CW

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP- 326035

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

PIN # 4635 -- 09 -- 9819

APPLICANT/OWNER: HAWS BUILDING, INC. APPLICANT ADDRESS: P.O. BOX 3983, MOORESVILLE, N.C. 28117

SITE ADDRESS: 103 WYNWARD LANE, MOORESVILLE, N.C. 28117 PHONE: 704-622-5573 ALT. PHONE: -

SITE DIRECTIONS: (S) ON 77, (R) ON BRAWLEY SCHOOL, (L) ON ISLE OF PINE, (R) ON COVE CREEK, (L) ON WYNSWEED, (L) ON WYNWARD, LOT ON (L) SAP CONTROLLED: ! ☐ YES ☑ NO

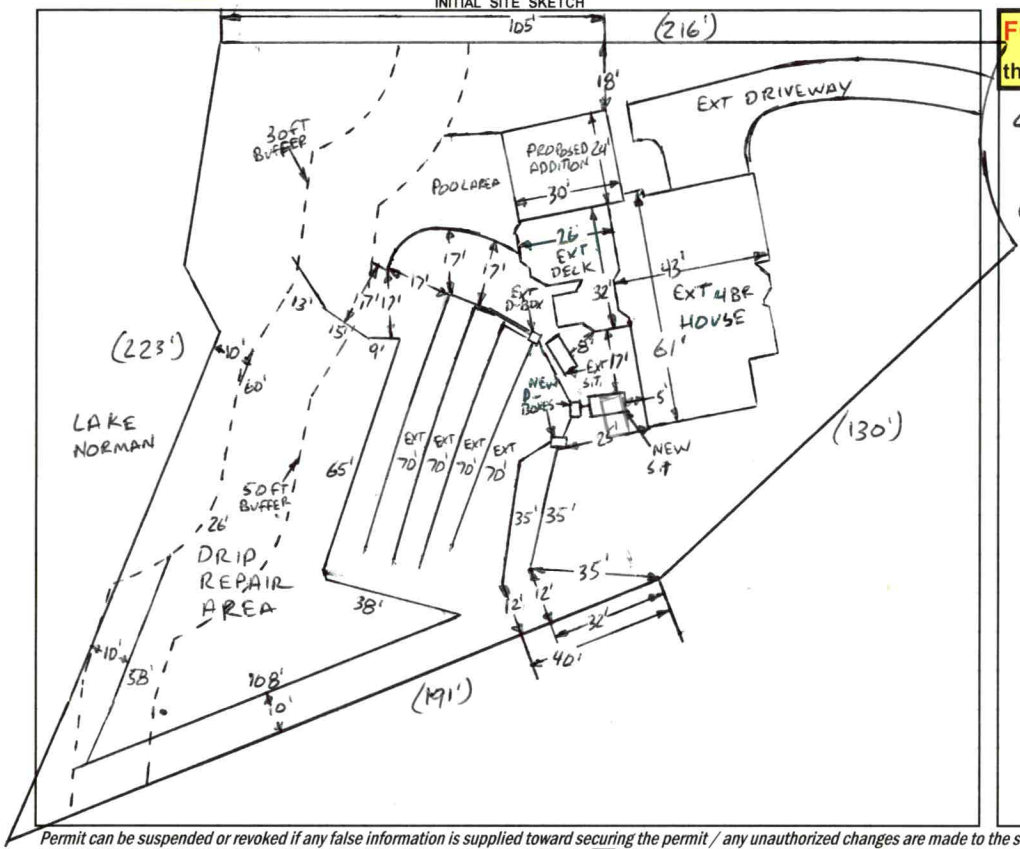
SUBDIVISION: NORTH SHORE II SECTION: - LOT # 16 LOT AREA: 0.809 AC DESIGN FLOW: 600 GPD L.T.A.R.: 0.3

Septic Tank	1500	(gal)	STB	964 SHOAF	Date	4/23/22	☐ New System	☐ Repair	☑ Expansion	System Type: I II (III) IV V VI	
Pump Tank	-	(gal)	PT	-	Date	-	System Description:	EXT 50% REDUCTION + 50% REDUCTION			
Pump Make	-	Model	-	Serial #	-		Repair System Description:	TSII DRIP IRRIGATION			
# Nitrification Fields	1	# Lines	EXT(4)+2	Linear Ft	280ft + 70ft		Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	24 IN	Trench Bottom Depth (Low side)	32 IN	Gravel Depth	-			☑ GRAVITY	☐ PRESSURE		

☑ Residence	No. Bedrooms	5	Water Supply	
☐ Business	No. Persons	10	☐ Private	
☐ Other	No. Employees	-	☐ Public	
☐ Slab	☐ Crawl Space		☑ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 8FT CENTERS, UTILIZE D-BOXES TO ACHIEVE EQUAL DISTRIBUTION, DO NOT EXCEED A 36 IN MAX TRENCH DEPTH.

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.

CUL-DE-SAC
WYNWARD LANE
(57')

1 IN = 50FT
S.T. = SEPTIC TANK
EXT = EXISTING

Lines Installed as drawn
top line 36', bottom 35'
1st → D Box set to feed 4BR system more than 1 BR

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: 4/29/2022 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Bryant C. White Date: 4-28-2022 OPERATION PERMIT by: D. Mieberg Date: 6/9/22

AUTHORIZATION TO CONSTRUCT by: D. Mieberg Date: 6/1/22 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 21107 DATE 6/13/95 TAX MAP NO. 26 23 B16 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Robert Thompson Homes PHONE: Business 391-3715 ~~Home~~ 4635-09-9819

ADDRESS 2900 E I 85 Service Rd. Charlotte, NC. 28208

LOCATION Brawley Sch. TL Shale Pines, TR Cove Creek TL Wynnsweept TL Wynneind, at end on cul de sac 103 Wynneward

SUBDIVISION North Shoals BLOCK / SECTION 1 LOT 16 LOT AREA ~1.6Ac SITE CLASS. P DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 7/26/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 267 (533)

