVE
DRIVE
CRAWL
70'
CRAWL
70'
200'
203'
215'
154'
154'
151'
136'
189'
43'
249'
40'
RECREATION - 3.91 ACRES
N SPACE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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 ___ 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 #	Alternate Phone #
Ogden Const.	P.O. Box 1281 Davidson NC 28036	704-309-6810	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Mary Ella Anderson			

****

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
152 Easton Dr	Point	7

Driving Directions: Brawley school Turn L Point Dr
Left Easton Dr. Lot on Right

****

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 due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
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)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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: _____ 5-26-16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Daniel Gordon & Linda Gordon, am the legal owner(s) of the property located at 152 Easton Dr Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4635 04 5553.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** L Shaun Odgen, Ogden Contruction LLC, 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.

Dan Gordon 8-28-15
Signature of Owner(s) Date

Linda Gordon 8-28-15
Signature of Witness 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

RECEIVED AUG 2 8 2015

#213216 Paid $500.00

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

( ) 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:

Applicant Name: Ogden Constill Address: P.O. Box 1281 Davidson NC 28036 Phone: 204-309-6810

Owner Name: Donald Linda Gordon Address: _____ Phone: _____

Property Information:

Street Address: 152 Easten Dr

Subdivision Name: The Pointe Section/Phase: 1A Lot Number: 7

Driving Directions: Brawley school TL Pointe Dr to Easten Dr lot on RH

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

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

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) 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: _____

(2) No Preference ( ) Alternative (1) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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. industrial) 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.

Signature: _____ 8-28-15

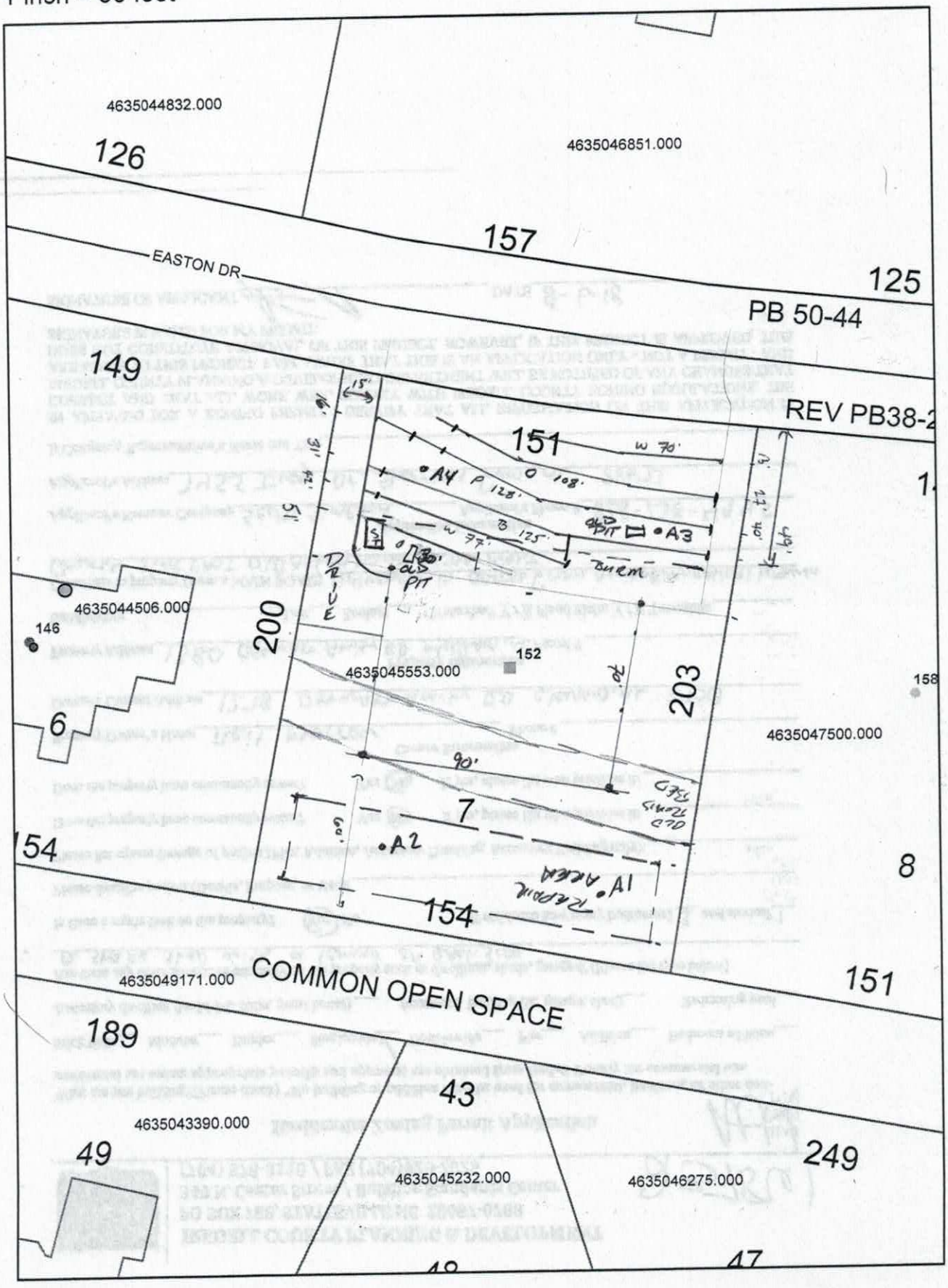
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

