IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3825 (BB) PERMIT # 217065

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

PIN # 4635-69-1157

APPLICANT: Ashley Rollans APPLICANT ADDRESS: Po Box 837 Mooresville, NC 28115

SITE ADDRESS: 113 Angler Pt. Mooresville PHONE: 704 746-5046 ALT. PHONE:

SITE DIRECTIONS: Stutts, TL Angler Pt

SUBDIVISION: Commodore Peninsula SECTION: — LOT # 129 LOT AREA: ~.25 AC DESIGN FLOW: 360 L.T.A.R.: .4 (.35R)

Septic Tank 1000 (gal) STB 794 Date 2-19-18
Pump Tank AX-20RT (gal) PT PF709511 Date 2-5-18 (Passing)
Pump Make Orenco Model PF500511 TM Serial # 428580
Nitrification Fields 1 # Lines 4 Linear Ft: 280
Trench Width 24" Trench Bottom Depth 48" Gravel Depth

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV (V) VI
System Description: TS-II Panel Block
Repair System Description: LP- Panel Block
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: * Meeting w/ EH, Soil Scientist, Engineer, Builder & Owner Required Before Any Site Work is Done & Before Install of System *

INITIAL SITE SKETCH

See Engineered Plan From Piedmont Design

Soils By Ashley Rollans

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked		
Tanks Checked	3-23-18	KW
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		

Comments: * Gutters moved / Control Box moved Repair Area / O.K.

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

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: Private Installers Date: 4-13-17 Installed by: Sid Gaskins (Michael) Date: 6/12/18

IMPROVEMENT PERMIT by: APPROVED APR 07 2017 OPERATION PERMIT by: Benjamin A. Bolkins Date:

AUTHORIZATION TO CONSTRUCT by: Date: 11-15-17 Existing System Inspected by: Date:

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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217065

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

PIN # 4635-69-1157

APPLICANT: Ashley Rollans APPLICANT ADDRESS: Po Box 832 Mooresville, NC 28115

SITE ADDRESS: 113 Angler Pl. Mooresville PHONE: 704-746-5046 ALT. PHONE:

SITE DIRECTIONS: Stutts, TL Angler Pl.

SUBDIVISION: Commodore Penninsula SECTION: LOT # 129 LOT AREA: ~.25 AC DESIGN FLOW: 360 L.T.A.R.: .4 (.35R)

Septic Tank 1000 (gal) STB 794 Date 2-19-18
Pump Tank AX-20RT (gal) PT PF2005116 Date 2-5-18 (passed)
Pump Make Orenco Model PF300511 Tank Serial # 428580
Nitrification Fields 1 # Lines 4 Linear Ft: 216'
Trench Width 24" Max Trench Bottom Depth 48" Gravel Depth —

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV (V) VI
System Description: TS-II Panel Block
Repair System Description: LP- Panel Block
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: MEETING W/ EH, Soil Scientist, Engineer, Builder & Owner Required Before Any Site Work is Done & Before Install of System

INITIAL SITE SKETCH

See Engineered Plan
From Piedmont Design
Soils By
Ashley Rollans

AS BUILT SKETCH

4/20/18: Lines installed per engineer plans - EL
4-26-18: Supply line installed per engineer plans. KW

	Date	Initials
Drain Lines Checked	4/20/18	EL
Tanks Checked	3-23-18	KW
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		
Comments: 4-26-18: Supply line checked KW		