No Lines 4 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth 6" Stone

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

System Description: Conv. Panel

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

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

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3.5

☐ Business No. Employees ____

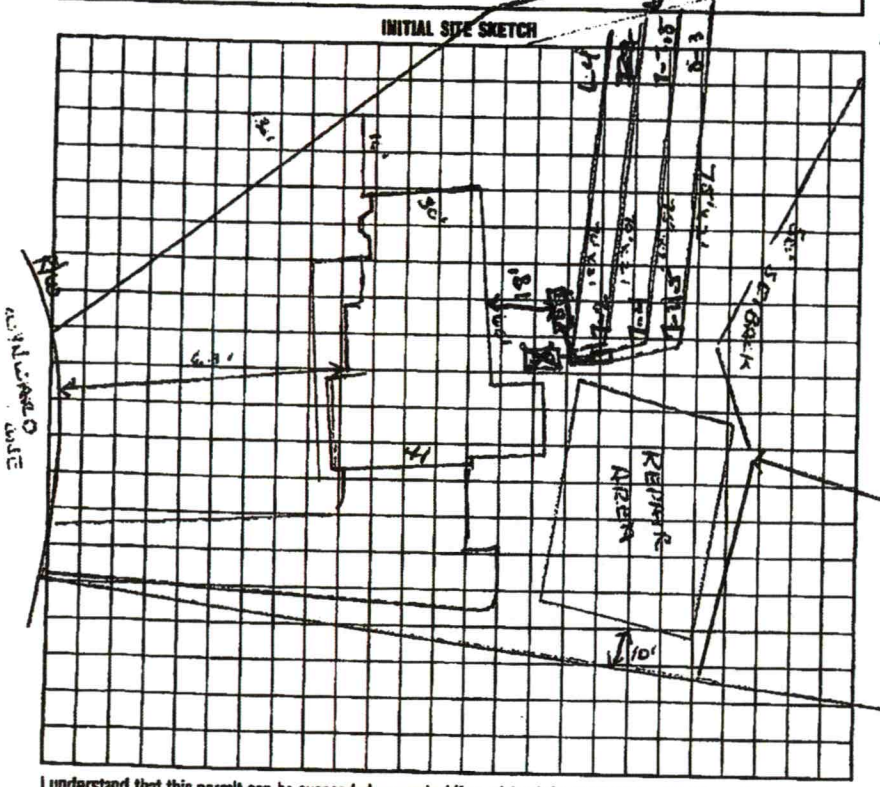
☐ Other _____

Water Supply:
☐ Individual
☒ Community
☐ Public

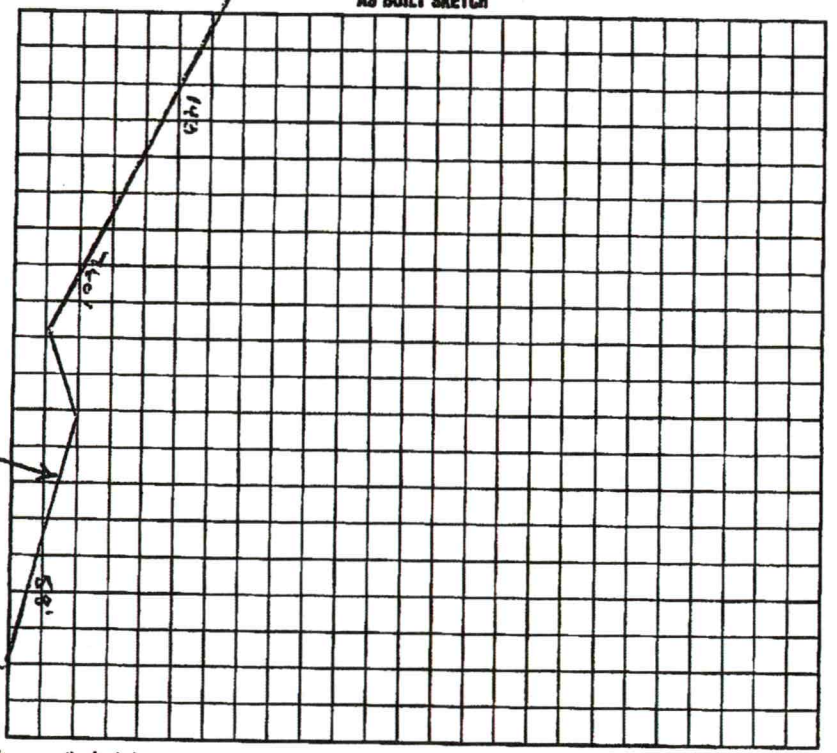
Comments:

Comments: 65 / 4 / 260

INITIAL SITE SKETCH



AS BUILT SKETCH



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 is valid for 60 months from date of issuance.

Signed: _____ 6-13-95

Improvement Permit by: Wesley Sparks RS. date 6/13/95

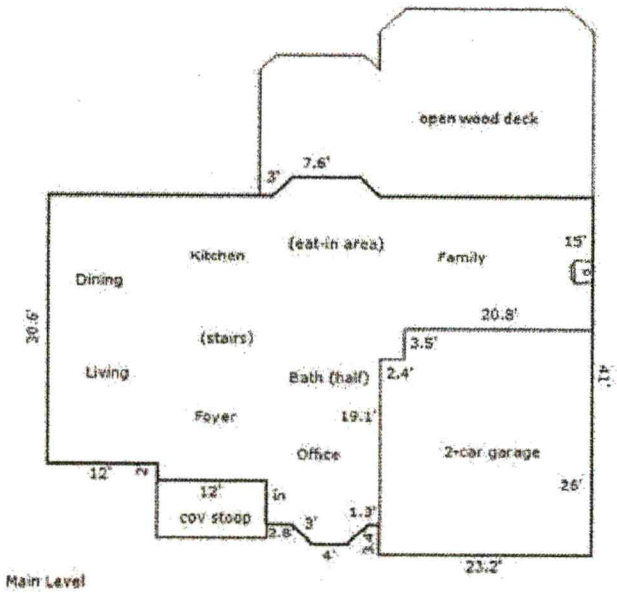
Existing System Inspection by: _____ date _____

Installed by: Thompson Grading

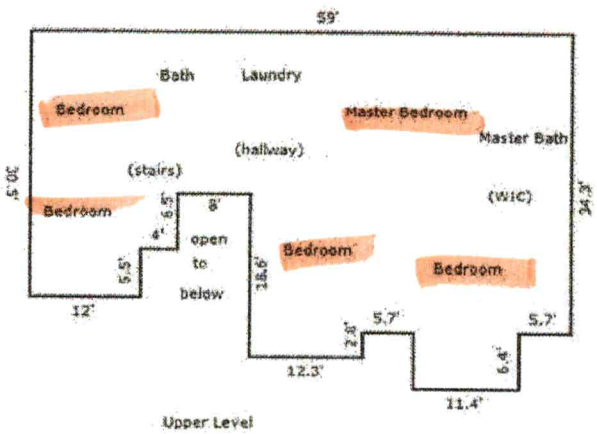
Certificate of Completion by: Wesley Sparks RS. date 8/25/95

