RECEIVED MAY 5 - 2015

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *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:

Applicant Name: Ogden Const. LLC **Address:** P.O. Box 1281 Davidson NC 28036 **Phone:** 704-309-6816

Owner Name: Jacob Dembin **Address:** _____ **Phone:** 240-676-6682

Property Information:

Street Address: 146 Surfside Lane

Subdivision Name: Commodore **Section/Phase:** _____ **Lot Number:** 85

Driving Directions: Brinkley school Lt on Stutts Lt Commodore Loop Rt Surfside Lot at end on Right

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

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

Maximum Number of Bedrooms: 3
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 (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 (X) 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: _____ 5-5-15

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

IREDELL COUNTY HEALTH DEPARTMENT

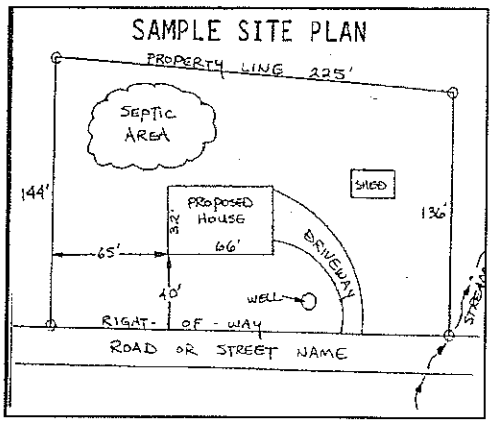
ENVIRONMENTAL HEALTH DIVISION

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:

( ) 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

See Septic Permit

Signature: _____

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

5-5-15

DATE

RECEIVED APR 20 2015 4 250

Paid $350.00

209859

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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Applicant Information:

Applicant Name: Jacob Dembin **Address:** 146 Surfside Ln Mooresville NC **Phone:** _____

Owner Name: Same **Address:** _____ **Phone:** _____

Property Information:

Street Address: 146 Surfside

Subdivision Name: Commodore Peninsula **Section/Phase:** _____ **Lot Number:** 85

Driving Directions: BSR, TL Stutts, TL 2nd Commodore Lp, TR Surfside, on Rt

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
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Maximum Number of Bedrooms: 3
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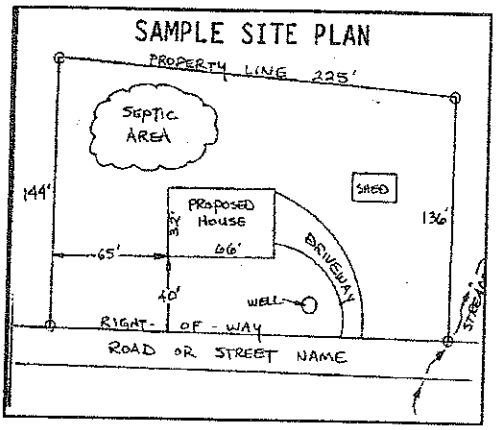
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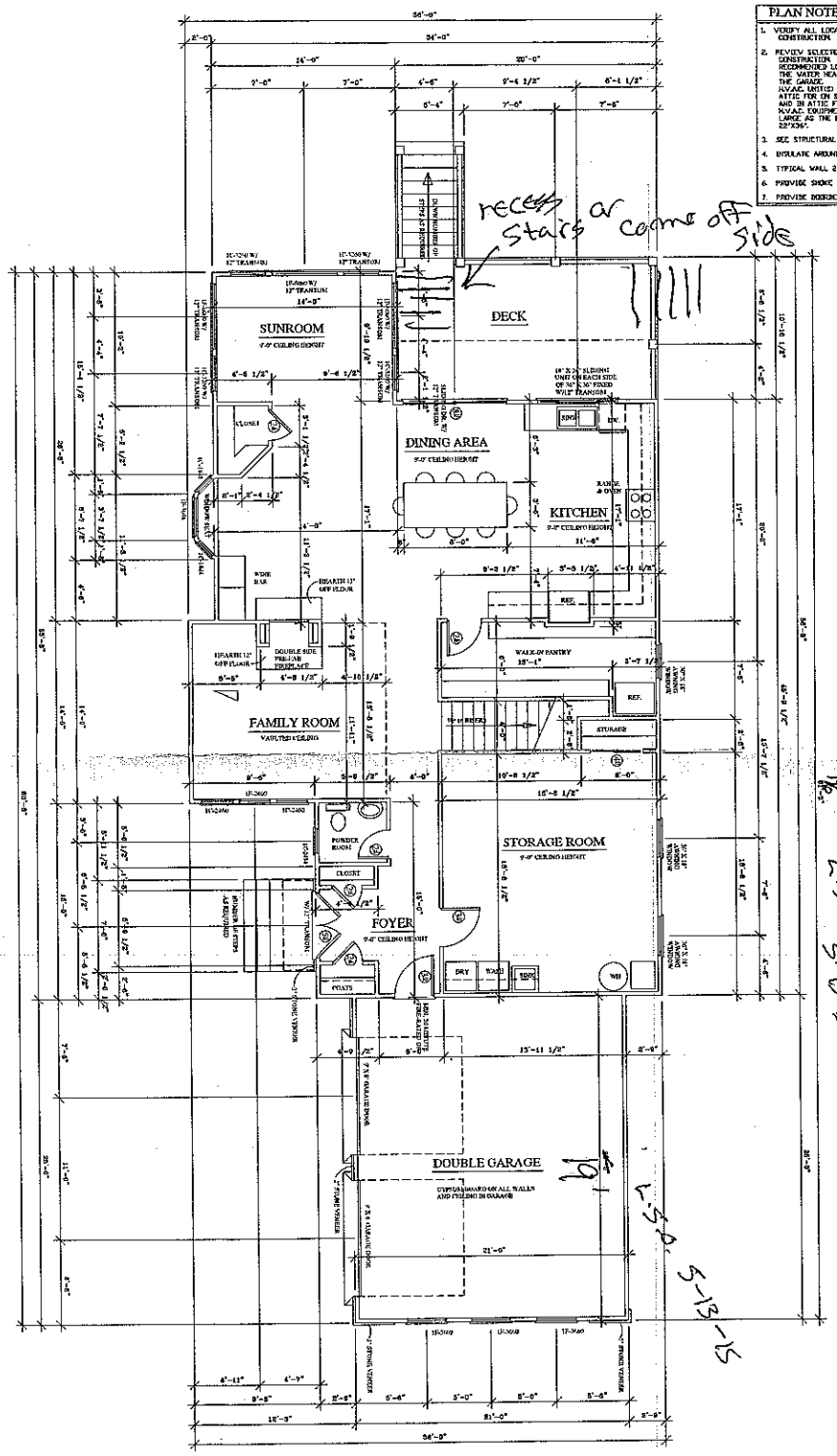
See Attached Plan

