IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 245545

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

PIN # 4635286112

APPLICANT/OWNER: Ridgemont Construction APPLICANT ADDRESS: P.O. Box 480731 Charlotte, NC 28269

SITE ADDRESS: 126 Ski Haven Pl. Mooresville, NC 28117 PHONE: 704 996 6111 ALT. PHONE 704 947-9850

SITE DIRECTIONS: Brawley School Rd TL, Isle of Pines TR, Ski Haven Pl SAP CONTROLLED: Exist ☐ YES ☐ NO

SUBDIVISION: Surfside Estates SECTION: — LOT # 23 LOT AREA: .5 Ac DESIGN FLOW: 360gpd L.T.A.R.: Exist

Septic Tank Exist (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields # Lines Existing Linear Ft 200'

Trench Width Trench Bottom Depth(Low side) Gravel Depth 10"

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

System Description: Exist. Gravity-Conventional

Repair System Description: Recorded in 1976 (Gravel)

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☐ Crawl Space

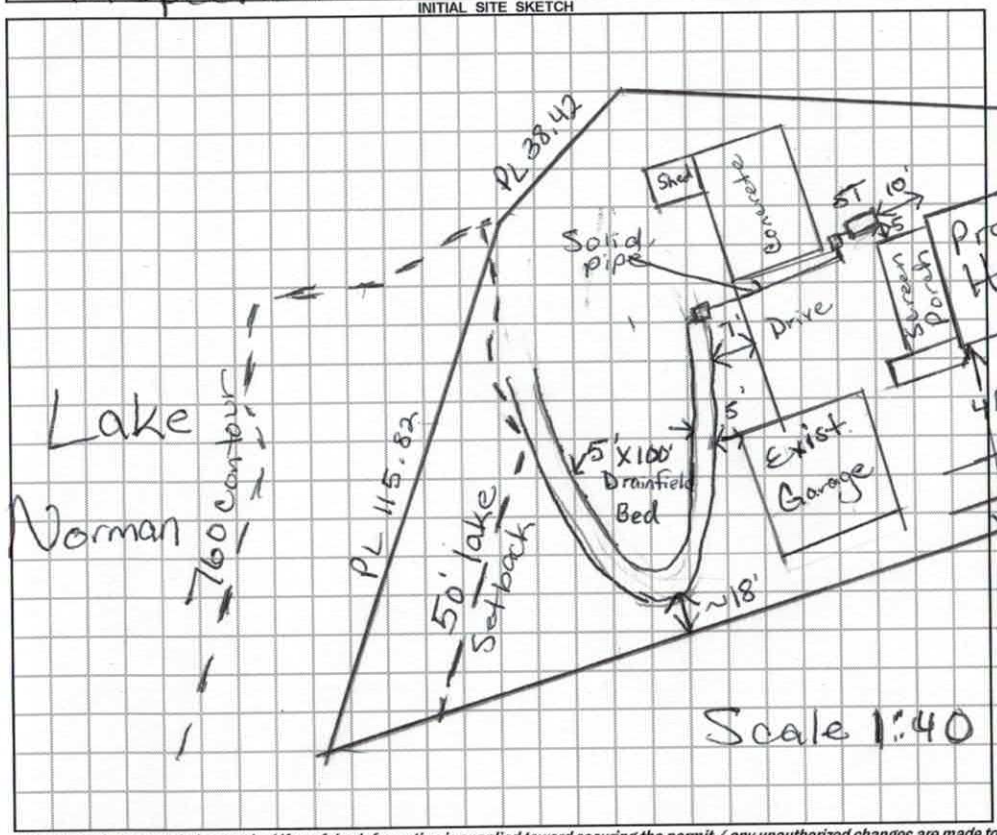
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