1889

* Soil Notes * 3/3

1 inch = 50 feet

1:600

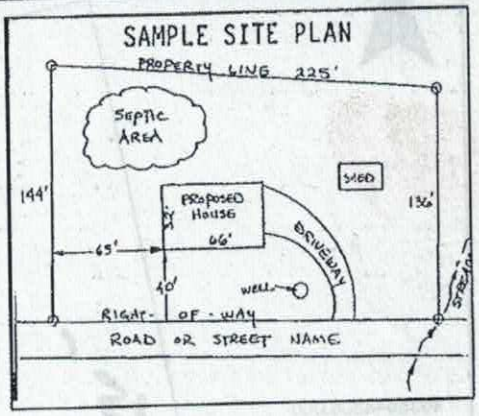


IREDELL COUNTY HEALTH DEPARTMENT

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:

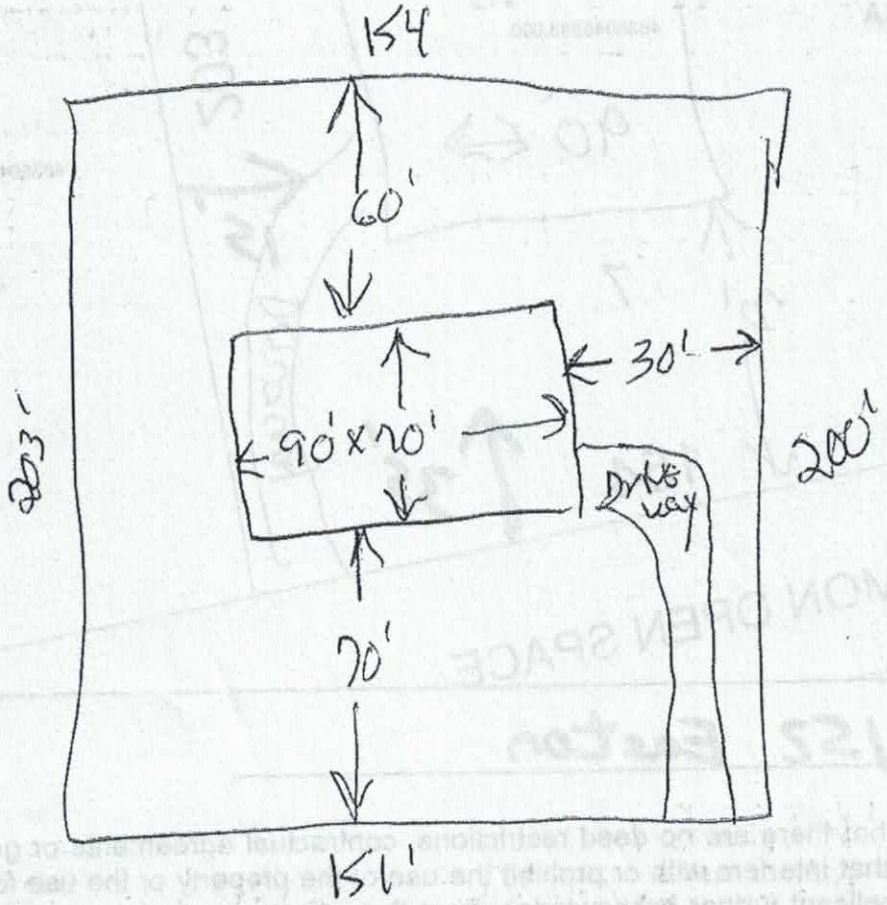
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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



