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Paid $40.00 Statesville
Paid $110.00 5-23-14

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

M83603

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: DAECHER/JACOBS INC Address: 445 IDLEWILD DR HAYS NC 28635 Phone: 336-957-4425

Owner Name: DAECHER/JACOBS INC Address: 445 IDLEWILD DR. HAYS NC 28635 Phone: 336-957-4425

Property Information:

Street Address: 220 COMMODORE LOOP

Subdivision Name: COMMODORE PENINSULA Section/Phase: _____ Lot Number: 178

Driving Directions: I-77S to BRAWLEY SCHOOL RD; GO WEST TO STATZ RD, GO SOUTH ON STATZ TO COMMODORE LOOP.

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: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
(X) Other Addition/Structure: ATTACHED 10'X20' FREEZEWAY AND 24'X24' GARAGE

( ) 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: _____

$ PAID

Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1984
( ) 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: C W Daecher, PRESIDENT DAECHER/JACOBS INC 5/2/2014
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY

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

APPLICATION NUMBER
203205
Issue Date: 05/02/2014

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4635797832.000	220 COMMODORE LOOP, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: DAECHER/ JACOBS INC	Applicant: DAECHER/ JACOBS INC
Address: 445 IDLEWILD DRIVE HAYS, NC 28635	Address: 445 IDLEWILD DRIVE HAYS, NC 28635
Phone: 336-957-4425	Phone: 336-957-4425

Use Requested	Zone Code
ATTACHED BREEZEWAY AND 24*24 GARAGE	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	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: C W Jacobs PRESIDENT DAECHER/JACOBS INC Date: 5/2/2014

Permit Number	11068	TOTAL FEES	$ 77.25