ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 318059

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

PIN # 4636--15--7520

APPLICANT/OWNER: Lee Colegrove | APPLICANT ADDRESS: 20281 Applewood Ln, Strongsville OH 44149

SITE ADDRESS: 121 Isle of Pines Rd Mooresville NC 28117 | PHONE: 440-334-7801 | ALT. PHONE 440-376-4851

SITE DIRECTIONS: Brawley School Rd to L on Isle of Pines Rd, Lot on L | SAP CONTROLLED: ☐ YES ☒ NO

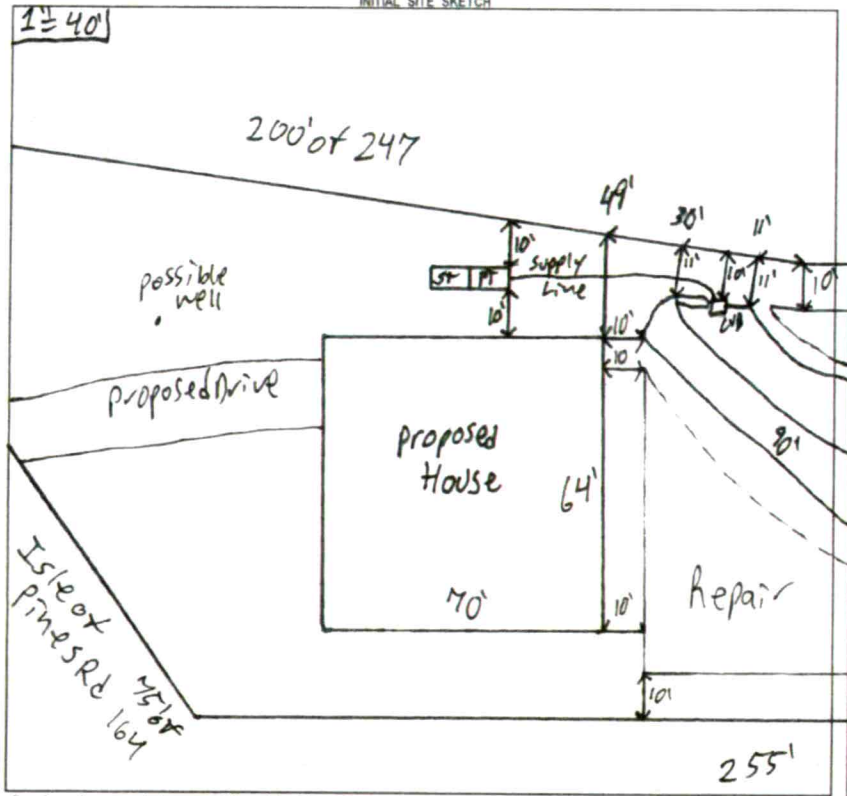
SUBDIVISION: Whispering Oaks | SECTION: — | LOT # 1 | LOT AREA: 0.655 acres | DESIGN FLOW: 480GPD | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	760	Date	2/1/22	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	363	Date	2/11/22	System Description:	LPPPBPS	☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	LPPPBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft	270'	Maintenance Agreement Required:	☒ YES ☐ NO	☐ Slab	☒ Crawl Space
Trench Width	24"	Trench Bottom Depth(Low side)	32"	Gravel Depth			☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

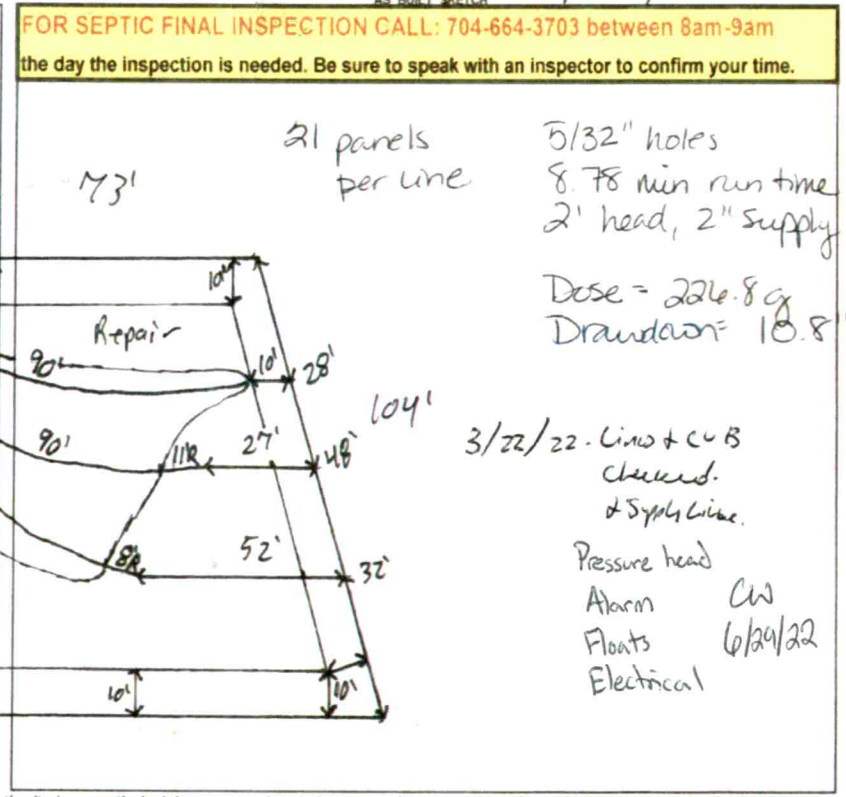
Comments / Conditions: Install lines on contour. DO NOT drive on, store material, or manipulate drainfield in anyway. No Foundation drains can be installed around back and Left side of house when facing house from road. All property lines and corners must be marked during time of installation and inspection. House shall be built according to site plan provided

INITIAL SITE SKETCH



AS BUILT SKETCH

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



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: [signature] Date: 9/14/21 | Installed by: Grandbrothers

IMPROVEMENT PERMIT by: Patrick J Ryle III Date: 9/23/2021 | OPERATION PERMIT by: [signature] Date: 6/30/22

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 9/21/21 | Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 318059

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

PIN # 4636--15--7520

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SITE ADDRESS: 121 Isle of Pines Rd Mooresville NC 28117 | PHONE: 440-334-7801 | ALT. PHONE 440-376-4851

SITE DIRECTIONS: Brawley School Rd to L on Isle of Pines Rd, Lot on L | SAP CONTROLLED: ☐ YES ☒ NO