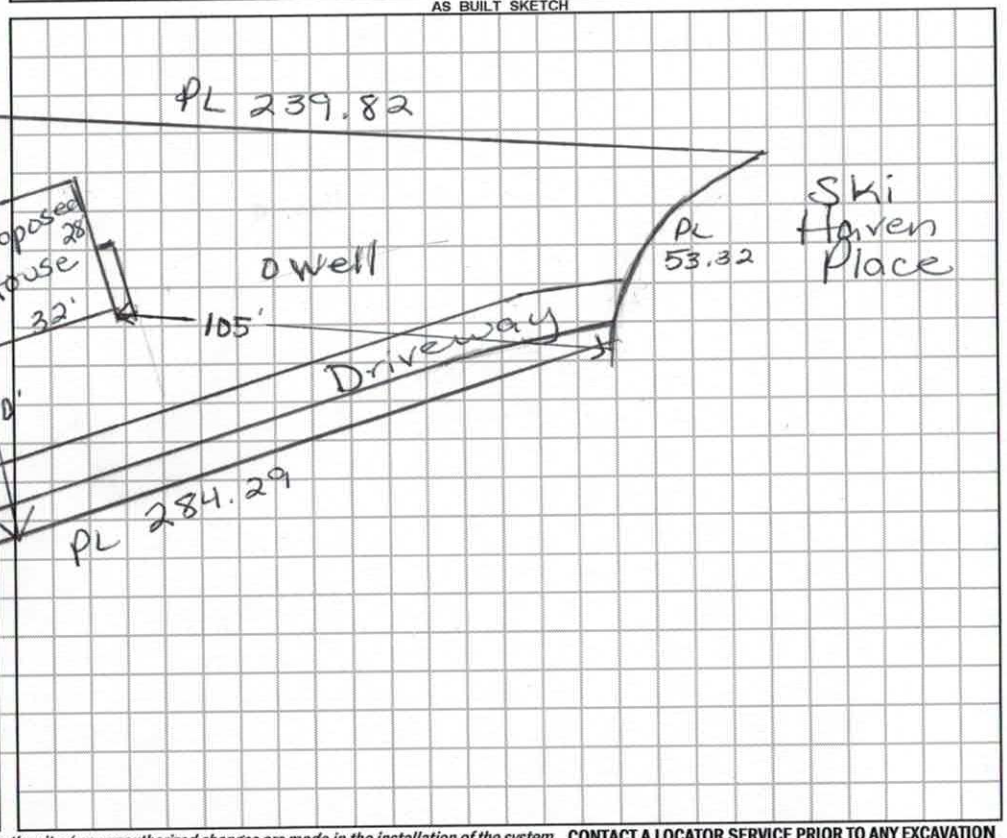
Comments / Conditions: Existing Septic System "appears" to be functioning okay at time of Inspection.

Must keep house 10' from ST & Screen porch 5ft from ST. & min 25ft to well

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: Larry Riddle Date: 6/28/19 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Maria Dotson Date: 6/21/19

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day th ction is needed. Be sure to speak with an inpsector to confirm your inspection time.

