RECEIVED NOV 14 2013

* Need To PAY $110.00 Site Visit.

Paid $40.00 Statesville

Paid $110.00 Mooresville 12-30-13

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: CAROLINA OUTDOOR CONCEPTS Address: 10810 BALLRIDGE RD CHARLOTTE NC 28277 Phone: 704 341 5737

Owner Name: ALFRED EASTLACK Address: 404 COVE CREEK LOOP MOORESVILLE NC 28117 Phone: 304 677 1216

Property Information:

Street Address: 404 COVE CREEK LOOP · MOORESVILLE NC 28117

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: _____

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: 20'x20' COVERED PATIO

( ) 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)* Year existing system installed: _____
( ) 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: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11/14/2013
DATE

IREDELL COUNTY HEALTH DEPARTMENT

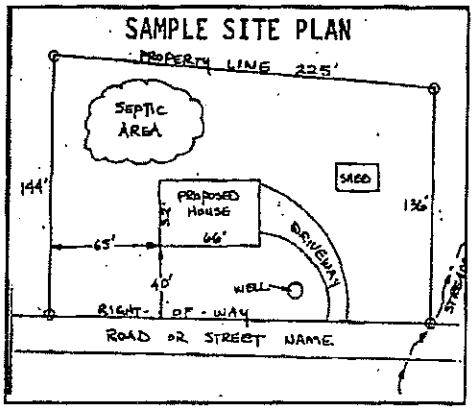
ENVIRONMENTAL HEALTH DIVISION

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

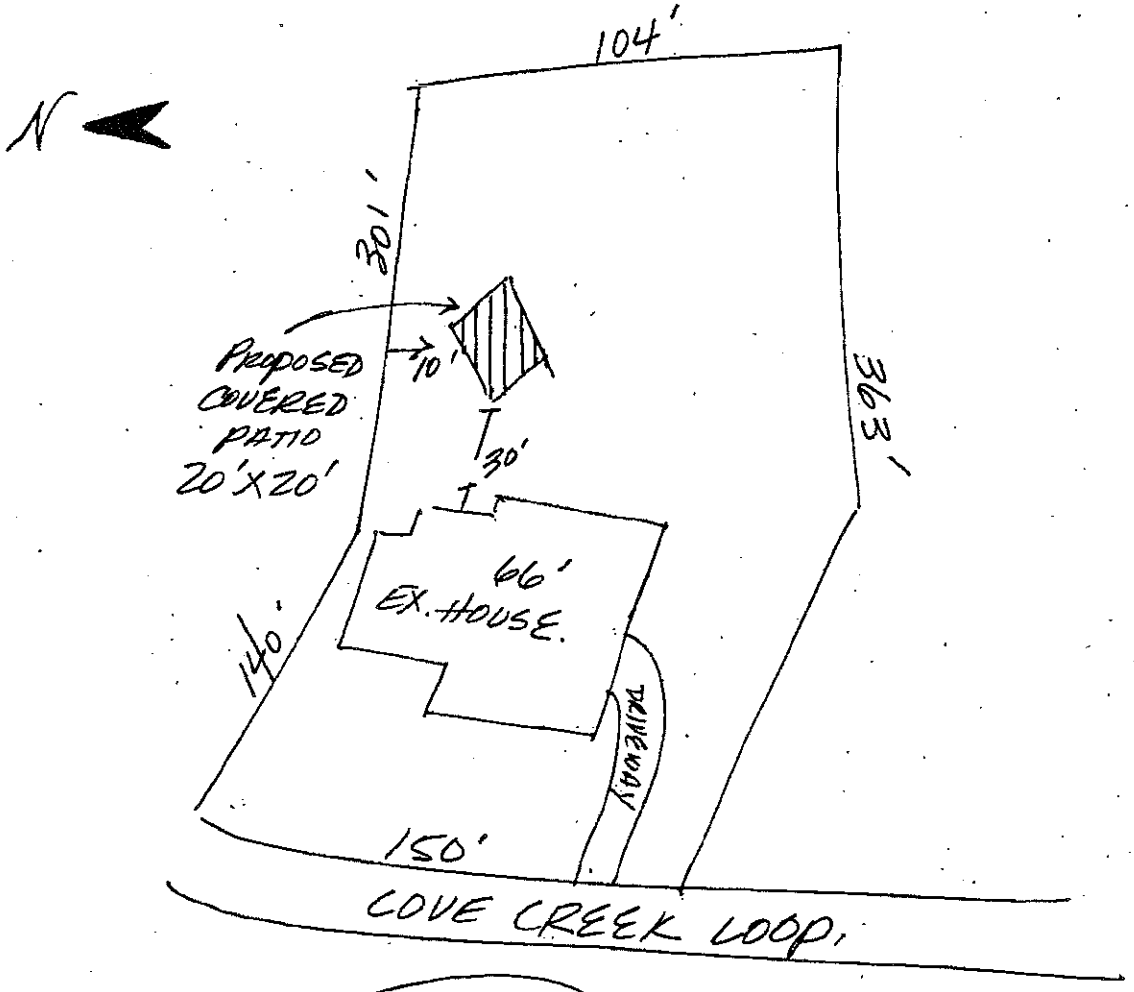


Circle N/A on the following if appropriate:

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



Signature: _____

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

11/14/2013.

DATE

IREDELL COUNTY

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

APPLICATION NUMBER
200204
Issue Date: 11/14/2013

Permit Type: ZONING-IREDELL COUNTY

Parcel Number	Street Address	Jurisdiction
4636147522.000	404 COVE CREEK LOOP	MOORESVILLE

Owner Information	Applicant Information	Contractor Information
Owner: EASTLACK ALFRED H+DEBORAH L	Applicant: CAROLINA OUTDOOR CONCE	Contractor: CAROLINA OUTDOOR CONCE