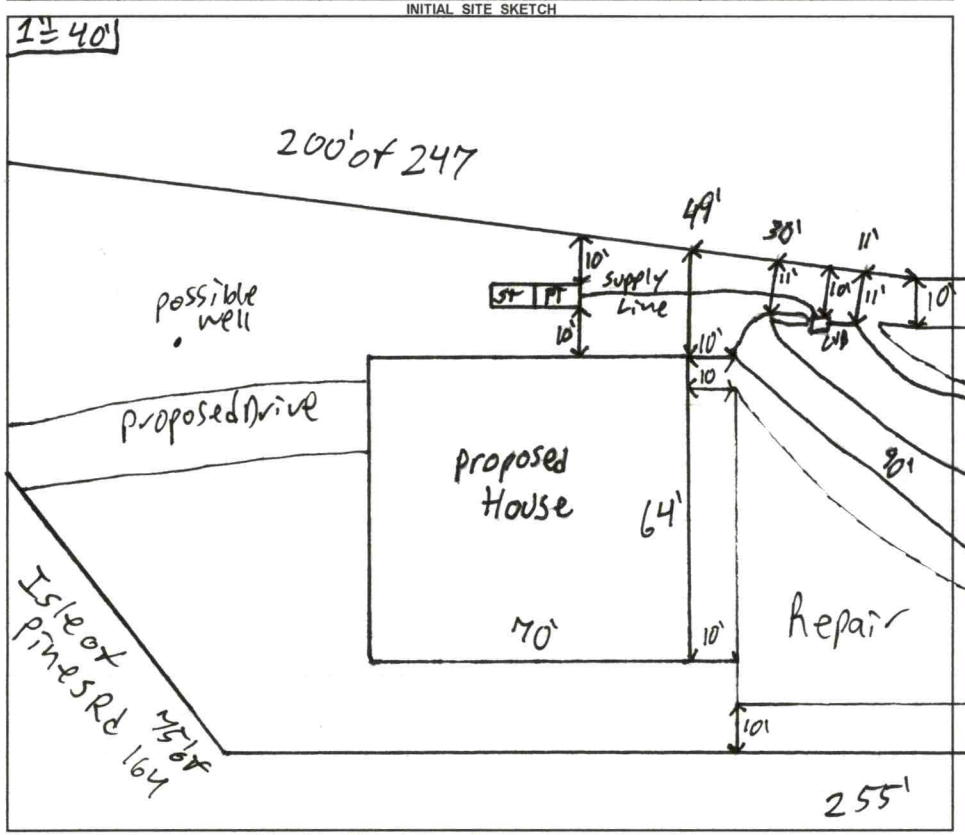
SUBDIVISION: Whispering Oaks | SECTION: — | LOT # 1 | LOT AREA: 0.655 acres | DESIGN FLOW: 480GPD | L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	760	Date	2/1/22	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	1000	(gal)	PT	363	Date	2/11/22	System Description:		LPPPBPS	
Pump Make			Model		Serial #		Repair System Description:		LPPPBPS	
# Nitrification Fields	1		# Lines	3	Linear Ft	270'	Maintenance Agreement Required:	☒ YES	☐ NO	
Trench Width	24"		Trench Bottom Depth(Low side)	32"	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE	

☒ Residence	No. Bedrooms	4	Water Supply	
☐ Business	No. Persons	8	☒ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☒ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Install lines on contour. DO NOT drive on, store material, or manipulate drainfield in anyway. No Foundation drains can be installed around back and Left side of house when facing house from road. All property lines and corners must be marked during time of installation and inspection. House shall be built according to site plan provided

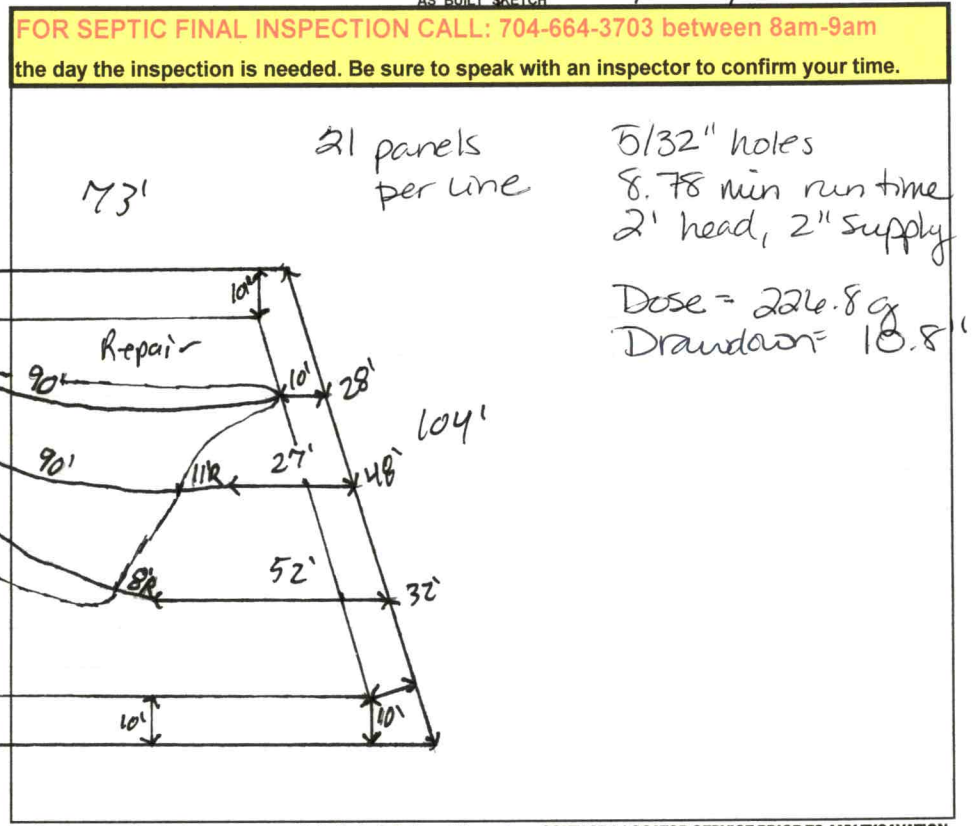
INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am

the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



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Owner / Applicant Signature: [signature] Date: 9/14/21 | Installed by: Grandbreakers

IMPROVEMENT PERMIT by: Patrick J Boyle III Date: 8/23/2021 | OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Meberg Date: 9/21/21 | Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 318059

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

PIN # 4636--15--7520

APPLICANT/OWNER: Lee Colegrove | APPLICANT ADDRESS: 20281 Applewood Ln, Strongsville OH 44149

SITE ADDRESS: 121 Isle of Pines Rd Mooresville NC 28117 | PHONE: 440-334-7801 | ALT. PHONE 440-376-4851