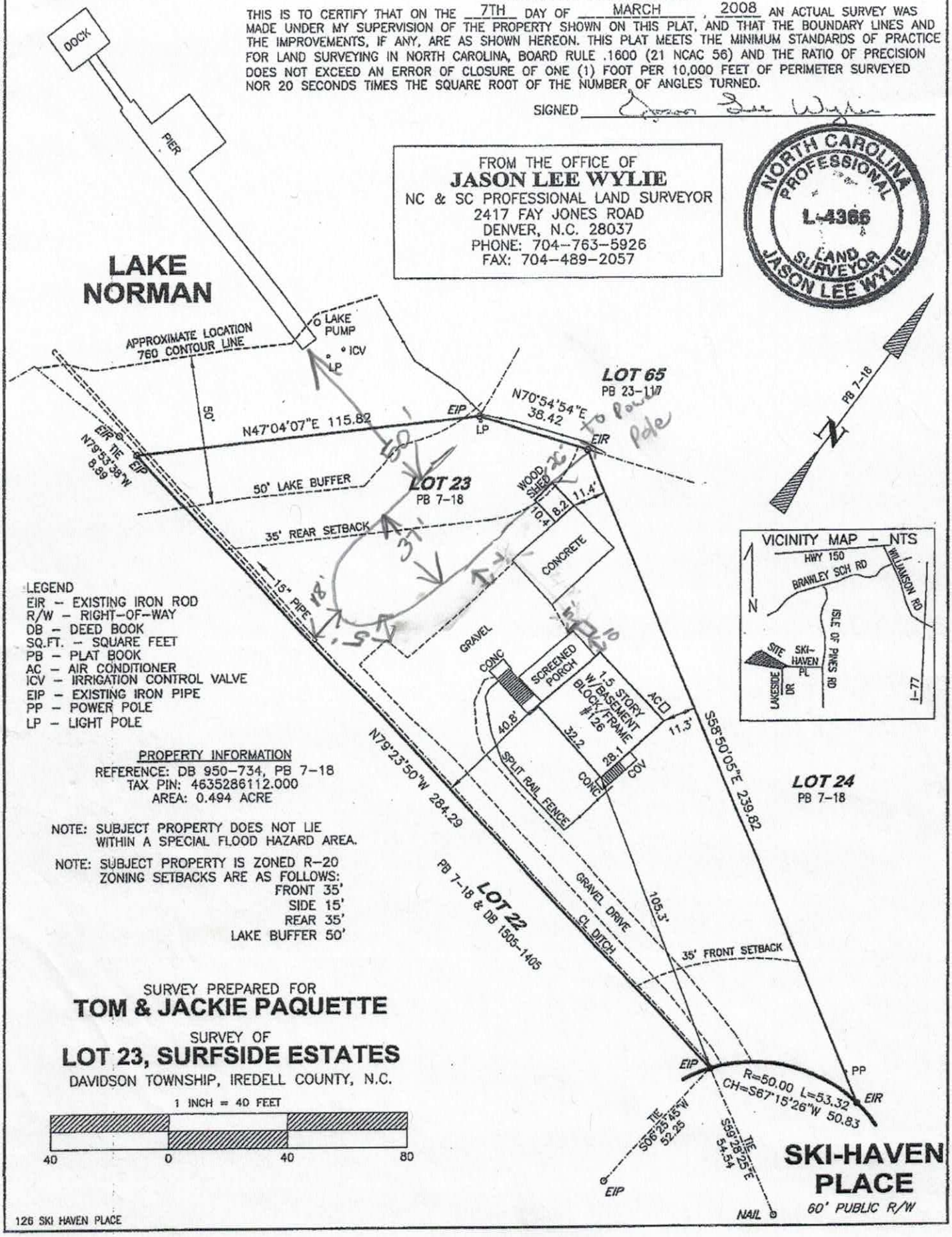
SURVEYOR CERTIFICATION

THIS IS TO CERTIFY THAT ON THE 7TH DAY OF MARCH, 2008 AN ACTUAL SURVEY WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE IMPROVEMENTS, IF ANY, ARE AS SHOWN HEREON. THIS PLAT MEETS THE MINIMUM STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA, BOARD RULE .1600 (21 NCAC 56) AND THE RATIO OF PRECISION DOES NOT EXCEED AN ERROR OF CLOSURE OF ONE (1) FOOT PER 10,000 FEET OF PERIMETER SURVEYED NOR 20 SECONDS TIMES THE SQUARE ROOT OF THE NUMBER OF ANGLES TURNED.

SIGNED _____

FROM THE OFFICE OF
JASON LEE WYLIE
NC & SC PROFESSIONAL LAND SURVEYOR
2417 FAY JONES ROAD
DENVER, N.C. 28037
PHONE: 704-763-5926
FAX: 704-489-2057

NORTH CAROLINA PROFESSIONAL L-4366 LAND SURVEYOR JASON LEE WYLIE



VICINITY MAP - NTS

LEGEND
EIR - EXISTING IRON ROD
R/W - RIGHT-OF-WAY
DB - DEED BOOK
SQ.FT. - SQUARE FEET
PB - PLAT BOOK
AC - AIR CONDITIONER
ICV - IRRIGATION CONTROL VALVE
EIP - EXISTING IRON PIPE
PP - POWER POLE
LP - LIGHT POLE

PROPERTY INFORMATION
REFERENCE: DB 950-734, PB 7-18
TAX PIN: 4635286112.000
AREA: 0.494 ACRE

NOTE: SUBJECT PROPERTY DOES NOT LIE WITHIN A SPECIAL FLOOD HAZARD AREA.