Address: 404 COVE CREEK LOOP MOORESVILLE, NC 28117	Address: 10810 BACKRIDGE ROAD CHARLOTTE, NC 28277	Address: 10810 BACKRIDGE ROAD CHARLOTTE, NC 28277
Phone:	Phone: 704-341-5737	Phone: 704-341-5737 License Type License Number UNLI

Project Description

ACCESSORY STRUCTURE - IREDELL

Scope of Work

DETACHED COVERED PATIO

Permit Details:

TECHNOLOGY FEE - PLANNING	Amount:	2.25
IREDELL COUNTY ZONING	Amount:	75.00
	Amount:	
	Amount:	
	Amount:	
	Amount:	
	Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Signature of Owner/Contractor

Date: 11/14/2013

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	718	TOTAL FEES:	$ 77.25

IREDELL COUNTY

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

APPLICATION NUMBER

200204

Issue Date: 11/14/2013

Permit Type: EXIST SEPTIC APPLICATION

Parcel Number	Street Address	Jurisdiction
4636147522.000	404 COVE CREEK LOOP	MOORESVILLE

Owner Information	Applicant Information	Contractor Information
Owner: EASTLACK ALFRED H+DEBORAH L	Applicant: CAROLINA OUTDOOR CONCE	Contractor: CAROLINA OUTDOOR CONCE
Address: 404 COVE CREEK LOOP MOORESVILLE, NC 28117	Address: 10810 BACKRIDGE ROAD CHARLOTTE, NC 28277	Address: 10810 BACKRIDGE ROAD CHARLOTTE, NC 28277
Phone:	Phone: 704-341-5737	Phone: 704-341-5737
		License Type: UNLI License Number:

Project Description

ACCESSORY STRUCTURE - IREDELL

Scope of Work

DETACHED COVERED PATIO

Permit Details:

	EXISTING SYSTEM INSP REG SCHED	Amount: ~~150.00~~
	IN OFFICE SEPTIC PLAN APPROVAL	Amount: 40.00
		Amount:
		Amount:
		Amount: $110.00
		Amount:
		Amount: 12/30/13

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Signature of Owner/Contractor

Date: 11/14/2013

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	720	TOTAL FEES:	$ ~~190.00~~ 150.00 total paid