SITE DIRECTIONS: Brawley school Rd to L on Isle of Pines Rd, Lot on L | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Whispering Oaks | SECTION: — | LOT # 1 | LOT AREA: 0.655 acres | DESIGN FLOW: 480GPD | L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	760	Date	2/1/22	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
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Pump Make			Model		Serial #		Repair System Description:	LPPPBPS			
# Nitrification Fields	1		# Lines	3	Linear Ft	270'	Maintenance Agreement Required:	☒ YES	☐ NO		
Trench Width	24"		Trench Bottom Depth(Low side)	32"	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		

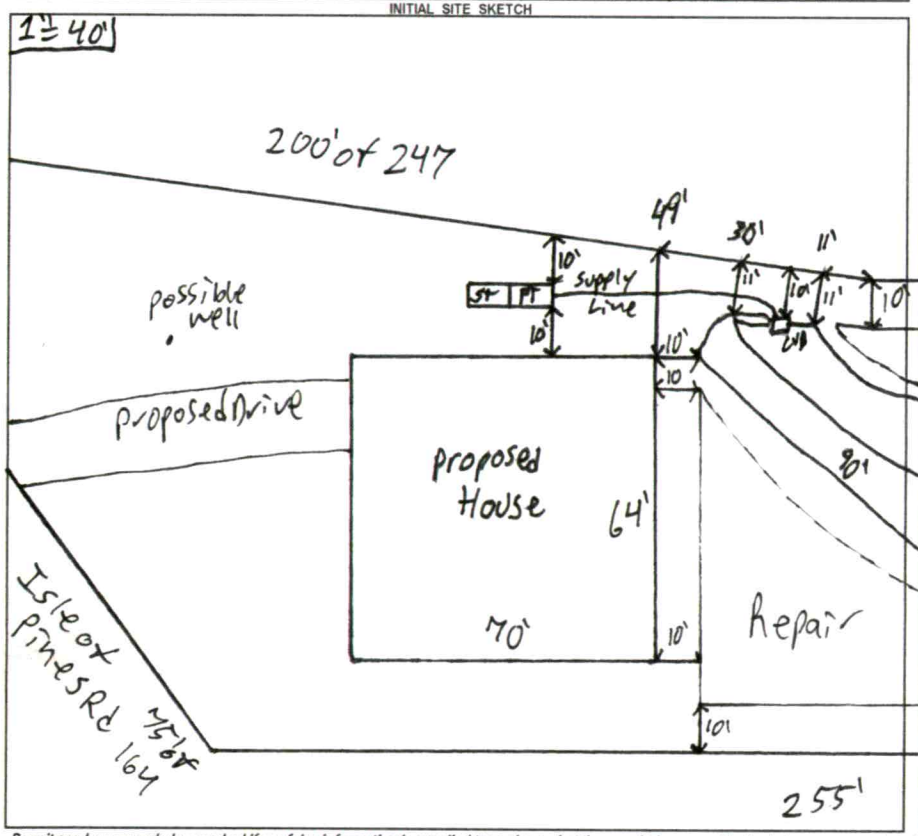
☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing

No. Bedrooms 4 | No. Persons 8 | No. Employees | ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

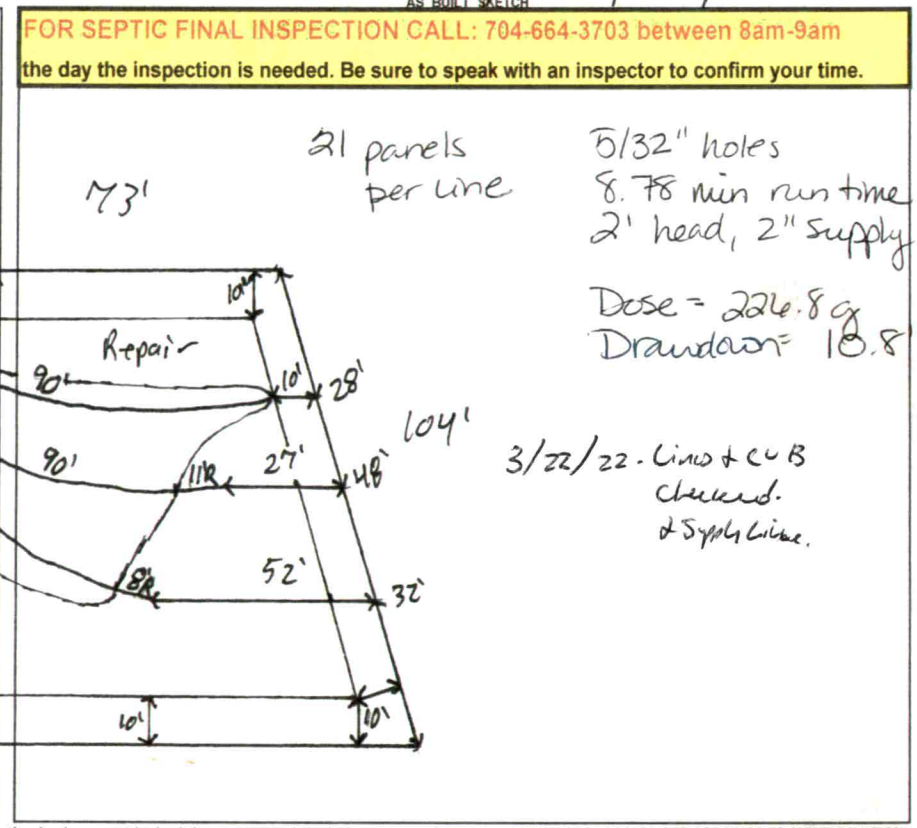
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INITIAL SITE SKETCH



AS BUILT SKETCH

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Owner / Applicant Signature: [signature] Date: 9/14/21 | Installed by: Grandbreakers

IMPROVEMENT PERMIT by: Patrick J Ryle III Date: 8/23/2021 | OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: [signature] Dmeberg Date: 9/21/21 | Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: Lee Colegrove
ADDRESS: 20281 Applewood Ln Stanleyville OH 44148
PROPOSED FACILITY: Warehouse PROPOSED DESIGN FLOW (.1949): 480GPD
LOCATION OF SITE: 12 Isle of Pines
APPLICATION DATE: 5/16/2021
DATE EVALUATED: 8/5/2021
PROPERTY SIZE: yes
PROPERTY RECORDED: -

WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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
1	SS 3%	0-9	compacted clay ABK	Fi SS SPS SoAP	—	48"	few Litho inclusions	—	PS.3
		9-24	C ABlc	Fr SS SPS SoAP					
		24-48	CL SBK/ABK	Fr SS SP SoAP					
2	SS 4%	0-20	C SBK/ABlc	Fr SS SPS SoAP	—	48"	few Litho inclusions	few Rock and manganese inclusions	PS.3
		20-48	CL SBlc	Fr SS SP SoAP					
3	SS 10%	0-9	compacted clay ABK	FI SS SP SoAP	—	48"	few Litho inclusions at bottom	few Larger Rocks scattered throughout	PS.3
		9-35	C SBlc/ABlc	Fr SS SPS SoAP					
		35-48	CL SBlc	Fr SS SP SoAP					
4	SS 5%	0-5	SCL WSBlc	Fr SS SPS SoAP	—	48"	few Litho inclusions more common at bottom	—	PS.3
		5-30	C SBK	Fr SS SP SoAP					
		30-48	CL SBlc	Fr SS SP SoAP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Pat. Clerk
OTHER(S) PRESENT:

COMMENTS: sunny

NO foundation

drains

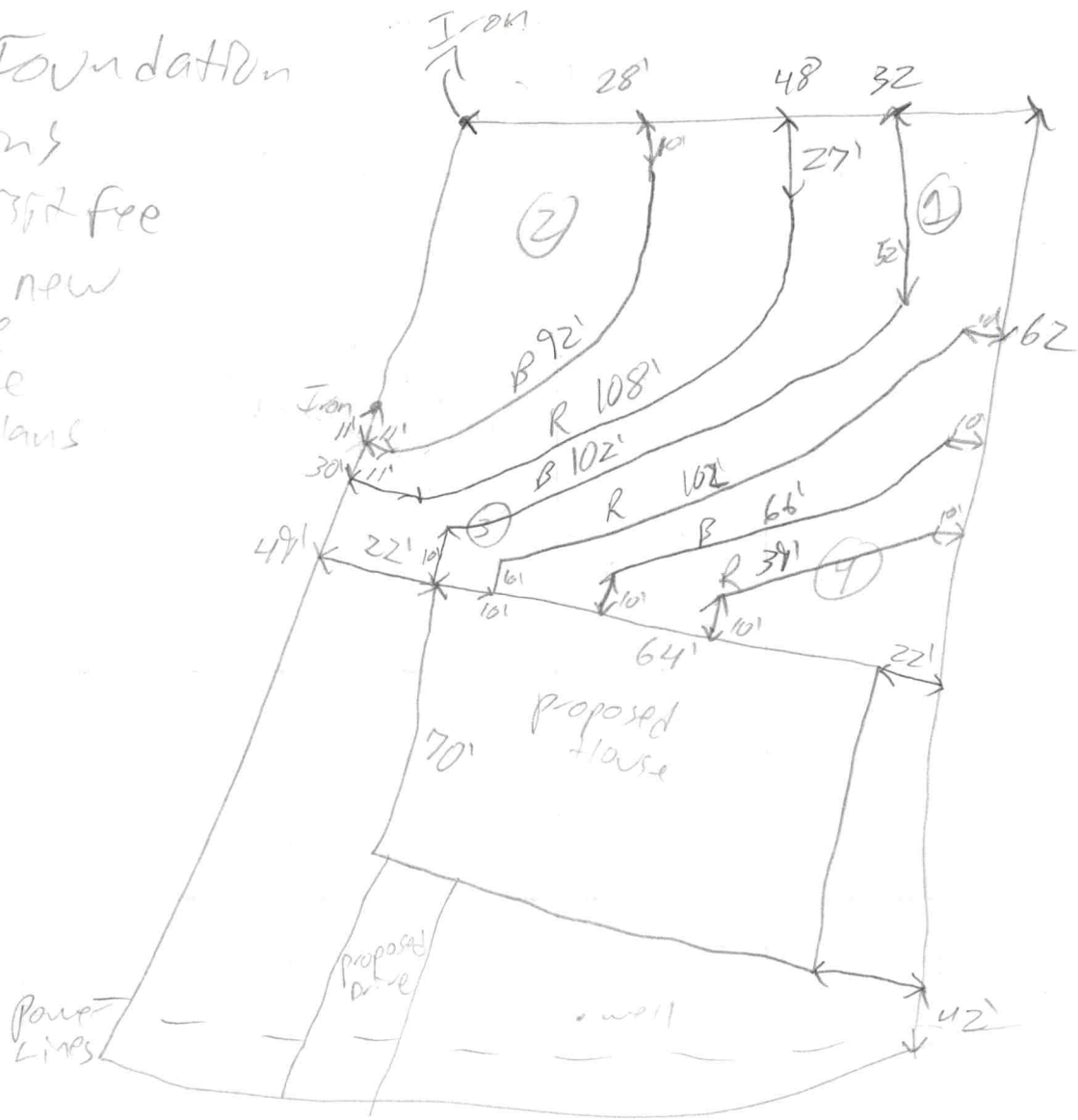
Rebuild fee

need new

more

Legible

floor plans



308 have

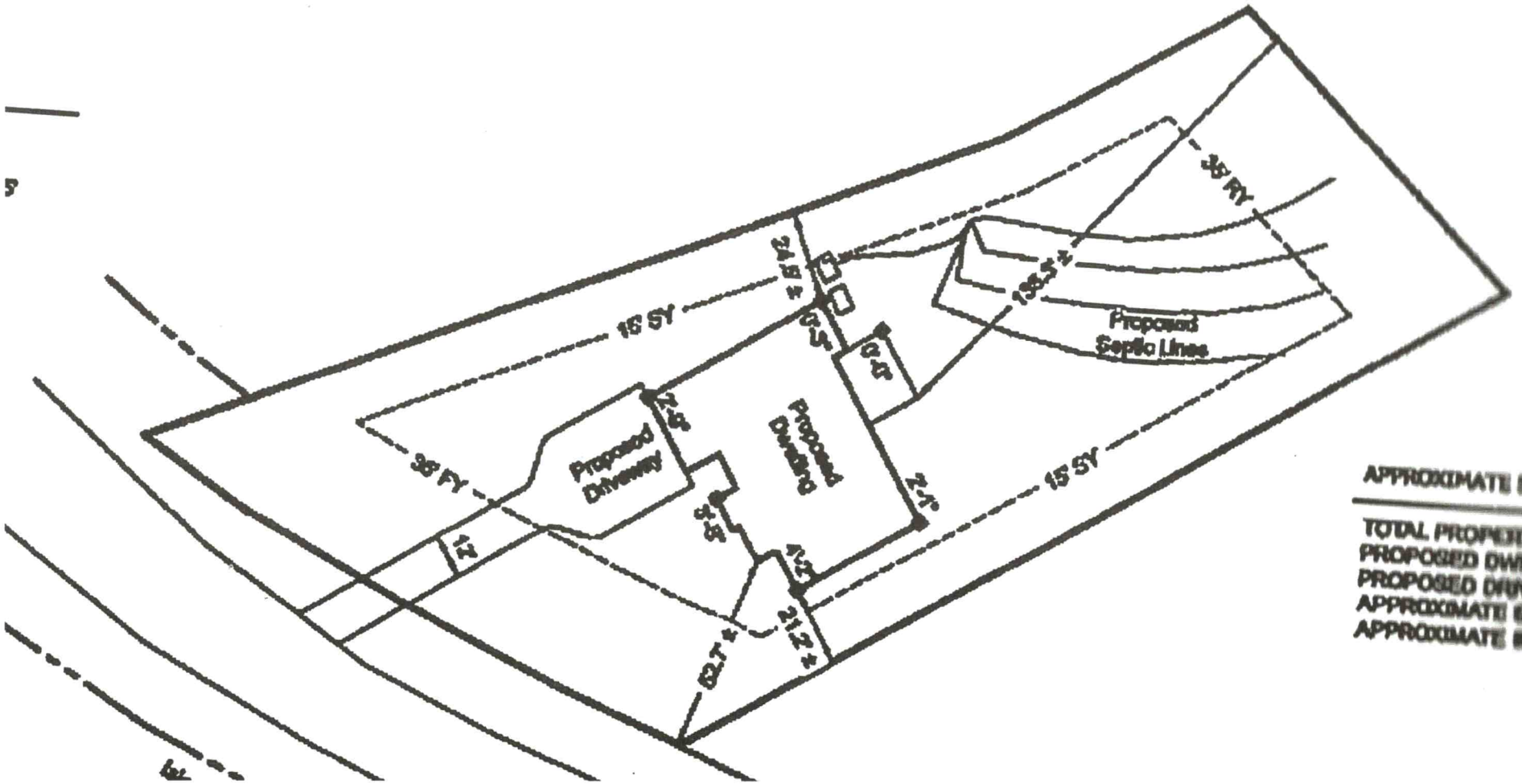
480 ÷ .3
→ 1600 ÷ 3
→ 533 x .5
→ 267'