NOTE: SUBJECT PROPERTY IS ZONED R-20
ZONING SETBACKS ARE AS FOLLOWS:
FRONT 35'
SIDE 15'
REAR 35'
LAKE BUFFER 50'

SURVEY PREPARED FOR
TOM & JACKIE PAQUETTE

SURVEY OF
LOT 23, SURFSIDE ESTATES
DAVIDSON TOWNSHIP, IREDELL COUNTY, N.C.

1 INCH = 40 FEET

126 SKI HAVEN PLACE

#245545
6.11.19
$250.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) 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: ( ) 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: (PRINT CLEARLY)

Applicant Name: RIDGEMONT CONST. Address: PO BOX 480731 CHARLOTTE Zip: 28269
Applicant Email: JIMRC@BELLSOUTH.NET Phone: 704-999-6111 Alt. Phone: 704-947-9852
Owner Name: THOMAS PAQUETTE Address: 126 SKI HAVEN PL MOORESVILLE Zip: 28117
Owner Email: TomPAQUETTE1@Gmail.com Phone: 704-995-5562 Alt. Phone: _____

Property Information:

Street Address: 126 SKI HAVEN PLACE, MOORESVILLE NC 28117
Subdivision Name: SURFSIDE ESTATES Section/Phase: _____ Lot Number: 23
Driving Directions: BRAWLEY SCHOOL RD TO ISLE OF PINES RD - RT ONTO SKI HAVEN PL.

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

(✓) 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: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) 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: 1976
( ) No Preference ( ) Alternative ( ) 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: _____ 6-10-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, THOMAS PAQUETTE, am the legal owner(s) of the property located at 126 SKI HAVEN PLACE, identified as

PIN (Parcel Identification Number) 4635286112.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) JIM LONGAR, RIDGEMONT CONSTRUCTION, 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.

_____ 6/3/19

Signature of Owner(s) Date

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

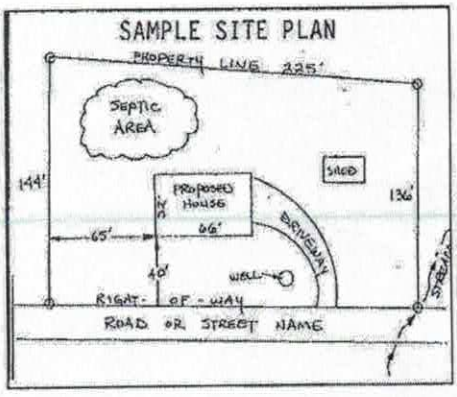
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction

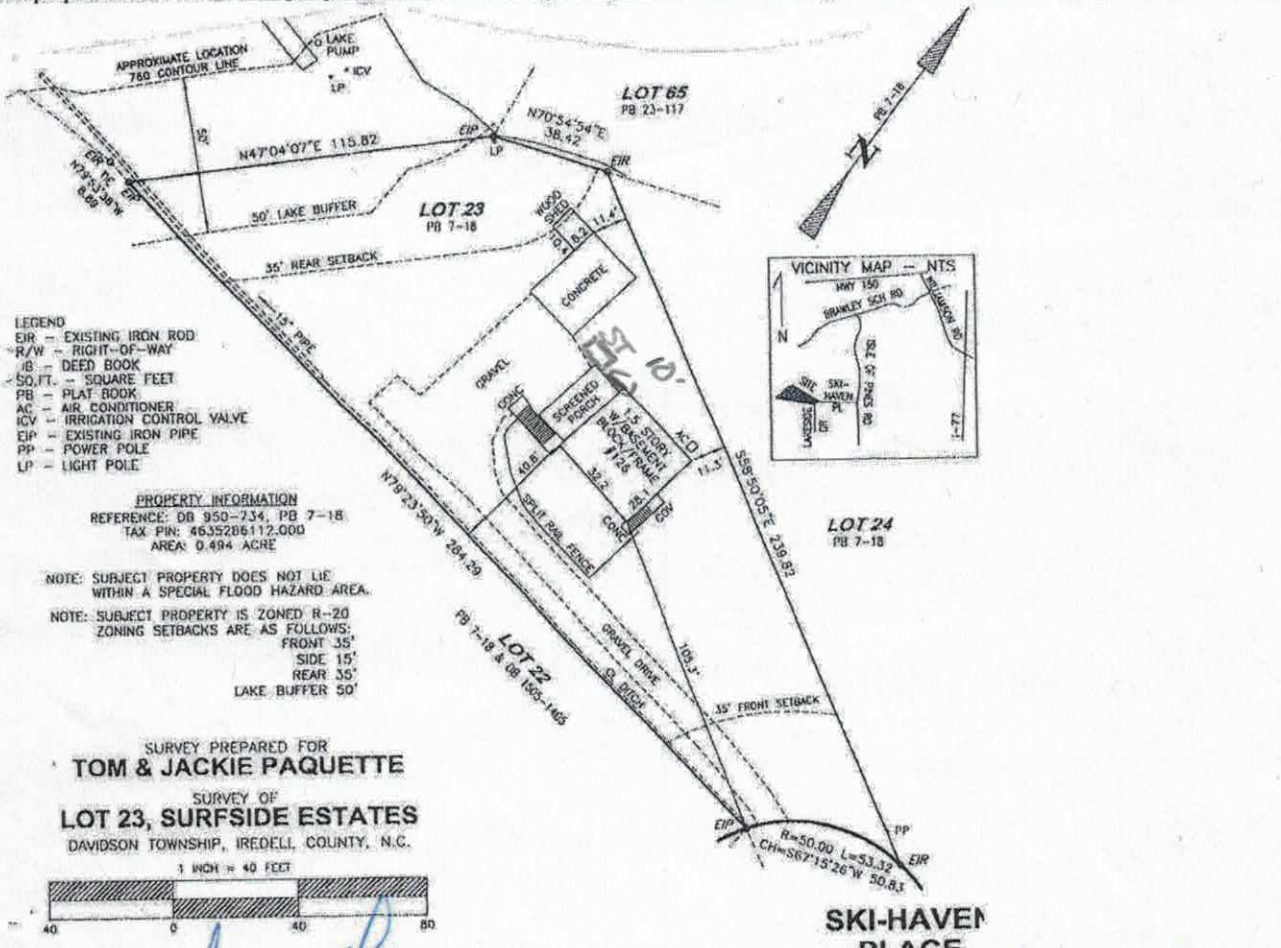


Circle N/A on the following if appropriate:

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



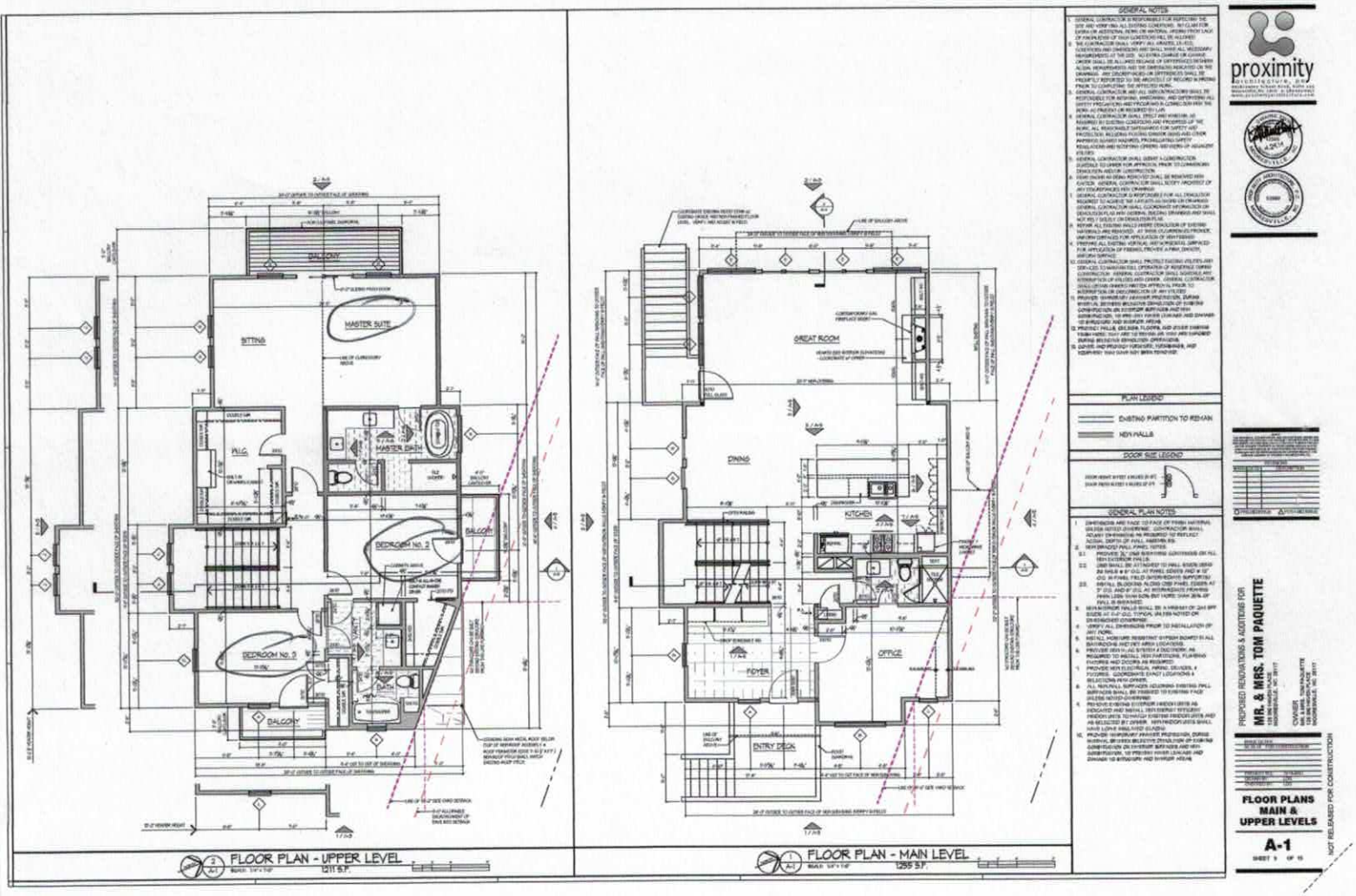
Signature: James Karon
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

DATE 6-10-19

6-21-19

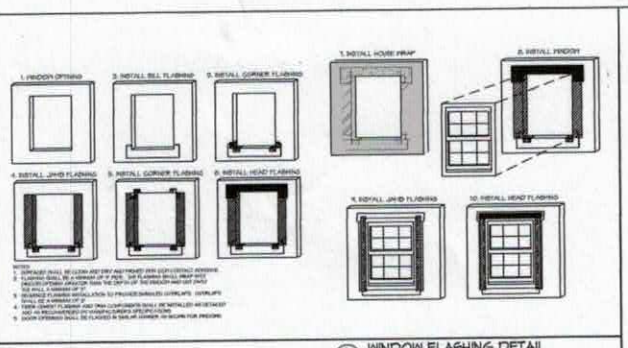
Ridgemont Construction
Jim Loncar
704-999-6111