Operation Permit by: _____ date _____

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



Main Level



Upper Level

3,511 SF finished/heated Gross Living Area

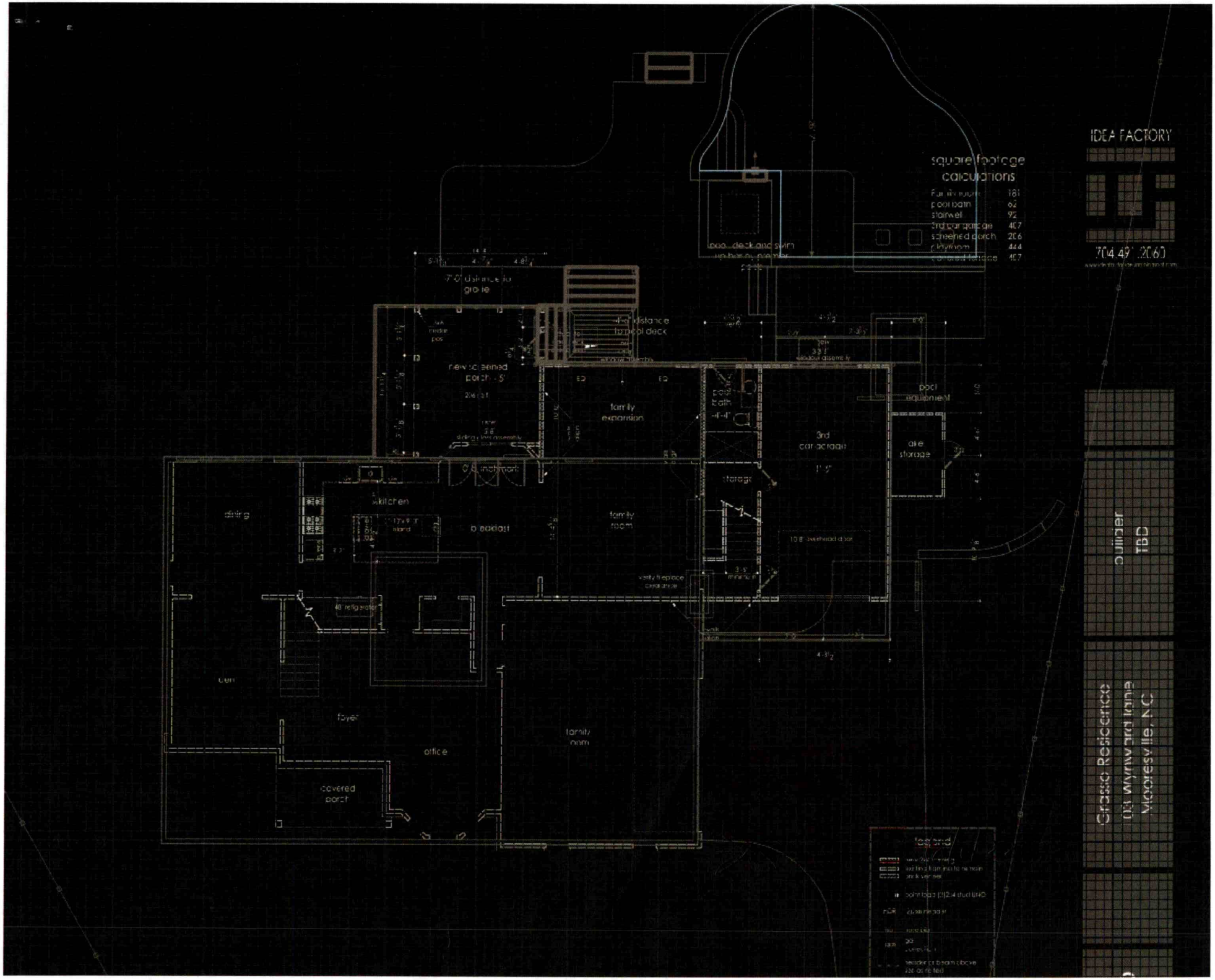
Acknowledgement Of Plans Submittal ONLY!

Date 6/2/22

Date 6/1/22

103 Wynward

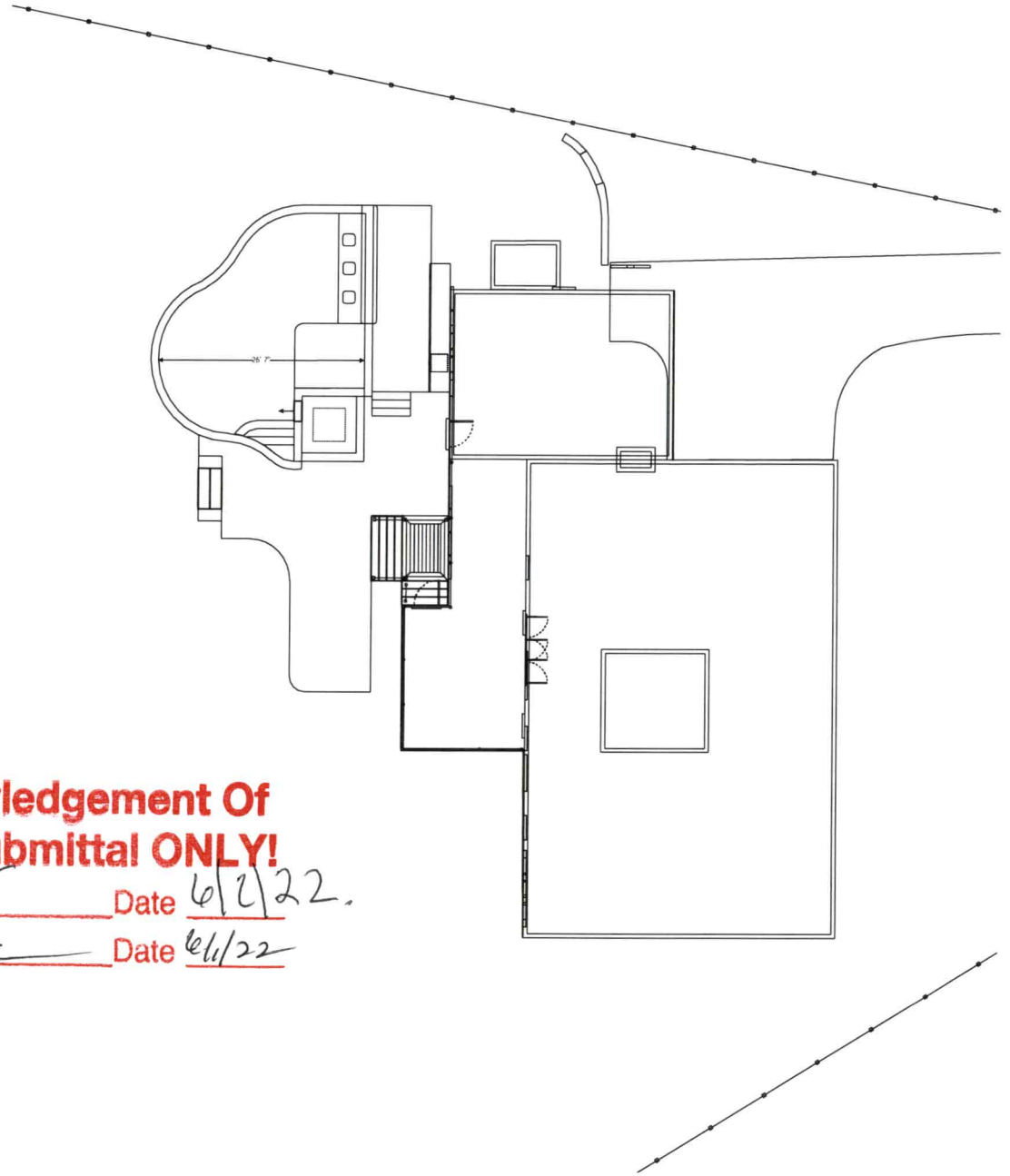
Northshore Pl lot 16


square footage calculations
pool deck and swim
7'-0" distance to grade
4'-0" distance to pool deck
new screened porch - 5"
206 sf
family expansion
pool equipment
3rd car garage
attic storage
storage
kitchen
dining
breakfast
family room
vaulted fireplace above
48" refrigerator
bath
foyer
office
family room
covered porch
10 ft overhead door
legend
IDEA FACTORY
(704.49 .2060
Classic Residences
Mooresville, NC
TBD