480 ÷ .3
→ 1600 ÷ 3
→ 533 x .75
→ 400'

667 total needed

* NOT AN ACTUAL SURVEY *

THIS PLOT PLAN WAS DRAWN FROM EXISTING PLATS AND/OR DEEDS AND A FULL SURVEY WAS NOT PERFORMED AT THIS TIME. ACREAGES AND DISTANCES ARE SUBJECT TO AN ACTUAL SURVEY. A FULL TITLE SEARCH HAS NOT BEEN PERFORMED.



APPROXIMATE STRU

TOTAL PROPERTY A
PROPOSED DWELLI
PROPOSED DRIVE A
APPROXIMATE STRU
APPROXIMATE SEPT

ICHD – Environmental Health Division

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

PRIVATE DRINKING WATER WELL PERMIT PIN # 4636157520 PERMIT # 318059

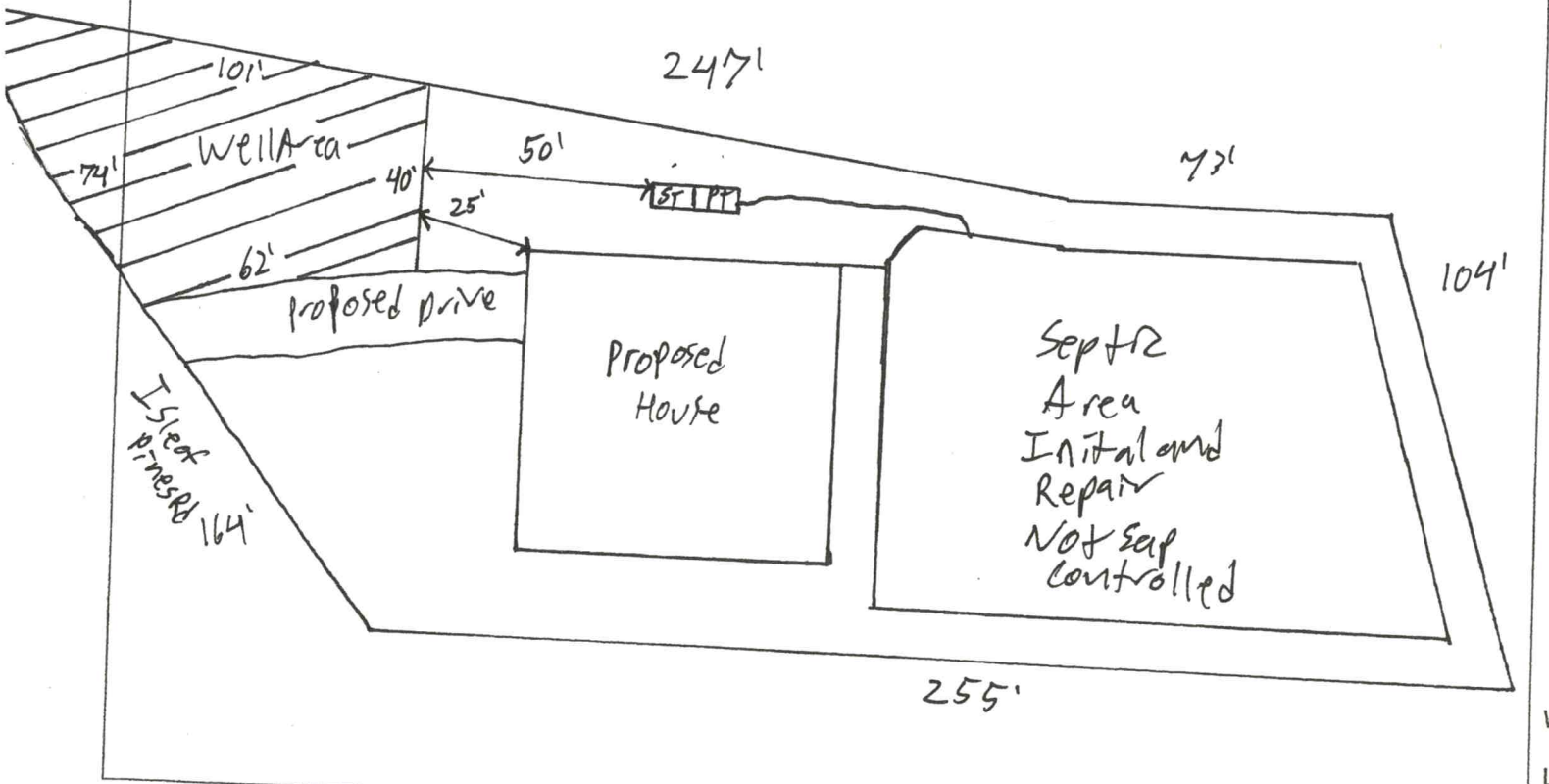
APPLICANT/OWNER NAME: Lee Colegrove ADDRESS: 20281 Applewood Ln Strongsville OH 44149 PHONE: 440-334-7801

Type of Permit (circle one): New Repair Abandonment

DIRECTIONS TO SITE: Brawley School Rd to L on Isle of Pines Rd, Lot on L

SITE ADDRESS: 121 Isle of pines Rd mooresville NC 28117 SUBDIVISION: Whisper My oaks SECTION/LOT: 1

Initial Site Sketch



GROUTING RESULTS

Total Depth _____

Depth of Casing _____

Yield _____

Notes:

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Follow all NC well Rules. well must be 25' off any structure and 50' off any part of septic. ASC 8/19/2021 No known releases of contamination within 1000'. All property lines and corners must be marked.