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**

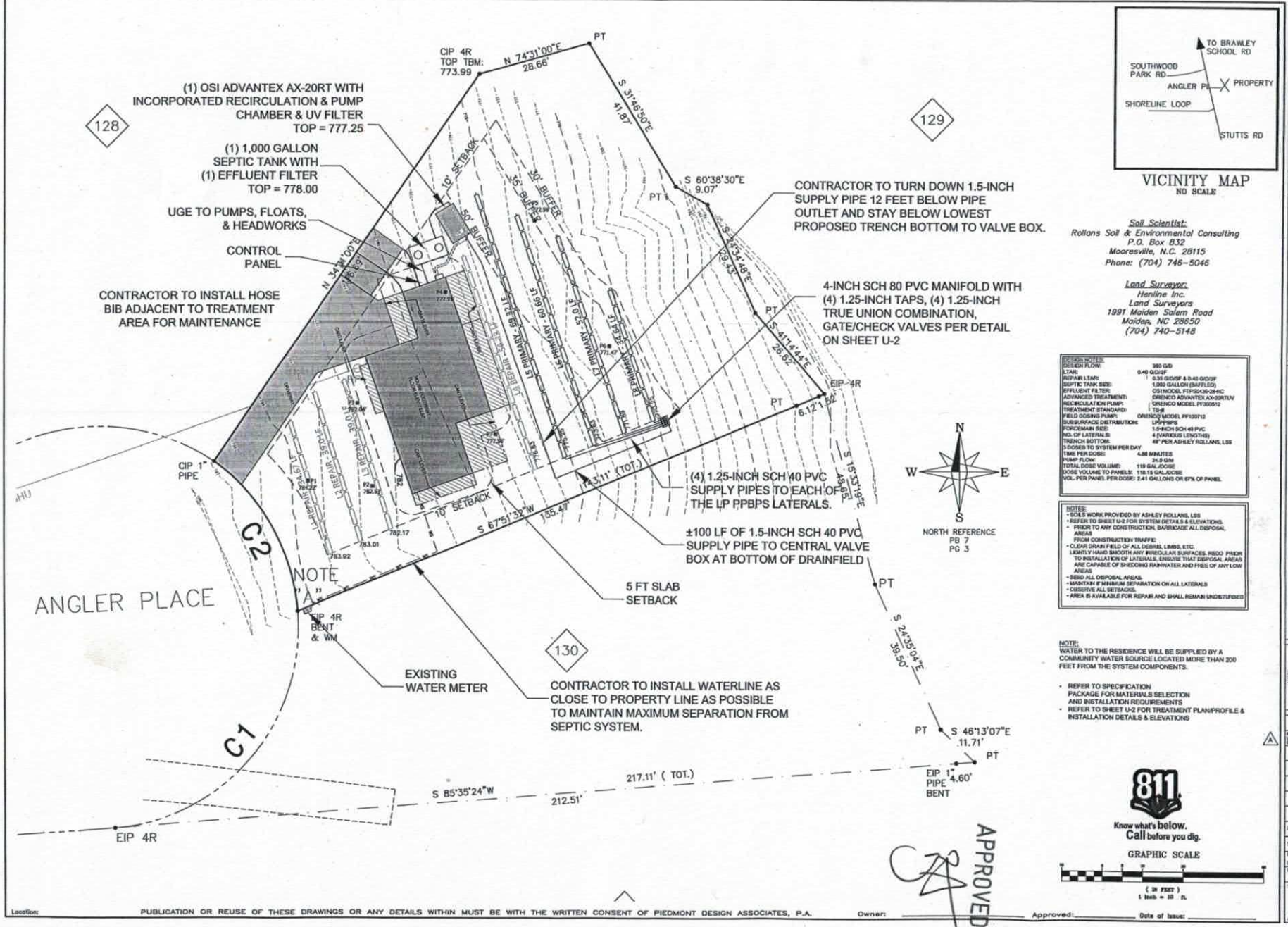
☐ **IMPROVEMENT PERMIT** *with plat* valid without expiration. ☑ **IMPROVEMENT PERMIT** *with site plan* valid for 60 mos. ☑ **AUTHORIZATION TO CONSTRUCT** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Ashley Rollans Date: 4-13-17 Installed by: Sid Gaskins (Michael)

IMPROVEMENT PERMIT by: [signature] APPROVED Date: APR 07 2017 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 11-15-17 Existing System Inspected by: Date:

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



VICINITY MAP
NO SCALE

Soil Scientist:
Rollans Soil & Environmental Consulting
P.O. Box 832
Mooresville, N.C. 28115
Phone: (704) 746-5046

Land Surveyor:
Henline Inc.
Land Surveyors
1991 Malden Salem Road
Malden, NC 28650
(704) 740-5148