Signature: _____

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

4/20/2015

DATE



FIRST FLOOR PLAN

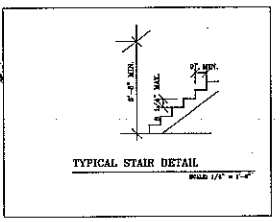
1619 SQ.FT.

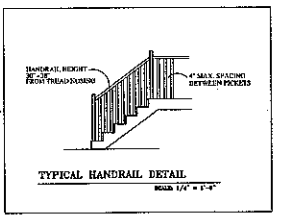
SCALE: 1/4" = 1'-0"

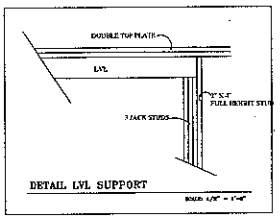
PLAN NOTES:

1. VERIFY ALL LOCAL CODES, ENERGY TYPES, AND SITE CONDITIONS PRIOR TO CONSTRUCTION.
2. REVIEW SELECTED MECHANICAL SYSTEMS WITH OWNER PRIOR TO CONSTRUCTION.
   RECOMMENDED LOCATIONS ARE AS FOLLOWS:
   THE WATER HEATER MAY TYPICALLY BE PLACED IN THE CRAWL SPACE OR IN THE GARAGE.
   H.V.A.C. UNITED MAY TYPICALLY BE PLACED IN THE CRAWL SPACE OR IN THE ATTIC FOR ON STORY HOUSES, IN THE CRAWL SPACE FOR THE FIRST FLOOR AND IN ATTIC FOR THE SECOND FLOOR IN TWO STORY HOUSES.
   H.V.A.C. EQUIPMENT IN ATTIC SPACE SHALL BE ACCESSIBLE BY AN OPENING AS LARGE AS THE LARGEST PIECE OF EQUIPMENT AND IN NO CASE LESS THAN 22"X36".
3. SEE STRUCTURAL DRAWINGS FOR ADDITIONAL INFORMATION.
4. INSULATE AROUND ALL BATHS AND UTILITY ROOM.
5. TYPICAL WALL 2X4'S @ 16" O.C. UNLESS OTHERWISE DIMENSIONED.
6. PROVIDE SMOKE DETECTORS AS REQUIRED BY CODE.
7. PROVIDE DOORBELLS, TRANSFORMER, AND CHIME.