WELL PERMIT ISSUED BY: Patrick J Byrd III DATE: 8/23/2021 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: _____ CONTRACTOR CERT #: _____ GROUT INSPECTION BY: _____ DATE: _____

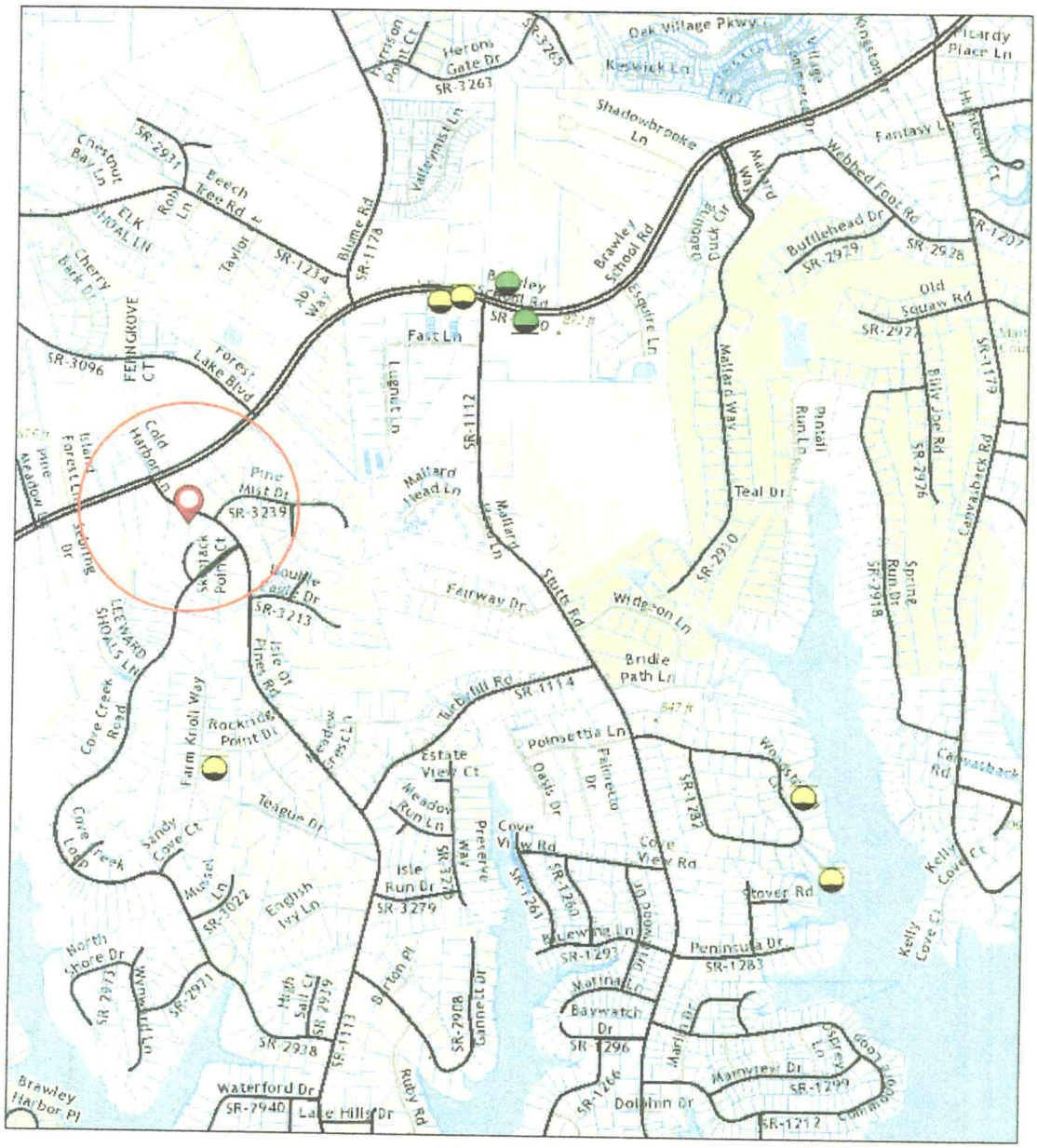
OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☐ WELL CONTRACTOR ID PLATE ☐ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☐

ACCESS PORT / VENT ☐ WELL SEAL ☐ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☐

CERTIFICATE OF COMPLETION BY: _____ DATE: _____ WATER SAMPLES BY: _____ DATE: _____

Attachments: Form GW-1a (required except for abandonment) ☐ Form GW-30 ☐ Water Sample Results ☐ Plat ☐ CALL 704 664 3703 to schedule grout or well head inspections between 8-9am



1:18,056

0 0.13 0.25 0.5 mi

0 0.2 0.4 0.8 km

Known Releases of Contamination

- Above Ground Petroleum Incidents
- Underground Tank Incidents
- Parcels (Polygons) - Parcels