DESIGN NOTES:	
DESIGN FLOW:	360 GPD
LTAR:	0.40 GPD/SF
REPAIR LTAR:	0.35 GPD/SF & 0.40 GPD/SF
SEPTIC TANK SIZE:	1,000 GALLON (BAFFLED)
EFFLUENT FILTER:	OSI MODEL FTPS0430-28-6C
ADVANCED TREATMENT:	ORENCO ADVANTEX AX-20RTUV
RECIRCULATION PUMP:	ORENCO MODEL PF300512
TREATMENT STANDARD:	TS-II
FIELD DOSING PUMP:	ORENCO MODEL PF1007I2
SUBSURFACE DISTRIBUTION:	LPPPBPS
FORCEMAIN SIZE:	1.5-INCH SCH 40 PVC
NO. OF LATERALS:	4 (VARIOUS LENGTHS)
TRENCH BOTTOM:	48" PER ASHLEY ROLLANS, LSS
3 DOSES TO SYSTEM PER DAY	
TIME PER DOSE:	4.80 MINUTES
PUMP FLOW:	24.0 GPM
TOTAL DOSE VOLUME:	119 GAL./DOSE
DOSE VOLUME TO PANELS:	118.15 GAL./DOSE
VOL. PER PANEL PER DOSE:	2.41 GALLONS OR 97% OF PANEL

NOTES:
- SOILS WORK PROVIDED BY ASHLEY ROLLANS, LSS
- REFER TO SHEET U-2 FOR SYSTEM DETAILS & ELEVATIONS.
- PRIOR TO ANY CONSTRUCTION, BARRICADE ALL DISPOSAL AREAS FROM CONSTRUCTION TRAFFIC
- CLEAR DRAIN FIELD OF ALL DEBRIS, LIMBS, ETC. LIGHTLY HAND SMOOTH ANY IRREGULAR SURFACES. REDO PRIOR TO INSTALLATION OF LATERALS. ENSURE THAT DISPOSAL AREAS ARE CAPABLE OF SHEDDING RAINWATER AND FREE OF ANY LOW AREAS
- SEED ALL DISPOSAL AREAS.
- MAINTAIN 6" MINIMUM SEPARATION ON ALL LATERALS
- OBSERVE ALL SETBACKS.
- AREA IS AVAILABLE FOR REPAIR AND SHALL REMAIN UNDISTURBED

NOTE:
WATER TO THE RESIDENCE WILL BE SUPPLIED BY A COMMUNITY WATER SOURCE LOCATED MORE THAN 200 FEET FROM THE SYSTEM COMPONENTS.

- REFER TO SPECIFICATION PACKAGE FOR MATERIALS SELECTION AND INSTALLATION REQUIREMENTS
- REFER TO SHEET U-2 FOR TREATMENT PLANT/PROFILE & INSTALLATION DETAILS & ELEVATIONS

811
Know what's below.
Call before you dig.

GRAPHIC SCALE
(IN FEET)
1 inch = 10 ft.

APPROVED APR 07 2017

PUBLICATION OR REUSE OF THESE DRAWINGS OR ANY DETAILS WITHIN MUST BE WITH THE WRITTEN CONSENT OF PIEDMONT DESIGN ASSOCIATES, P.A.

Location: Owner: Approved: Date of Issue:

PIEDMONT DESIGN Associates, P.A.
Home Office: Mooresville, North Carolina 28115
Phone: (704) 664-7888 | Fax: (704) 664-7776 | www.pdapa.com

PREPARED FOR:
UNIFIFTH, LLC
1816 MECKLENBURG AVENUE
CHARLOTTE, NC 28205
704-575-1982 (Renatta H.)

LP PPBPS SEPTIC SYSTEM SITE PLAN
3 BEDROOM RESIDENCE
113 ANGLER PLACE
MOORESVILLE, IREDELL COUNTY, NORTH CAROLINA

REVISIONS	BY
REV. TANK LOC'N/ SIZE INCR./ CA FILLPT.	DMD

Date: 2/10/2017
Scale: 1"=10 FT 1' CONTOURS
Drawn: DMD
Checked: DLM
Project: 2016-12-02-EC
Job: 2016-12-02-EC
Sheet: U-1
2/20/17
Sheets

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

APPROVED APR 07 2017 BA

PROPERTY ID #: 4635691115
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Unifith, LLC
ADDRESS: PO Box 691286, Charlotte NC 28227
PROPOSED FACILITY: House 3BR PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 113 Angler Place, Mooresville 28117
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE 2/27/17
DATE EVALUATED: 2016
PROPERTY SIZE: .25 ac +/-
PROPERTY RECORDED: yes