Acknowledgement of Plans Submittal ONLY!
Date 5-5-15
APPROVED MAY 13 2015







L.S.O. 5-13-15

L.S.O. 5-13-15

L.S.O. 5-13-15

SHEET	DRAWN	PROJECT	DESIGNER
4 of 5		DIMBIN RESIDENCE	JEFFERY D. GRAY RESIDENTIAL DRAFTING & DESIGN

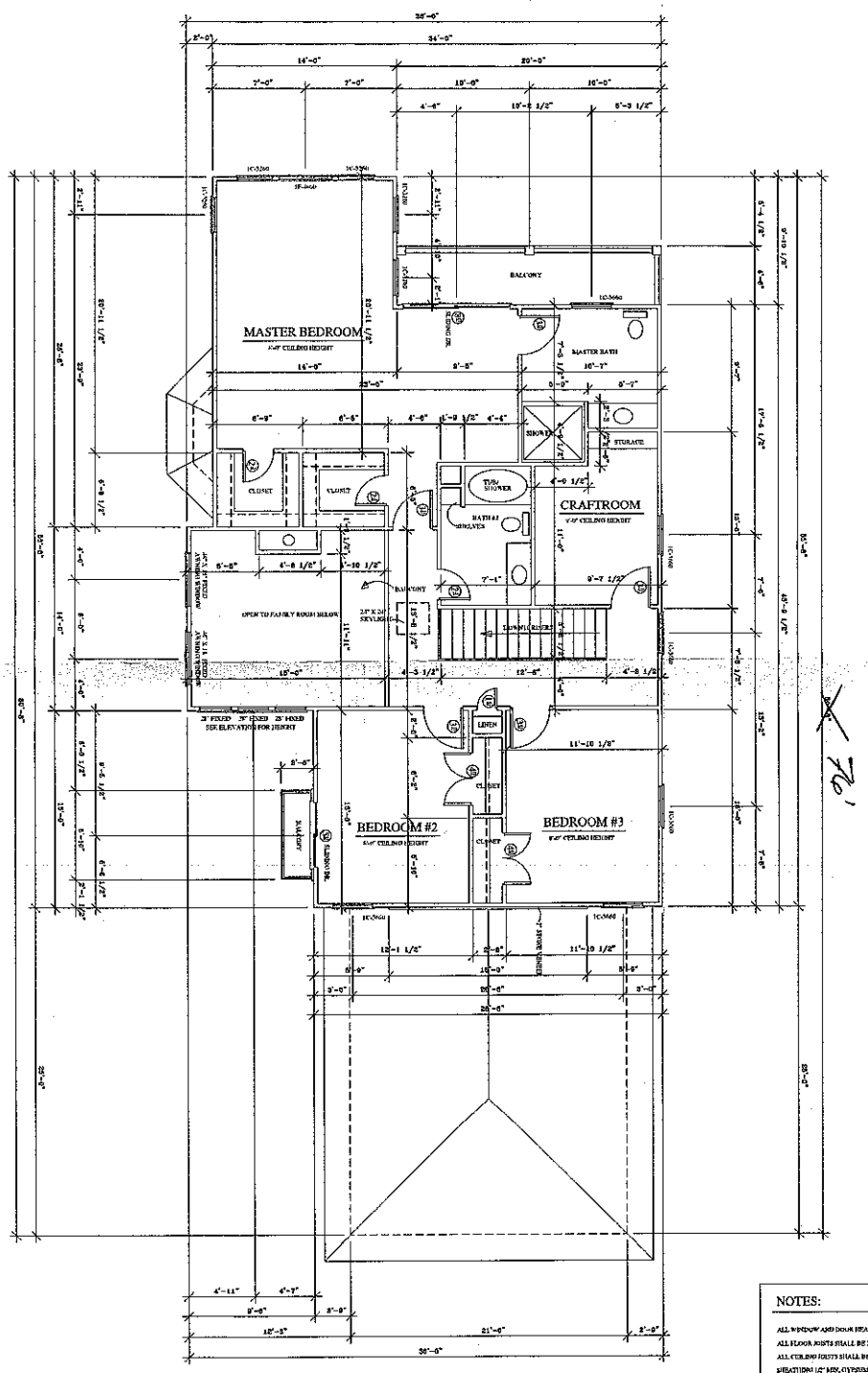
Acknowledgement of
Plans Submittal ONLY!

Date 5-5-15

APPROVED 1 3 2015

APPROVED 1 3 2015

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NOTES:

ALL WINDOW AND DOOR HEADERS SHALL BE 2-2" X 10" MIN. SPRUCE PINE UNLESS NOTED ON PLAN
ALL FLOOR JOISTS SHALL BE 2" X 10" @ 16" O.C. MIN. SPRUCE PINE UNLESS NOTED
ALL CEILING JOISTS SHALL BE 2" X 6" @ 16" O.C. MIN. SPRUCE PINE UNLESS NOTED
SHEATHING 1/2" MIN. GYPSUM BOARD
INSULATION R-19 FLOOR, R-13 EXTERIOR WALLS, R-30 CEILING

SECOND FLOOR PLAN
1406 SQ.FT.
SCALE: 1/4" = 1'-0"

SHEET 5 OF 5	DIMBIN RESIDENCE		JEFFERY D. GRAY RESIDENTIAL DRAFTING & DESIGN