Signature: _____ 8-28-15

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



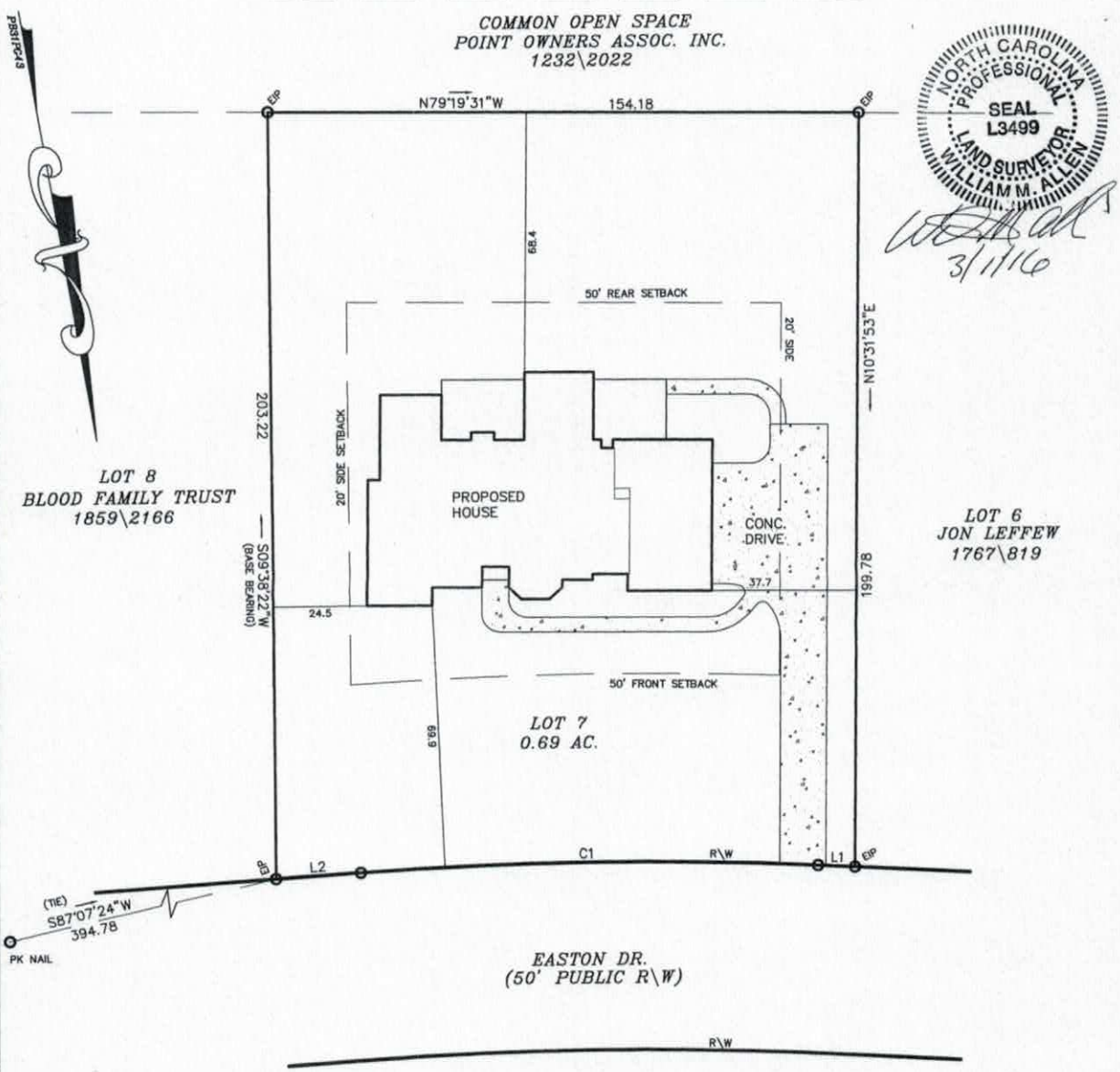
VICINITY MAP***NO SCALE

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	1025.00'	119.26'	S 80°20'26" E	119.19'

LINE TABLE		
LINE	BEARING	LENGTH
L1	S 77°00'31" E	9.73'
L2	N 83°40'31" W	22.18'

NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.
5) PARCEL # 4635045553
6) DEED REF. BOOK 2387 PAGE 2147
7) PLAT BOOK 31 PAGE 42



NORTH CAROLINA PROFESSIONAL SEAL L3499 LAND SURVEYOR WILLIAM M. ALLEN

3/11/16

LEGEND

- P.P. = POWER POLE
- = POWER TRANS.
- E.I.P. = EXISTING IRON FOUND
- I.P.S. = #4 REBAR SET
- R/W = RIGHT-OF-WAY
- CP = COMPUTED POINT

PLOT PLAN

OF 152 EASTON DR.

LOT 7 THE POINT PHASE 1A MAP 2

DAVIDSON TWSP., IREDELL CO., N.C.

SCALE = 1" = 30' DATE: MARCH 1, 2016

OWNER: MARY E. ANDERSON

GRAPHIC SCALE

30 0 15 30 60 120

(IN FEET)

1 inch = 30 ft.

DAS

DON ALLEN & ASSOCIATES P.A.

"Since 1971"

Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical

131 CROSSLAKE PARK DR. SUITE 102* Mooresville , N.C. 28117

(704) 664-7029 (704) 664-8041 Fax

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 071971 PIN# 4625941684 DATE July 25, '98

OWNER OR CONTRACTOR Crescent Resources Inc PHONE: Business Home

ADDRESS P.O. Box 1003, Charlotte

LOCATION Brawley School Rd. TL The Pointe Dr. Green Anne Circle to Easton Drive 6th Lot on Right

SUBDIVISION The Pointe BLOCK / SECTION 1A LOT 7 LOT AREA 30,487 SITE CLASS PS DESIGN FLOW 440 gpd L.T.A.R. n.3

Septic Tank: 1000 Gallons; STB Date

Pump Tank: 1000 Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 6 @ 50' Trench Width 36" Max Trench Bottom Depth 30"