Document Control
Management Copy

6/2/2023

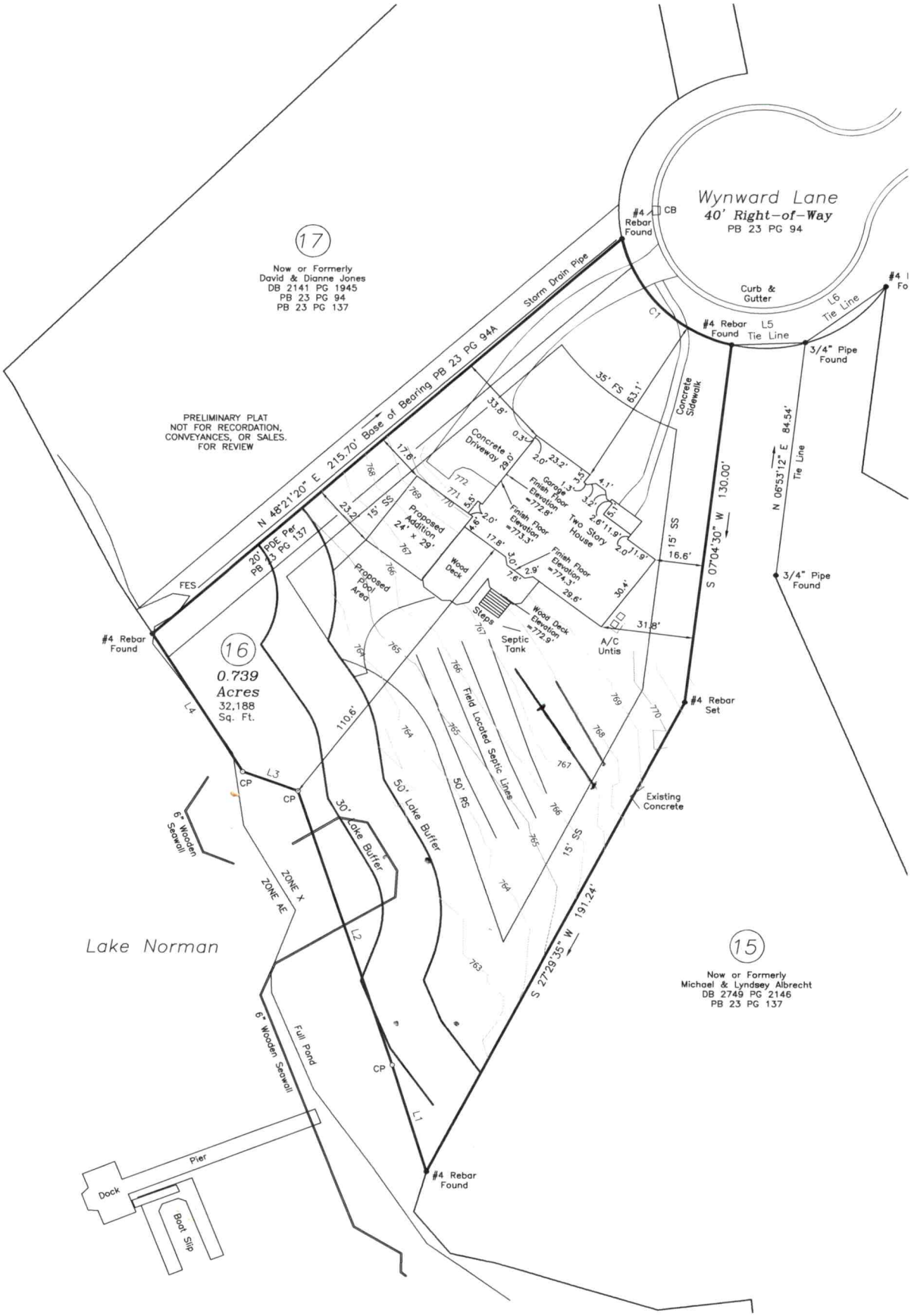
Scale: 1/16" = 1 ft.

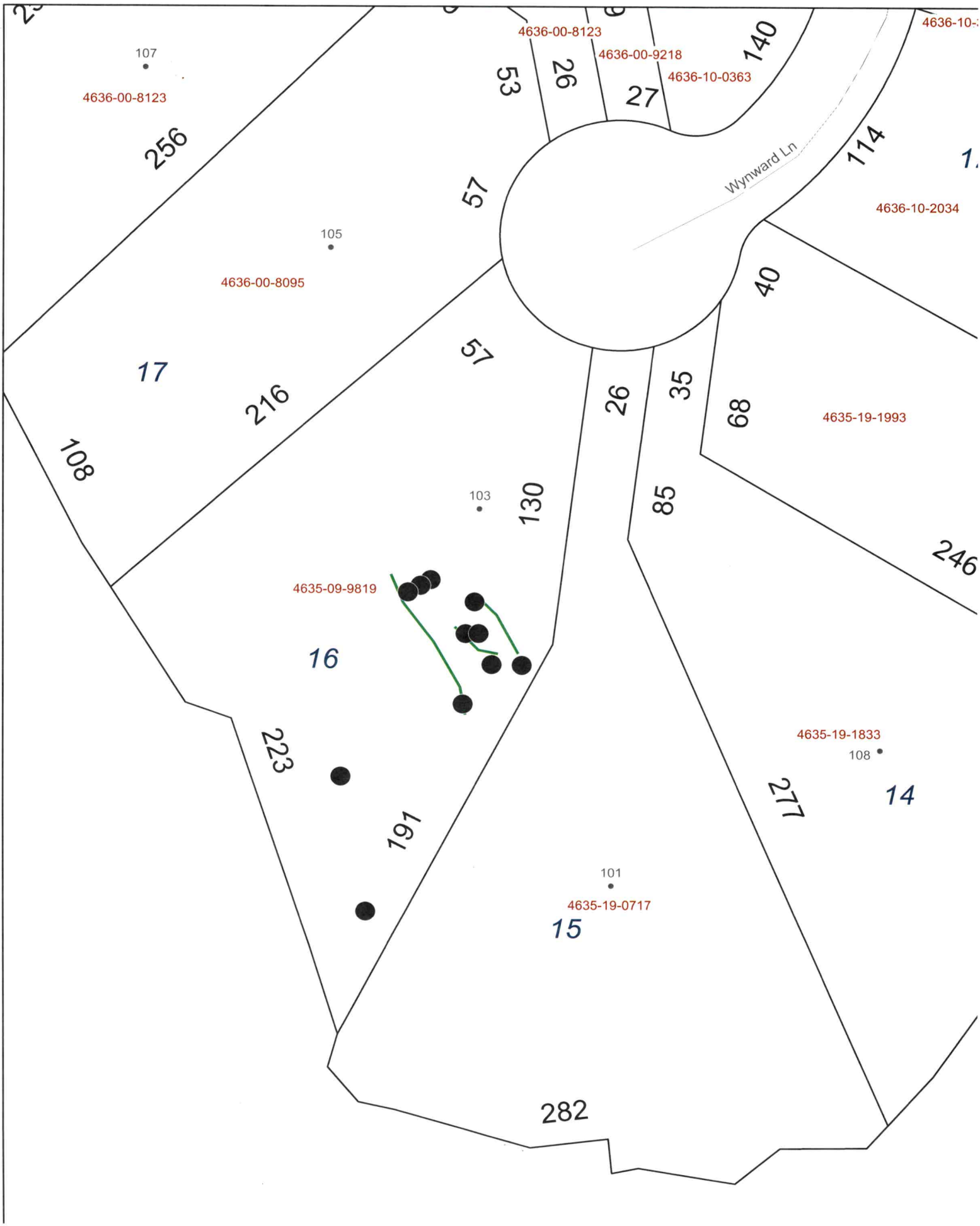


Acknowledgement Of Plans Submittal ONLY!