Non-System Roads

- Federal Route
- Non-System

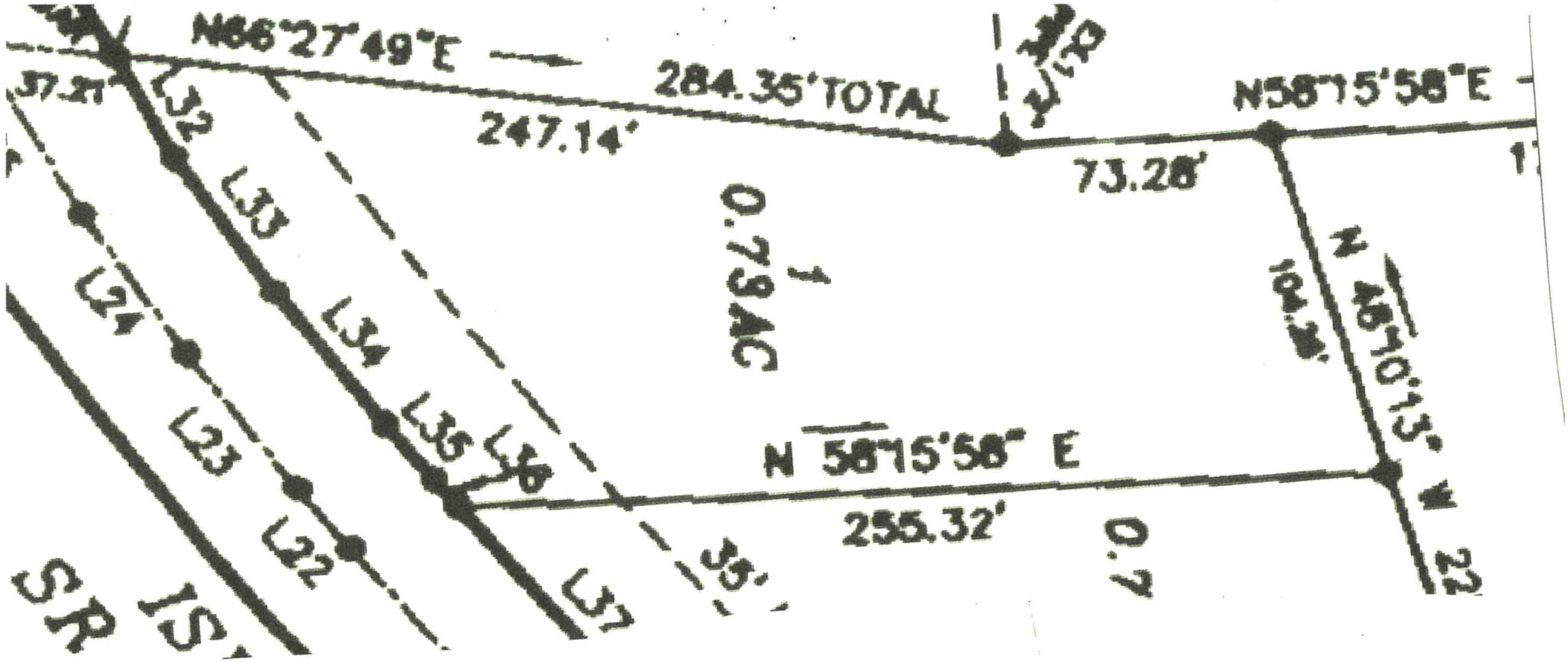
Other System Roads

- Ramps, Rest Areas, Non-Mainline
- Projected Route
- Other State Agency Route
- Secondary Route

Primary Roads

- Interstate

NCDOT GIS Unit, Esri, NASA, NGA, USGS, FEMA, Esri Community Maps Contributors, State of North Carolina DOT, Esri, HERE, Garmin, SafeGraph, INCREMENT P, METI/NASA, USGS, EPA, NPS, US Census Bureau, USDA


N66°27'49"E
284.35'TOTAL
N58°15'58"E
247.14'
73.28'
L32
L33
L34
L35
L36
L37
L24
L23
L22
0.79AC
N 58°15'58" E
255.32'
N 48°10'13" W
SR

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*) Lee Colegrove

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, Lee Colegrove, am the legal owner(s) of the property located at 121 Isle of Pines Rd. Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4636-15-7520, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Schumacher Homes, _____, 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.

Lee Colegrove _____ 8-25-21
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

RECEIVED JUN C 8 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-318059 $500.00

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(j) 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: Lee Colegrove **Address:** 20281 Appleweed Ln Strongsville, OH **Zip:** 44149
Applicant Email: ljcolegrove@att.net **Phone:** 440-334-7801 **Alt. Phone:** 440-376-4851
Owner Name: _____ **Address:** _____ **Zip:** _____
Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 121 Isle of Pines Rd. Mooresville, NC 28117
Subdivision Name: Whispering Oaks Subdivision **Section/Phase:** _____ **Lot Number:** 1
Driving Directions: Isle of Pines Rd. is South off Brawley School

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) 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: _____

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: _____
( ) No Preference ( ) Alternative (1) Conventional ( ) Innovative (2) 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?

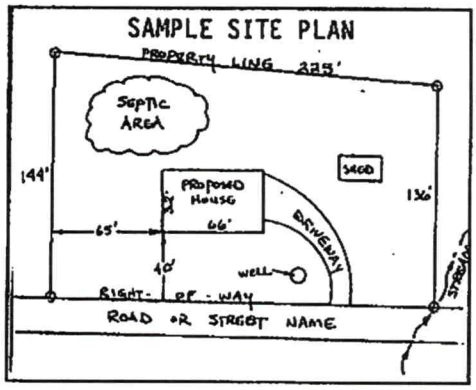
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Lee Colegrove 5-16-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

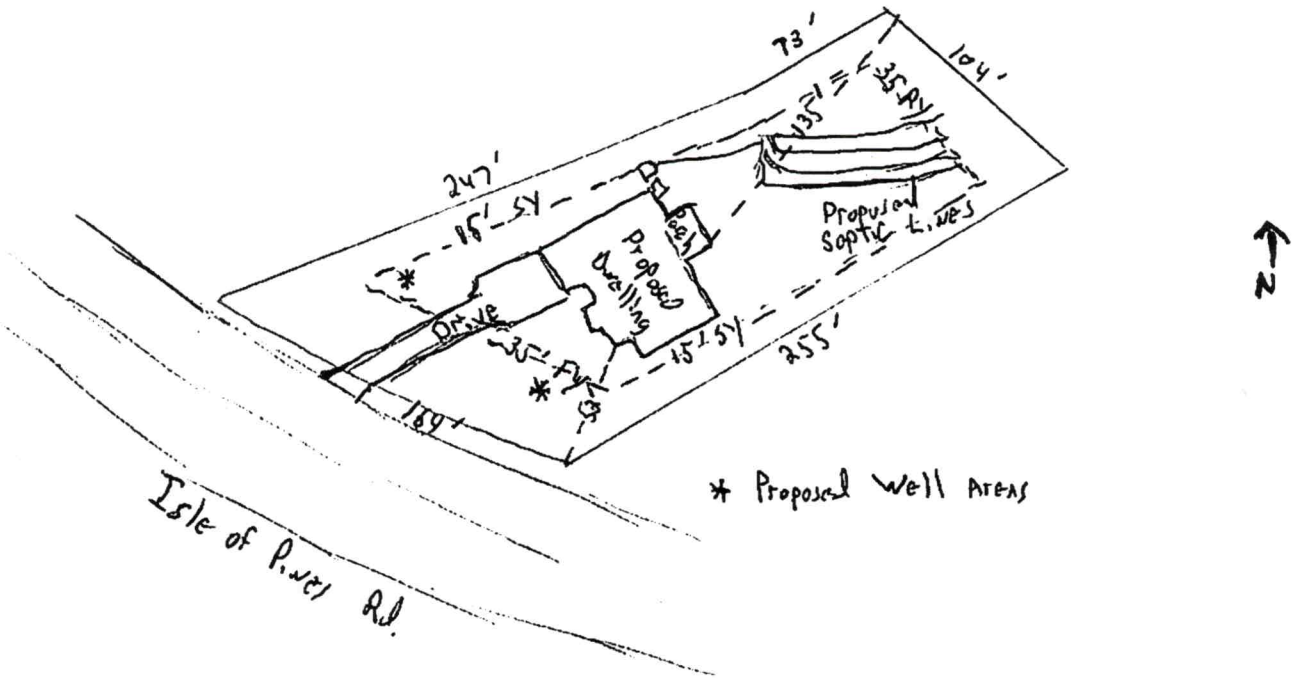
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator 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: Lee Colapose _____ 5-16-21

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

PRELIMINARY FOR REVIEW ONLY

*** NOT AN ACTUAL SURVEY ***

THIS PLOT PLAN WAS DRAWN FROM EXISTING PLATS AND/OR DEEDS AND A FULL SURVEY WAS NOT PERFORMED AT THIS TIME. ACREAGES AND DISTANCES ARE SUBJECT TO AN ACTUAL SURVEY. A FULL TITLE SEARCH HAS NOT BEEN PERFORMED.