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	PROFILE CLASS & LTAR
P 1	L/12 BA	0-6	BL GR		fc SAP	70	PS	–	PS. 35
		6-35	RBC wm SBK	FR SS SP					
		35-70	RBCL wf SBK	" " "					
		70-82	var/mass	" " "					
P 2	L/12 42' BA	0-4	BL GR		F-C SAP	76	PS	–	PS. 35
		4-42	RBC wm SBK	FR SS SP					
		42-76	RBCL wm SBK	" " P					
		76-85	var/mass	" " "					
P 3	L/13	0-3	BL GR			69	PS	–	PS. 35
		3-28	RBC wm SBK/ABK	FR SS P					
		28-69	RBCL wf SBK	" " "					
		69-83	var sl/L mass	" " "					
P 4	L/15	0-5	BCL wm SBK	F SS SP	f SAP f-c SAP	40	PS	–	PS. 4
		5-22	RBC wm SBK/ABK	F SS P					
		22-40	RBCL wm SBK	FR SS SP					
		40-85	var fs/mass	" " "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPBFS-Pretr.	PPBFS-Pretr.
Site LTAR	0.4	0.35

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollins
OTHER(S) PRESENT:

COMMENTS: TS-II Pretreatment Required. See Engineered Plans Attached

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

APPROVED APR 07 2017

PROPERTY ID #: 4635691157
DATE OF EVALUATION: 2016
COUNTY: Iredell

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	PROFILE CLASS & LTAR
P5	L/15 3A	0-5	BCl wm SBK	F SS P	f SAP C SAP f-c incl	40	PS	–	PS.4
		5-22	BRC wm SBK	FR SS SP					
		22-40	RBCl wf SBK	" " "					
		40-88	VAR l/FSl mass	" " "					
P6	L/15 3A	0-18	B cl/c wm SBK	F S P (Disturbed)	f-c SAP f-c incl	33	PS	–	PS,4
		18-33	RCl/Cl wf SBK	FR SS SP					
		33-90	VAR l/FSl mass	" " "					
P7	L/15	0-14	RBC wm SBK	F SS SP	f-c SAP	42	PS	–	PS,4
		14-42	RBCl wf SBK	FR SS SP					
		42-96	VAR l/FSL mass	" " "					

COMMENTS:

RECEIVED NOV 13 2017

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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

Applicant Name: Titan Custom Builders **Address:** 331 Alcove Rd. Suite 103 **Zip:** 28117
Applicant Email: titanbuilders@bellsouth.net **Phone:** 704-528-7874 **Alt. Phone:** 704-201-6705
Owner Name: John Barja, Jr. **Address:** 12657 Lawyers Rd. **Zip:** 28227
Owner Email: jjbarja@eliteclesigngroup.com **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 113 Angler Pl. Mooresville, NC 28117
Subdivision Name: Commodore Peninsula **Section/Phase:** _____ **Lot Number:** 129
Driving Directions: Brawley School Rd. Make a left onto Stutts Rd. Left onto Angler Pl.

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) 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: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well **Number of Houses:** _____ **Number of Persons:** _____

(X) 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:** _____
( ) 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: _____ 11/13/2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

OK

NO FOUNDATION DRAIN

RECEIVED MAR 1 - 2017

IREDELL COUNTY HEALTH DEPARTMENT

Paid $850.00

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: APPLICATION FORM

#217065

See Engineered Design

Application For:

( ) Septic Improvement Permit (✓) Authorization to Construct ( ) New Well Permit ( ) Existing System Inspection ( ) Well Repair Permit ( ) Well Abandonment ( ) 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:

Place an (X) beside whichever is submitted if applicable

( ) Survey Plat, scaled no more than 1 inch = 60 feet

( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Ashley Rollans **Address:** PO Box 832 Mooresville NC 28115 **Phone:** 704-746-504

Owner Name: Unififth, LLC **Address:** PO Box 691286 Charlotte NC 28227 **Phone:**

Property Information:

Street Address: 113 Angler Place Mooresville NC 28117

Subdivision Name: Commodore Penninsula **Section/Phase:** SHT 2 **Lot Number:** 129

Driving Directions: Brawley to Stutts Rd, past Commodore loop - Angler Place on left

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: 3
Maximum Number of Occupants: 6
( ) 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)*

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (✓) Modified Conventional ( ) Other:

Year existing system installed:

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands? WILL FLAG

( ) 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: [signature]

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

2/28/17

DATE

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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, John Barga, Jr., am the legal owner(s) of the property located at 113 Angler Place Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4635691157, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Roger Hand - Titan Custom Builders, 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.