Date 6/2/22.

Date 6/1/22


Wynward Lane
40' Right-of-Way
PB 23 PG 94
#4 Rebar Found
CB
Curb & Gutter
#4 Rebar Found
L5
Tie Line
L6
Tie Line
3/4" Pipe Found
17
Now or Formerly
David & Dianne Jones
DB 2141 PG 1945
PB 23 PG 94
PB 23 PG 137
Storm Drain Pipe
N 48°21'20" E 215.70' Base of Bearing PB 23 PG 94A
PRELIMINARY PLAT
NOT FOR RECORDATION,
CONVEYANCES, OR SALES.
FOR REVIEW
Concrete Sidewalk
35' FS
63.1'
C1
33.8'
0.3'
Concrete Driveway
2.0'
23.2'
1.3'
3.5'
4.1'
Garage Finish Floor Elevation =772.6'
Finish Floor Elevation =773.3'
Two Story House
2.6'
11.9'
2.0'
11.8'
15' SS
16.6'
S 07°04'30" W 130.00'
N 05°53'12" E 84.54'
Tie Line
3/4" Pipe Found
17.8'
5.4'
4.6'
2.0'
17.8'
3.0'
7.6'
2.9'
Finish Floor Elevation =774.3'
29.6'
30.4'
31.8'
A/C Untis
Septic Tank
Steps
Wood Deck Elevation =772.9'
Wood Deck
Proposed Addition 24' x 29'
Proposed Pool Area
20' PDE Per PB 23 PG 137
FES
#4 Rebar Found
16
0.739
Acres
32,188
Sq. Ft.
L4
110.6'
L3
CP
CP
#4 Rebar Set
Existing Concrete
Field Located Septic Lines
50' RS
15' SS
6" Wooden Seawall
30' Lake Buffer
50' Lake Buffer
ZONE X
ZONE AE
Lake Norman
L2
S 27°29'35" W 191.24'
15
Now or Formerly
Michael & Lyndsey Albrecht
DB 2749 PG 2146
PB 23 PG 137
6" Wooden Seawall
Full Pond
CP
L1
Pier
Dock
Boat Slip
#4 Rebar Found


4636-00-8123
107
4636-00-8123
4636-00-9218
4636-10-0363
140
53
26
27
256
57
Wynward Ln
114
4636-10-2034
105
4636-00-8095
40
17
216
57
26
35
68
4635-19-1993
108
103
130
85
246
4635-09-9819
16
223
191
4635-19-1833
108
277
14
101
4635-19-0717
15
282

Revised 3/22/22

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-326035 $250.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) Authorization to Construct (X) 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: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: HAUS BUILDERS INC Address: PO Box 3883 Mooresville Zip: 28117
Applicant Email: HAUSBUILDERS@INSTAGRAM.COM Phone: 704-624-5573 Alt. Phone:
Owner Name: GARY DUPLAK Address: 103 WYNWARD LN Zip: 28117
Owner Email: PDG1010@ROADRUNNER.COM Phone: 704-662-8227 Alt. Phone:

LAURA GRASSO

Property Information:

Street Address: 103 WYNWARD LN MOORESVILLE NC 28117
Subdivision Name: NORTH SIDE II Section/Phase: 1 Lot Number: 16
Driving Directions: WEST ON BROWLEY FROM 77, (L) ISLE PINES (R) COVE CREEK LOOP (L) VIVIAN CREEK DR (L) WYNWARD LN

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

CHECK FOUNDATION TYPE

( ) 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: 5
Maximum Number of Occupants: ____
(X) Swimming Pool FUTURE
(X) Other Addition/Structure: 24x24

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) 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 ( ) Existing Well (X) Community Well ( ) City Water ( ) Other Public Water

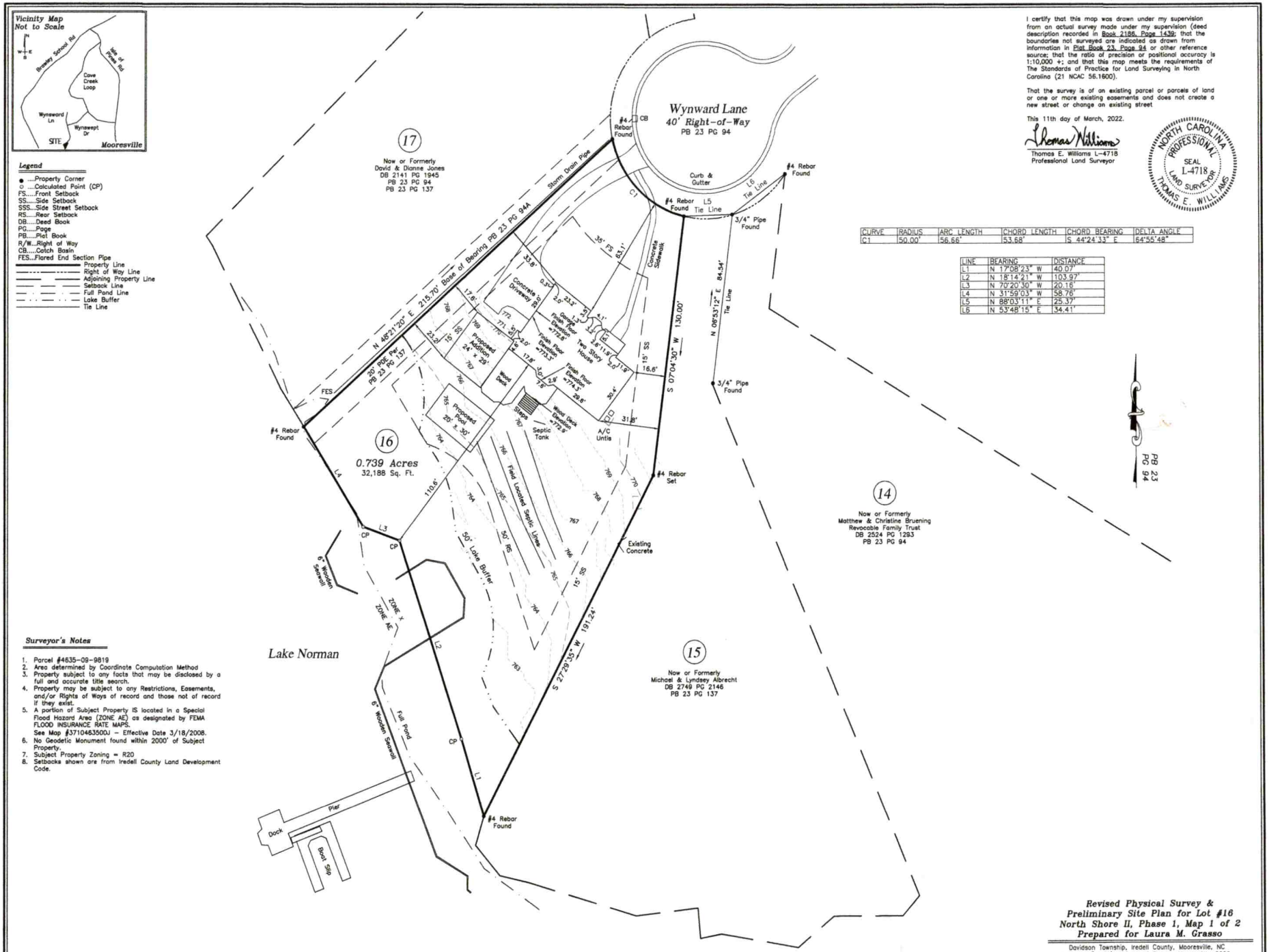
Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: ____
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: ____