☒ New System ☐ Repair System Type: I, II, III, ☒ V, VI

System Description: LP Panel Block

Repair System Description: LP Panel Block

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

Gravel Depth NA

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

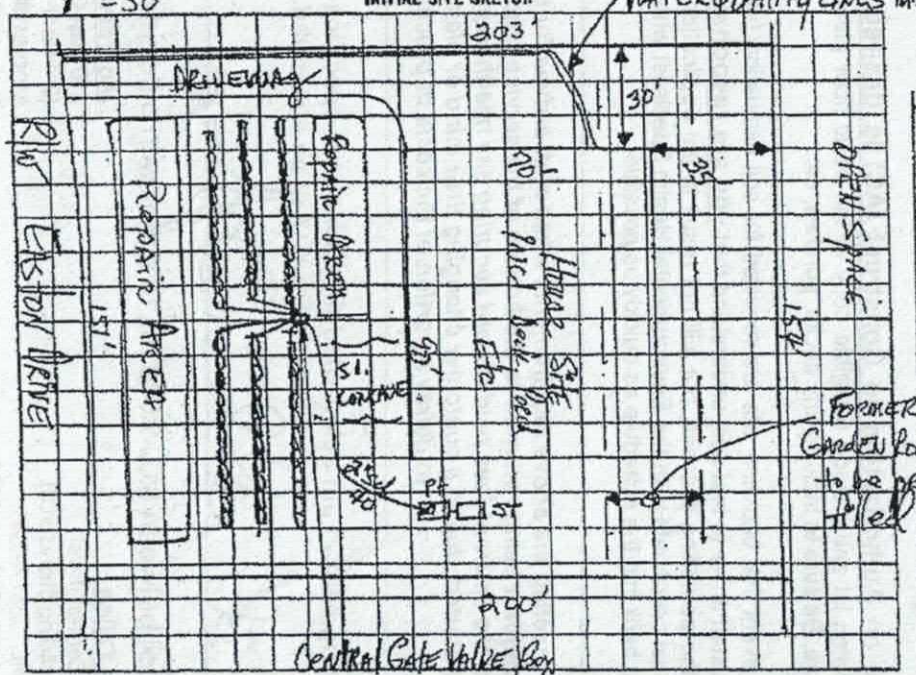
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: Remove old Berms | Terraces
Septic System Installer to follow material specifications in "The Pointe Wastewater Disposal Manual"

Comments/Conditions:

1" = 50'

INITIAL SITE SKETCH



AS BUILT SKETCH

IMPROVEMENTS PERMIT ONLY

DO NOT ISSUE BUILDING PERMIT

I understand that this 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.