126 Ski Haven Pl. Mooresville

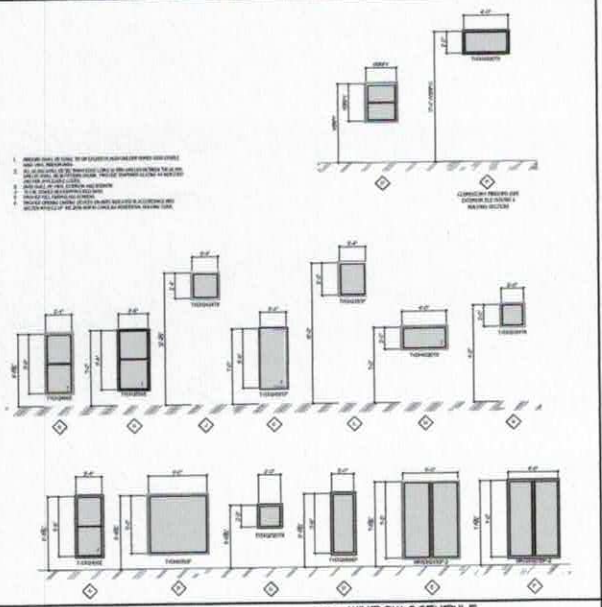


Acknowledgement of
Plans Submittal ONLY!

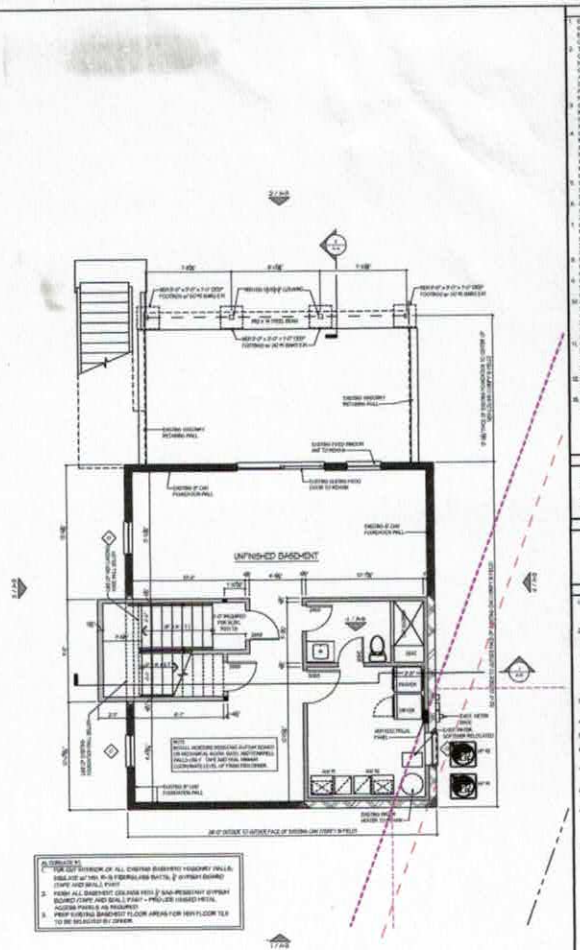
Maria Dotson Date 6/28/19
Tom Fellers Date 6/28/19



WINDOW FLASHING DETAIL



WINDOW SCEHDULE



FLOOR PLAN - BASEMENT LEVEL

GENERAL NOTES

PLAN LEGEND

DOOR SIZE LEGEND

GENERAL PLAN NOTES

proximity architecture, pc

PROPOSED RENOVATIONS & ADDITIONS FOR
MR. & MRS. TOM PAQUETTE

FLOOR PLAN
BASEMENT LEVEL
& WINDOW SCHED.

A-2

NOT RELEASED FOR CONSTRUCTION

Acknowledgement of
Plans Submittal ONLY!

Maria Dolgos Date 6/28/19

Tony Eberle Date 6/20/19

IREDELL COUNTY

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

APPLICATION NUMBER
245545
Issue Date: 06/11/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4635286112.000	126 SKI HAVEN PLACE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: PAQUETTE THOMAS R+JACQUELINE	Applicant: RIDGEMONT CONSTRUCTION
Address: 126 SKI HAVEN PLACE MOORESVILLE, NC 28115	Address: UNKNOWN UNKNOWN IREDELL CO, NC 28625
Phone:	Phone:

Use Requested	Zone Code
SFD - DEMO MUST BE COMPLETE BEFORE BUILDING PERMIT IS ISSUED	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

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: _____

Permit Number	180650	TOTAL FEES:	$ 77.25