Please answer the following to the best of your ability:

( ) 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: _____ LAURA GRASSO 2/24/2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE



I certify that this map was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 2186, Page 1439; that the boundaries not surveyed are indicated as drawn from information in Plat Book 23, Page 94 or other reference source; that the ratio of precision or positional accuracy is 1:10,000 +; and that this map meets the requirements of The Standards of Practice for Land Surveying in North Carolina (21 NCAC 56.1600).

That the survey is of an existing parcel or parcels of land or one or more existing easements and does not create a new street or change an existing street

This 11th day of March, 2022.

Thomas E. Williams L-4718
Professional Land Surveyor

NORTH CAROLINA PROFESSIONAL SEAL L-4718 LAND SURVEYOR THOMAS E. WILLIAMS

Surveyor's Notes

1. Parcel #4635-09-9819
2. Area determined by Coordinate Computation Method
3. Property subject to any facts that may be disclosed by a full and accurate title search.
4. Property may be subject to any Restrictions, Easements, and/or Rights of Ways of record and those not of record if they exist.
5. A portion of Subject Property IS located in a Special Flood Hazard Area (ZONE AE) as designated by FEMA FLOOD INSURANCE RATE MAPS.
   See Map #3710463500J – Effective Date 3/18/2008.
6. No Geodetic Monument found within 2000' of Subject Property.
7. Subject Property Zoning = R20
8. Setbacks shown are from Iredell County Land Development Code.

Revised Physical Survey & Preliminary Site Plan for Lot #16 North Shore II, Phase 1, Map 1 of 2 Prepared for Laura M. Grasso

Davidson Township, Iredell County, Mooresville, NC
Scale 1"= 30' – Date of Survey, March 4th, 2022
Current Owner: Steven Michael Dopirak & Christopher Paul Dopirak
103 Wynward Lane, Mooresville, N.C. 28117
Lot #16 North Shore II, Phase 1, Map 1 of 2
Plat Book 23 Page 94 & 95 – Deed Book 2186 Page 1439

PIEDMONT DESIGN ASSOCIATES, P.A.
ENGINEERING – SURVEYING – PLANNING
Suite 101 Westfield Center, 135 E. Plaza Dr. Mooresville, N.C. 28115
Phone (704) 664-7888 Fax (704) 664-1778
Corporate License #C-1007

Project #220112

RECEIVED FEB 2 4 2022

BW

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-326035 $250.00

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(X) Septic Improvement Permit (X) Authorization to Construct (X) 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: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: HAUS BUILDERS INC Address: Po Box 3383 ~~123 Wynward Ln~~ Mooresville Zip: 28117
Applicant Email: HAUSBUILDERS@WINDSTREAM.NET Phone: 704-622-5573 Alt. Phone:
Owner Name: GARY DOPIRAK Address: 103 WYNWARD LN Zip: 28117
Owner Email: POG1010@ROADRUNNER.COM Phone: 704-662-8227 Alt. Phone:

Property Information: WYNWard

Street Address: 103 WYNWARD LN MOORESVILLE NC 28117
Subdivision Name: NORTH SHORE II Section/Phase: 1 Lot Number: 16
Driving Directions: WEST ON BRAWLEY FROM 77, (L) ISLE PINES (R) COVE CREEK LOOP (L) WYNSUCPT DR. (L) WYNWARD LN.

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence Maximum Number of Bedrooms: 4 (X) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool FUTURE ( ) Basement with Plumbing
( ) Bedroom(s) Addition (X) Other Addition/Structure: 24x24 ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
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 ( ) Existing Well (X) 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:
( ) 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.

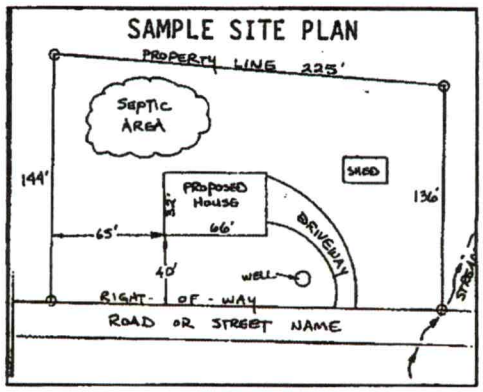
Signature: _____ 2/24/2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **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