Signature of Owner(s)	Date	Signature of Witness	Date
	11/7/17		11/7/17

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

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

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, JJ Barja - Unififth, LLC, am the legal owner(s) of the property located at Lot 129, Angler Place, Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4635691157.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Samuel Ashley Rollans & Rollans Soil Environmental Services, 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.

Unififth, LLC dotloop verified 02/27/17 9:41AM EST 4ZS2-RWDU-MNRJ-5CL9

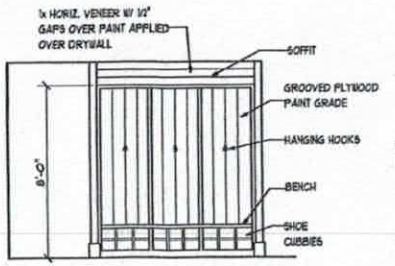
Signature of Owner(s) Date

Signature of Witness Date

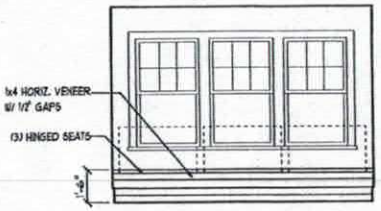
Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

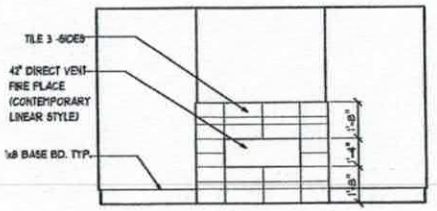
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677



A/5 DROP ZONE ELEVATION
SCALE: 1/4" = 1'-0"



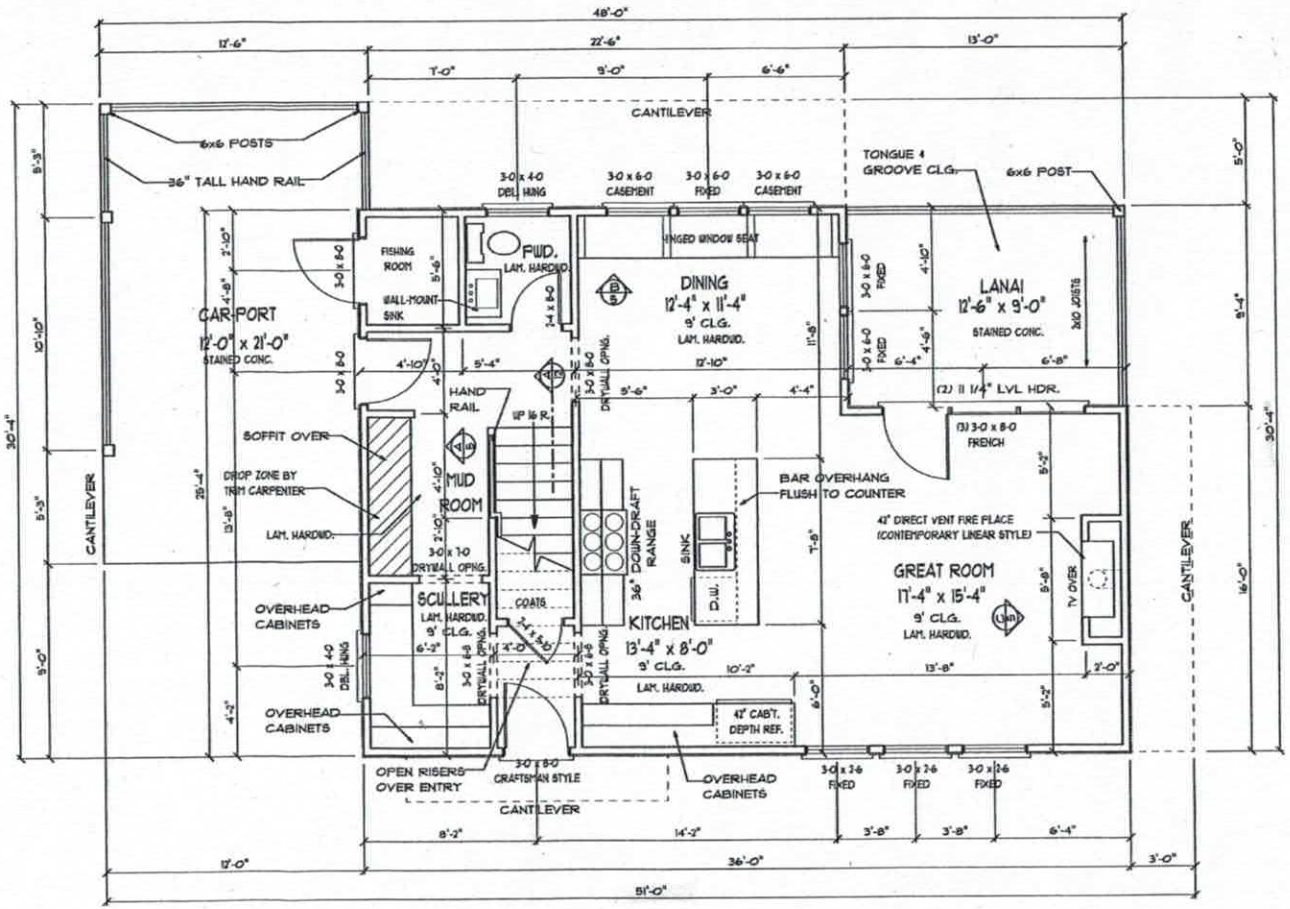
B/5 WINDOW SEAT ELEVATION
SCALE: 1/4" = 1'-0"