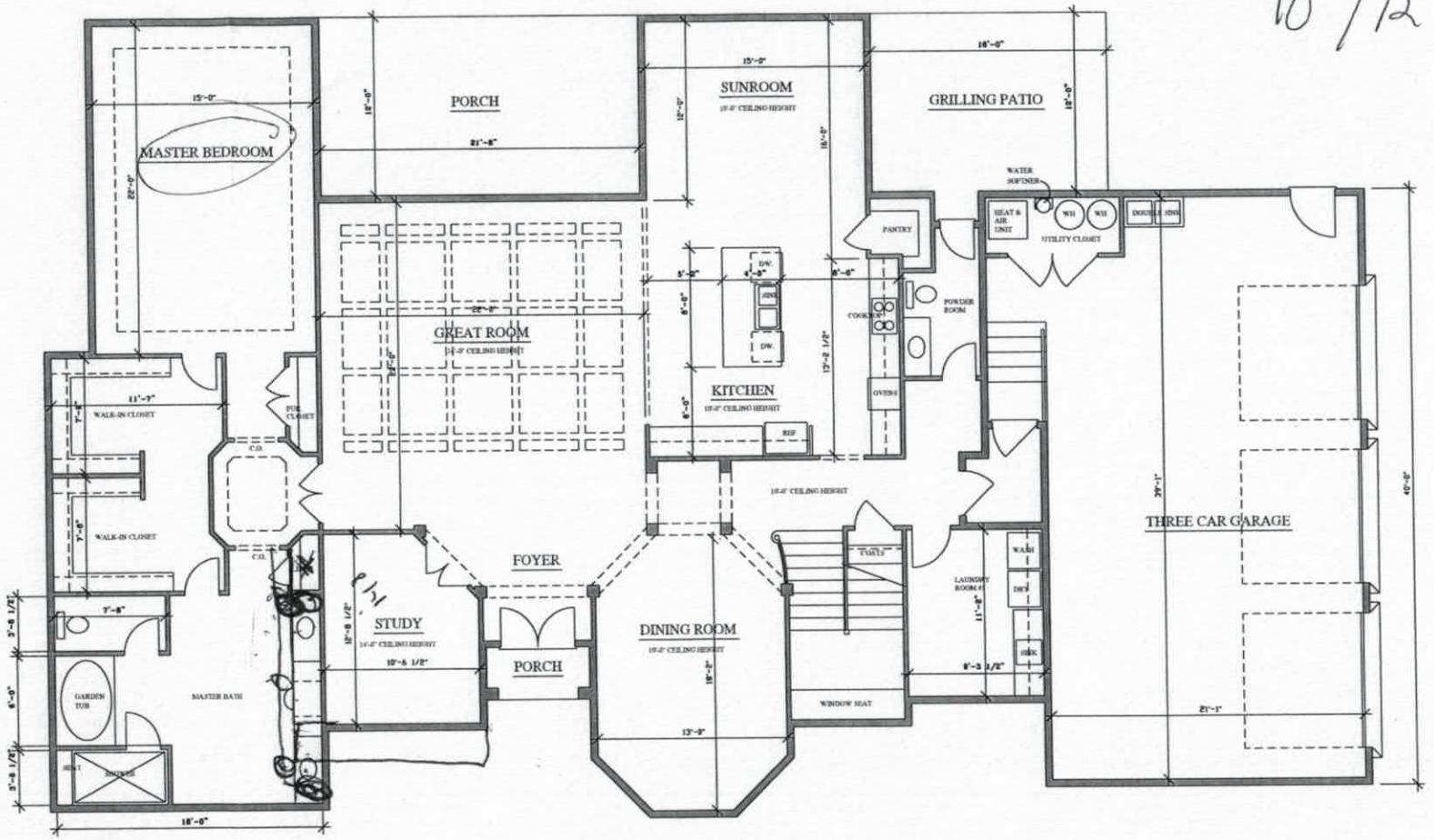
Signed: for C. Pope date 8-6-98 Installed by:

Improvement Permit by: David R. Freeman, RS date 7-25-98 Operation Permit by: date

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

10/12 Pitch ... if possible

2nd Floor Hip over garage



FIRST FLOOR PLAN

2820 SQ.FT.

SCALE: 1/4" = 1'-0"

Acknowledgement of Plans Submittal ONLY!

Date 5-26-16

Date 5/26/16

Acknowledgement of
Plans Submittal ONLY!

Date 5-26-16

Date 5/26/16

SECOND FLOOR PLAN

1126 SQ.FT.

SCALE: 1/4" = 1'-0"

IREDELL COUNTY

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

APPLICATION NUMBER
213216
Issue Date: 08/28/2015

ZONING PERMIT

Open Space

FILE COPY

Parcel Number	Street Address	Jurisdiction
4635045553.000	152 EASTON DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: GORDON DANIEL S+LINDA W	Applicant: OGDEN CONSTRUCTION LLC
Address: 124 IRON DATE CR MOORESVILLE, NC 28117	Address: PO BOX 1281 DAVIDSON, NC 28036
Phone:	Phone: 704-309-6810

Use Requested	Zone Code
NEW SFD	20CU

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.690	35.00	35.00	15.00	15.00	CACL	X

Remarks:

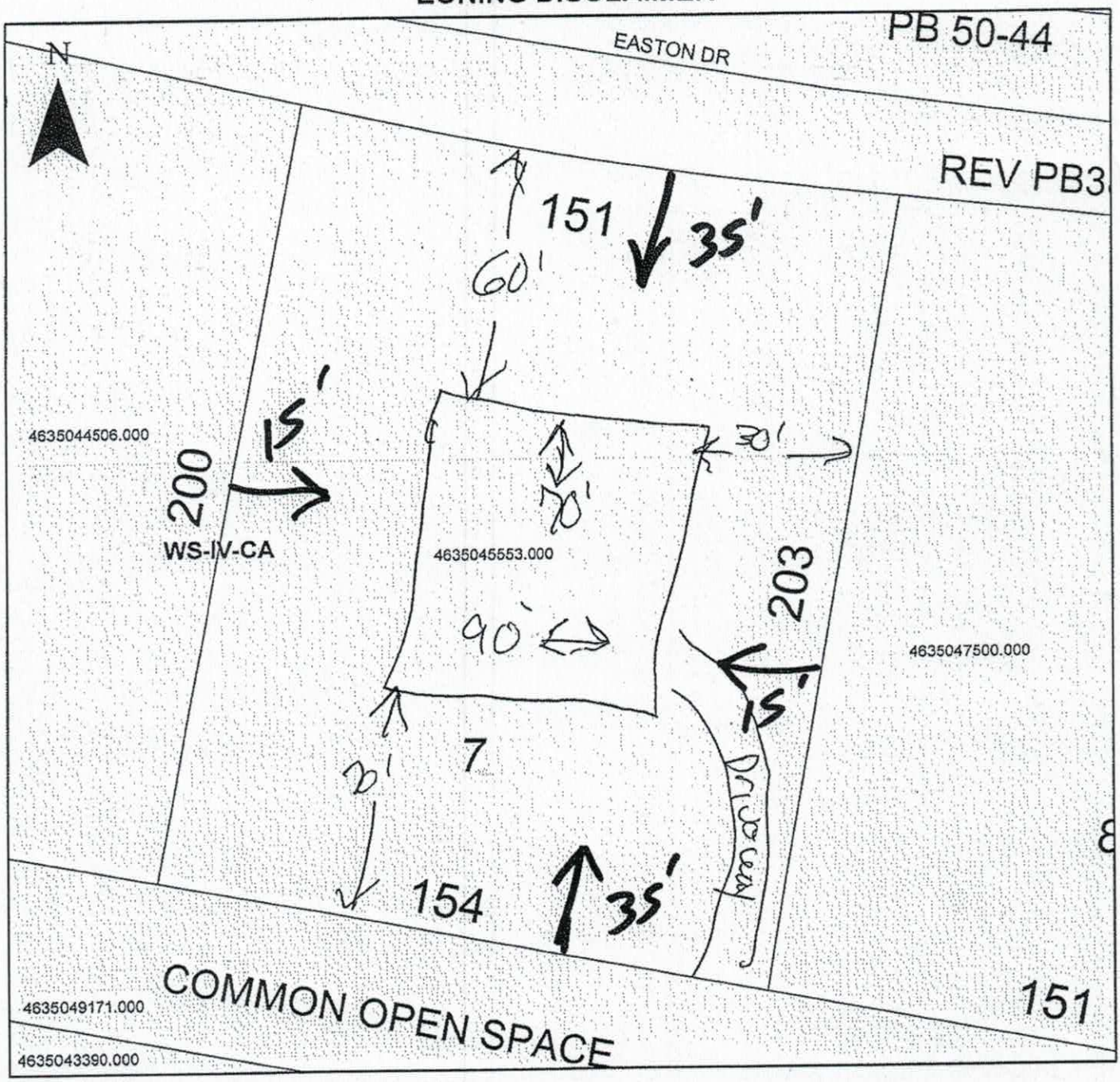
$ PAID cc mob

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.

Applicant: _____ Date: 8-28-15

Permit Number	47978	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 152 Easton

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

8-28-15
Date