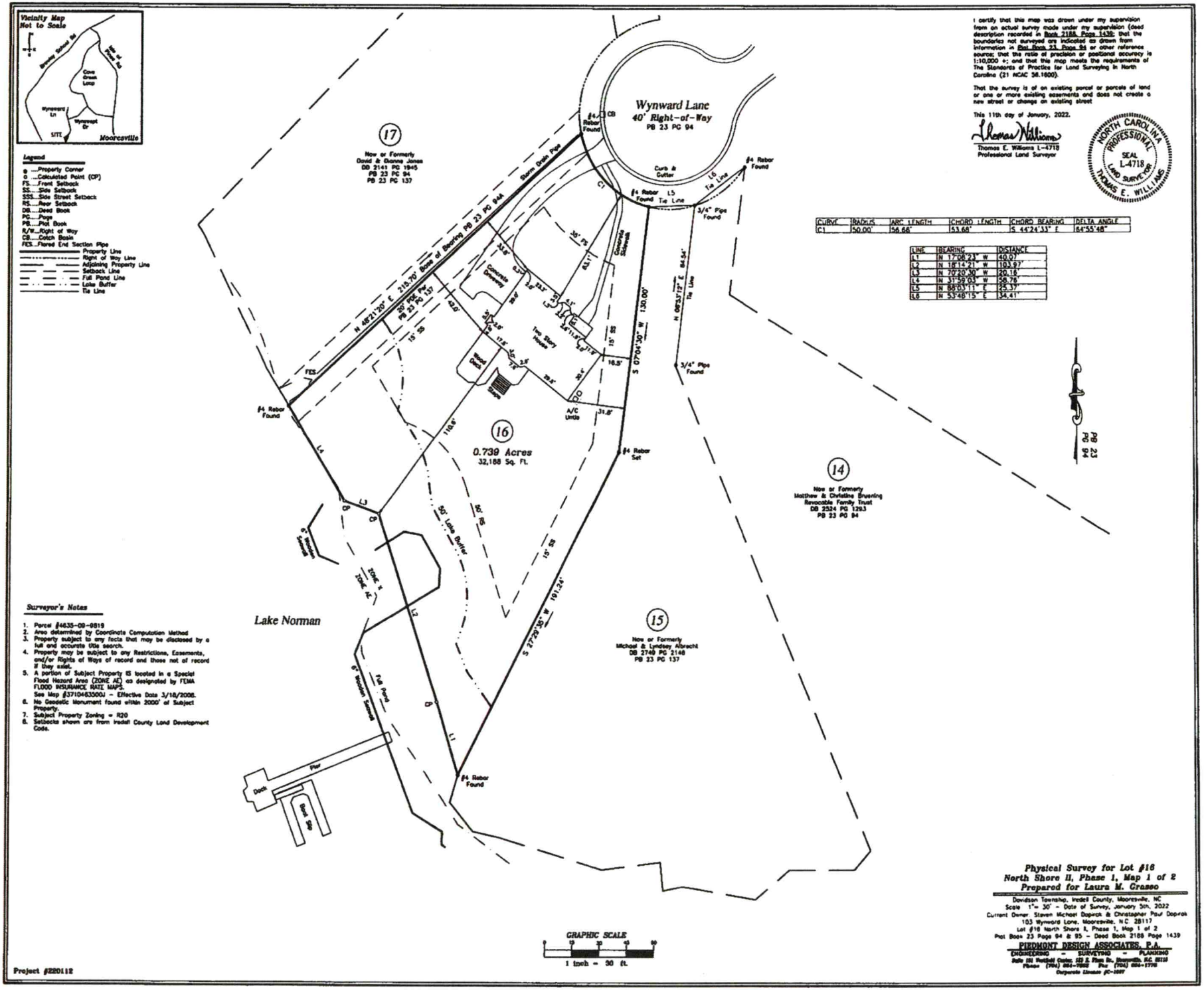
See Attached

Signature: _____

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

2/24/2022

DATE

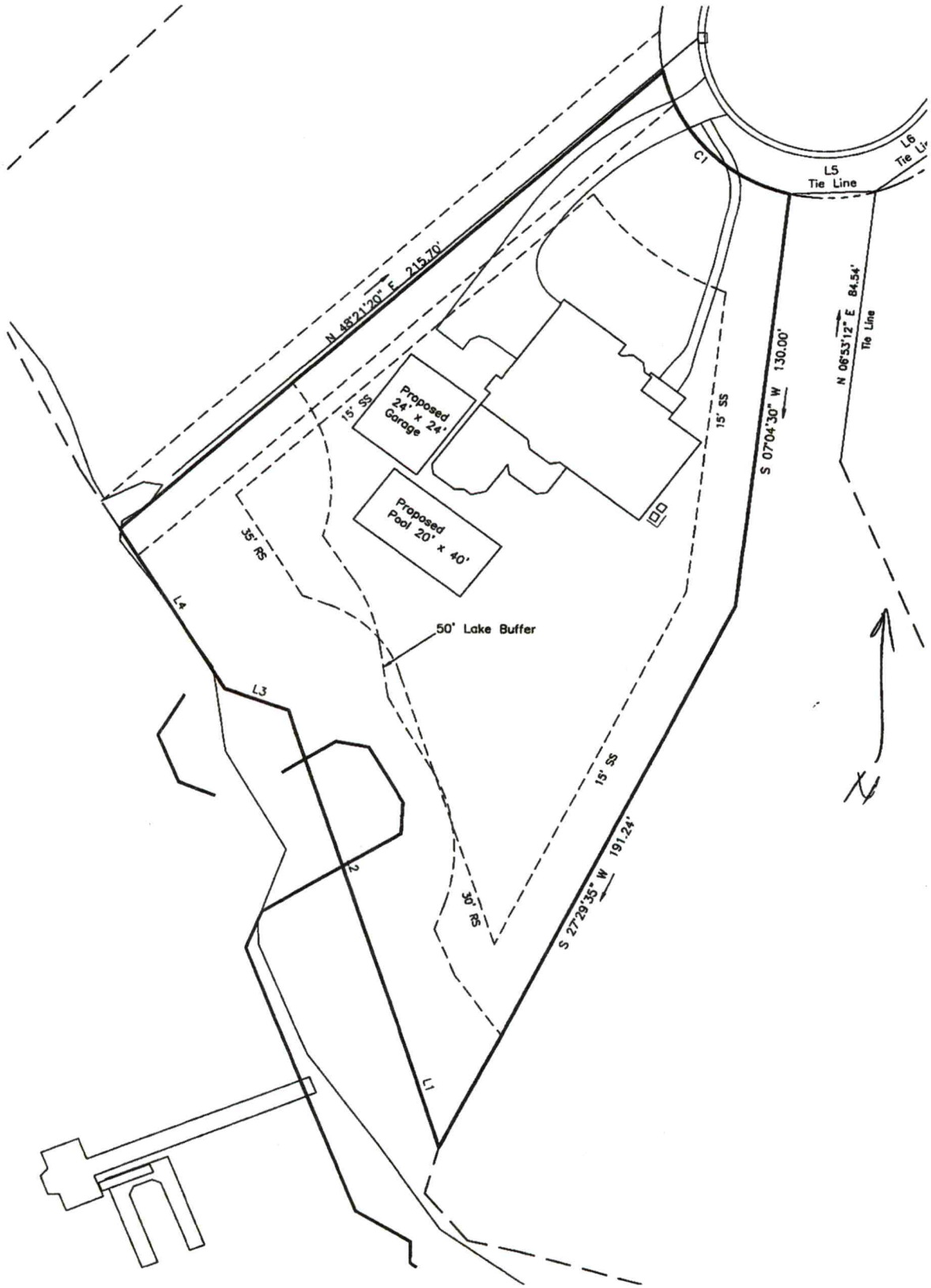


Physical Survey for Lot #16
North Shore II, Phase 1, Map 1 of 2
Prepared for Laura M. Grasso

Davidson Township, Iredell County, Mooresville, NC
Scale 1"= 30' - Date of Survey, January 5th, 2022
Current Owner Steven Michael Dopirak & Christopher Paul Dopirak
103 Wynward Lane, Mooresville, N.C. 28117
Lot #16 North Shore II, Phase 1, Map 1 of 2
Plat Book 23 Page 94 & 95 - Deed Book 2188 Page 1439

PIEDMONT DESIGN ASSOCIATES, P.A.
ENGINEERING - SURVEYING - PLANNING
Suite 101 Rockhill Center, 522 E. Plum St., Mooresville, N.C. 28115
Phone (704) 662-7062 Fax (704) 664-1776
Corporate License #C-1887

Project #220112


N 48°21'20" E 215.70'
15' SS
Proposed 24' x 24' Garage
Proposed Pool 20' x 40'
35' RS
50' Lake Buffer
L4
L3
L2
L1
30' RS
15' SS
S 27°29'35" W 191.24'
15' SS
S 07°04'30" W 130.00'
C1
L5
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L6
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Tie Line

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, GARY DUPIRAIC, am the legal owner(s) of the property located at 103 WYNWARD LN. MOORESVILLE, NC, identified as PIN (Parcel Identification Number) 4635099819, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) ERIC HAUSFELD, HAUS BUILDERS, 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.