C/5 FIRE PLACE ELEVATION
SCALE: 1/4" = 1'-0"

G.B. ENGINEERING
133 MIDDLETON PLACE
MOORESVILLE, NC 28117
(704) 677-5339

Acknowledgement of Plans Submittal ONLY!
Date 11/13/2017
Date 11-15-17



SQUARE FOOTAGE:

FIRST FLOOR HEATED	765
SECOND FLOOR HEATED	1313
HEATED TOTAL	2078
CARPORT	258
LANAI	121
FISHING ROOM	24
TOTAL	2481

FIRST FLOOR NOTES

- 9' FIRST FLOOR WALL HEIGHT TYPICAL UNLESS NOTED OTHERWISE.
- 8' DOOR HEIGHT TYPICAL UNLESS NOTED OTHERWISE.
- SEE FIRST FLOOR STRUCTURAL PLAN FOR ALL SECOND FLOOR BEAM & FIRST FLOOR HEADER SIZES.

DOOR & WINDOW NOTE

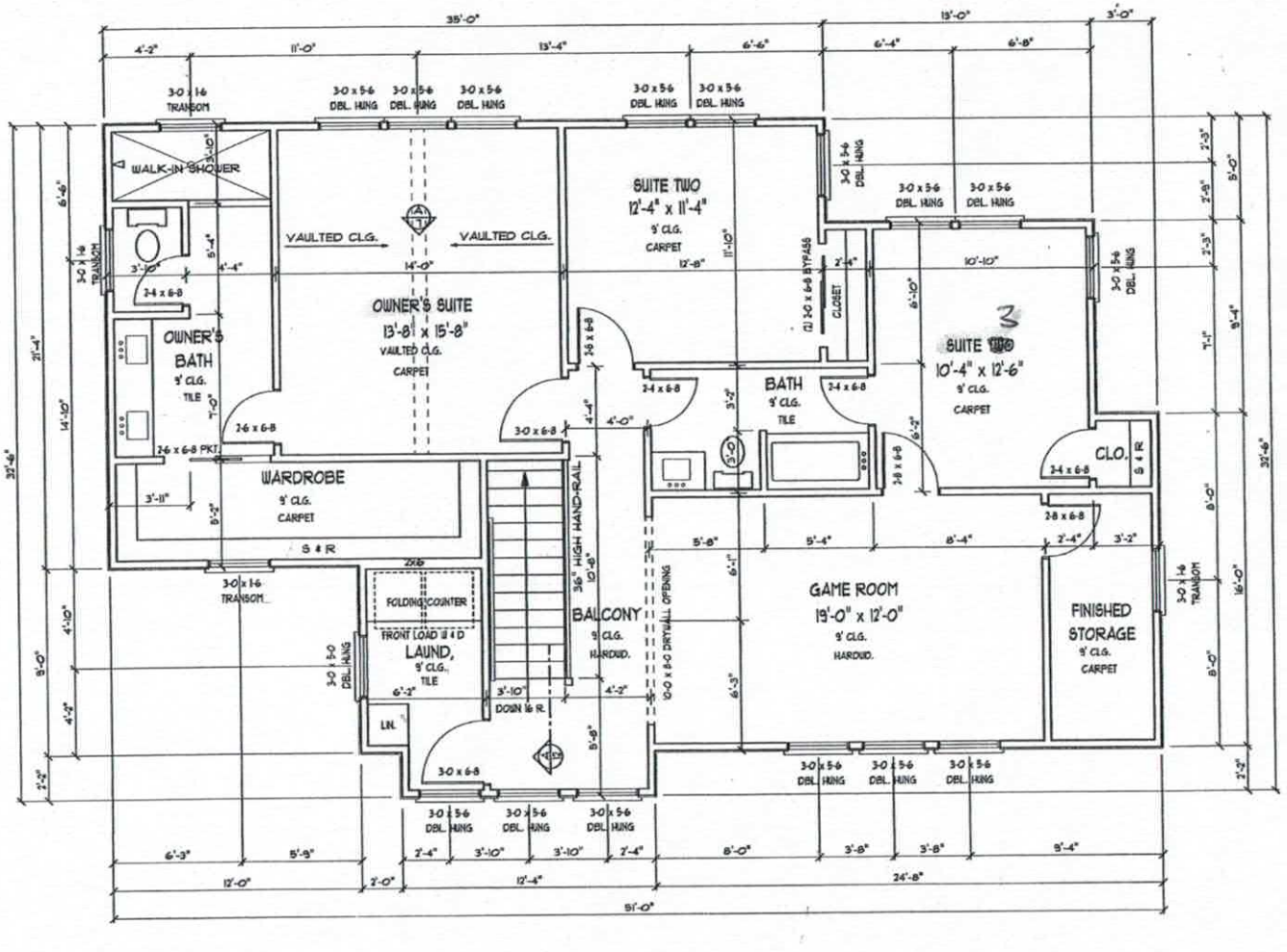
ALL WINDOW & DOOR SIZES ARE NOMINAL. BUILDER TO VERIFY ALL EGRESS & NON-EGRESS CONDITIONS, FALL PROTECTION CODE & GLAZING REQUIREMENTS PER CODE w/ WINDOW & DOOR MANUFACTURE SELECTED. ALL DOORS & WINDOWS TO COMPLY w/ ALL OF 2012 NORTH CAROLINA RESIDENTIAL CODES.

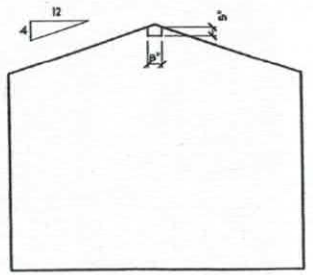
FIRST FLOOR PLAN

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

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A/7 DROP ZONE ELEVATION