Gary J Dupirack
Signature of Owner(s)

2/18/22
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

IREDELL COUNTY · NC

IREDELL COUNTY

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

APPLICATION NUMBER
326035 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4635099819.000	103 WYNWARD LN	Iredell County

Owner Information	Applicant Information
Name: DOPIRAK GARY J LE	Name: HAUS BUILDERS INC
Address:	Address: 199 ROBINSON ROAD
	MOORESVILLE, NC 28117
Phone:	Phone: (704)622-5573

Use Requested	Zone Code
Accessory Building	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.74	35	50	10	10	WSIV-CA Catawba/Lake Norman	YES

Remarks

576 POOL HOUSE/ PLAY RROM

Accessory Structures: Must meet requirement R1 of the LDC. Shall not be erected in front building line of the principal structure or within 25' of a side street on a corner lot. Shall not be erected within 10' of any line not a street line or within 10' of any other building on the same lot. Shall not be erected within the 50' buffer zone of lake lots. Shall not exceed the height limitation of the principal structure. Exceptions to the front building line location: 1.If the lot is 1 acre or greater and the location of the structure is at least 150'from the frontage street right of way line then the structure can be located in front of home or 2.Is a double frontage lake lot. Any accessory building or structure over 2000 sq/ft shall be setback a minimum of 30' from any property line. Metal carports not exceeding 400 sq/ft are allowed in the front yard provided they meet the front setback requirement of the principal structure.

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: 02/24/2022

Signature of Owner/Contractor

Permit Number	326035	TOTAL FEES:	$77.25

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)878-3171

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built___ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition X 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)
N/A

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? 4 and stories? 2

Please describe project (Details, Purpose, or Use): DETACHED ADDITION FOR PLAYROOM AND FUTURE POOL HOUSE

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 576 ±

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 GARY DUPIRAK Phone # 704 ~~[illegible]~~ 662-9227

Owner's Current Address 103 WYNWARD LN. MOORESVILLE NC 28117

Property Information

Property Address 103 WYNWARD LN. MOORESVILLE NC 28117 Parcel # 4635099219

Subdivision: NORTHSHORE II Lot: 16 Zoning:____ Watershed: Y / N Flood Plain: Y / N Township:_____

Directions to property (from a MAIN ROAD) BRAWLEY SCHOOL WEST FROM I77, (L) ISLE OF PINES (R) COVE CREEK LOOP (L) WYNSWEPT DR. (L) WYNWARD LN

Application Information

Applicant's Name or Company HAUS BUILDERS, INC Applicant's Phone # 704.622.5573

Applicant's Address P.O. Box 3983 MOORESVILLE 28117

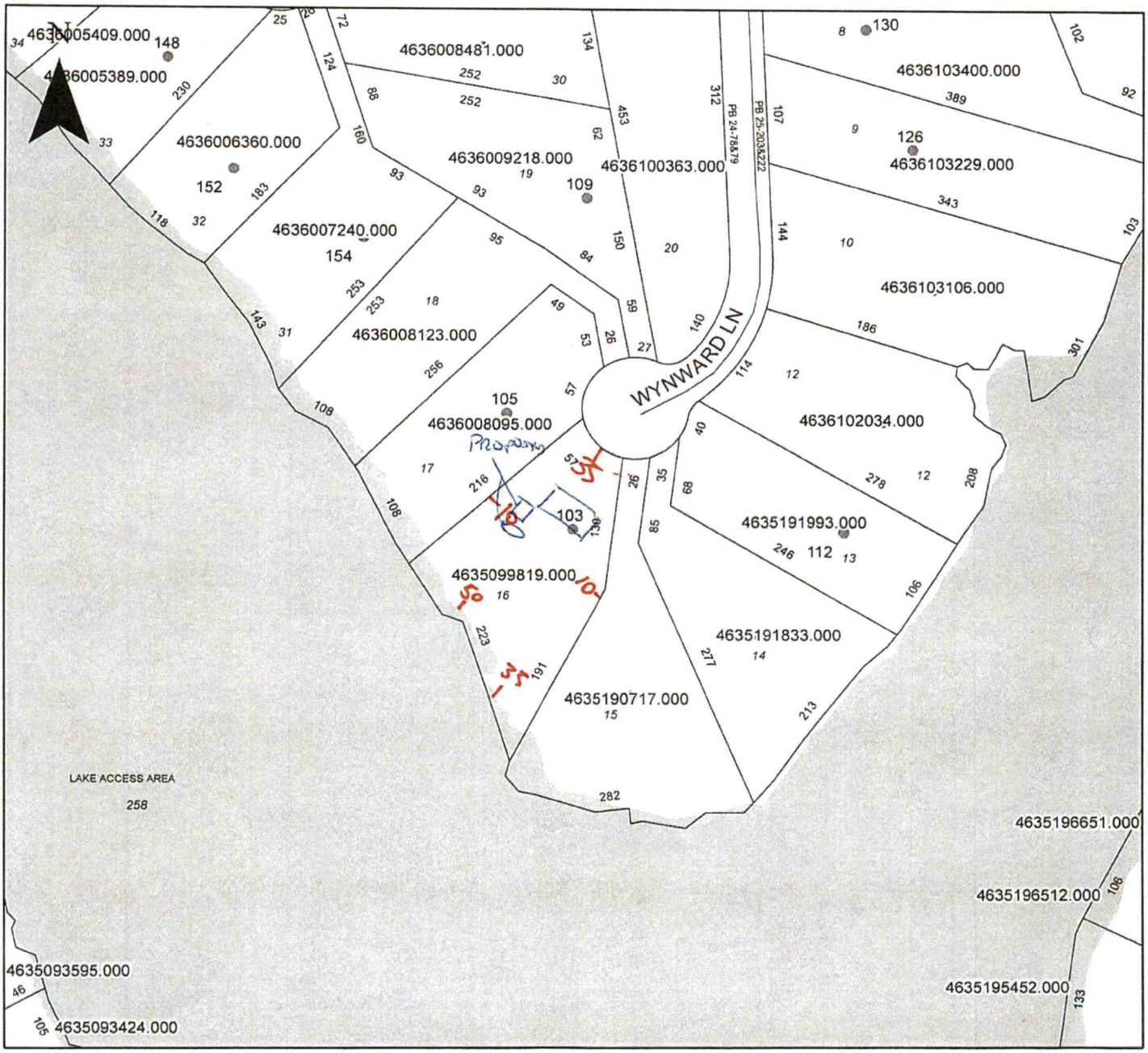
If Company, Representative's Name and Title ERIC HAUSFELD PRESIDENT

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 PLANNING & DEVELOPMENT 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 2/24/2022

R-20
0.74
WS-IV-CA
Res

ZONING DISCLAIMER



Property Address 103 Wynward Ln

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

2/24/2022
Date