SCALE: 1/4" = 1'-0"

SECOND FLOOR NOTES

- 9' SECOND FLOOR WALL HEIGHT TYPICAL UNLESS N OTHERWISE.
- 8' DOOR HEIGHT TYPICAL UNLESS NOTED OTHERWIS
- SEE FIRST FLOOR STRUCTURAL PLAN FOR ALL SECOND FLOOR BEAM & FIRST FLOOR HEADER SIZ
- ALL HEADERS THIS LEVEL SHALL BE (2) 2x8 U.N.O.

SECOND FLOOR PLAN

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

IREDELL COUNTY

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

APPLICATION NUMBER
217065
Issue Date: 02/27/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4635691157.000	113 ANGLER PLACE, MOORESVILLE, NC 28117	IREDELL COUNTY

Owner Information	Applicant Information
Owner: UNIFIFTH LLC + JAMES C HUNTER JR Address: 12657 LAWYERS RD MINT HILL, NC 28227 Phone:	Applicant: HAWKINS, RENATA Address: 533 CANVASBACK ROAD MOORESVILLE, NC 28117 Phone: 704-575-1982

Use Requested	Zone Code
SFD REPPLACING OLD ZONING 138455	R20

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

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: 2/28/17

Permit Number	94592	TOTAL FEES:	$ 77.25