NAD83-2011

REFERENCE:

BEING ALL OF LOT 1 - WHISPERING OAKS SUBDIVISION - AS RECORDED IN P.B. 44, PG. 92 & P.B. 45, PG. 34.- IREDELL COUNTY REGISTRY.

PROPERTY SUBJECT TO RESTRICTIVE COVENANTS LISTED IN P.B. 1471, PG. 2083 .

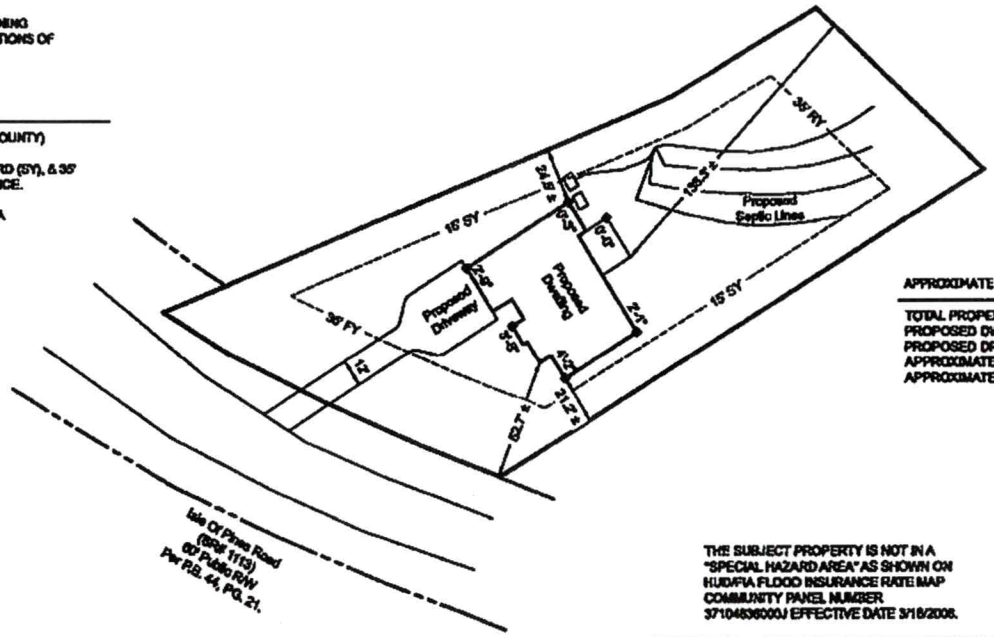
PROPERTY IS SUBJECT TO ANY AND ALL ZONING AND PLANNING ORDINANCES, EASEMENTS, RIGHTS-OF-WAY, AND RESTRICTIONS OF RECORD.

SETBACKS:

PROPERTY CURRENTLY CURRENTLY ZONED: RA (IREDELL COUNTY)

PROPERTY SUBJECT TO A 35' FRONT YARD (FY), 15' SIDE YARD (SY), & 35' REAR YARD (RY) AS PER IREDELL COUNTY ZONING ORDINANCE.

PROPERTY LIES WITHIN LAKE NORMAN WS-IV CRITICAL AREA



APPROXIMATE STRUCTURAL/IMPERVIOUS COVERAGE:

TOTAL PROPERTY AREA: 32,163 SF, 0.738 AC.
PROPOSED DWELLING AREA: 3,215 SF, 0.074 AC.
PROPOSED DRIVE AREA: 1,671 SF, 0.038 AC.
APPROXIMATE STRUCTURAL COVERAGE: 3,215 SF, 0.074 AC., 10.0%
APPROXIMATE IMPERVIOUS COVERAGE: 4,886 SF, 0.112 AC, 15.2%

0 50 100 150

LEGEND	
FY	FRONT YARD SETBACK
RY	REAR YARD SETBACK
SY	SIDE YARD SETBACK
R/W	RIGHT OF WAY
P.B.	PLAT BOOK
D.B.	DEED BOOK
PG.	PAGE

THE SUBJECT PROPERTY IS NOT IN A "SPECIAL HAZARD AREA" AS SHOWN ON HUD/FIA FLOOD INSURANCE RATE MAP COMMUNITY PANEL NUMBER 3710463600J EFFECTIVE DATE 3/16/2006.

JORDAN GRANT
ENGINEERING • SURVEYING • PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
P.O. BOX 151 * STATESVILLE, NC 28687
Matt.Grant@jordan-grant.com (704) 929-7919
FIRM # P-1227

Plot Plan For:

Colegrove

DRAWN BY: IDV	CHECKED BY: JWE	SCALE: 1" = 50'
PIN NO: 4636-15-7520		
DEED REF: 2606-301		
DATE OF MAP: 05-10-21	SURVEY DATE: 05-07-21	
REVISION:	DRAWING FILE: 20210450_05-12-21	

121 Isle of Pines Rd/Mooresville, NC 28117
Mooresville Twsp - Iredell County - North Carolina

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)* Lee Colegrove

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, _____, am the legal owner(s) of the property located at _____, identified as

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

I do hereby authorize **(print legal representative/company name)** _____, _____, 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

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

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built ✓ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
No

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 4 and stories? 1

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 2,400 Sq. Ft.

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Lee Colegrove Phone # 440-334-7801

Owner's Current Address 20231 Applewood Ln. Strongsville, OH 44149

Property Information

Property Address 121 Isle of Pines Rd. Parcel # 4636-15-7520

Subdivision: Whispering Oak Lot: 1 Zoning:___ Watershed: Y or (N) Flood Plain: Y or (N) Township:___

Directions to property (from a MAIN ROAD) South of Brawley School Rd.
lot on left side 2nd from Brawley School.

Application Information

Applicant's Name or Company Lee Colegrove Applicant's Phone # 440-334-7801

Applicant's Address 20231 Applewood Ln. Strongsville, OH 44149

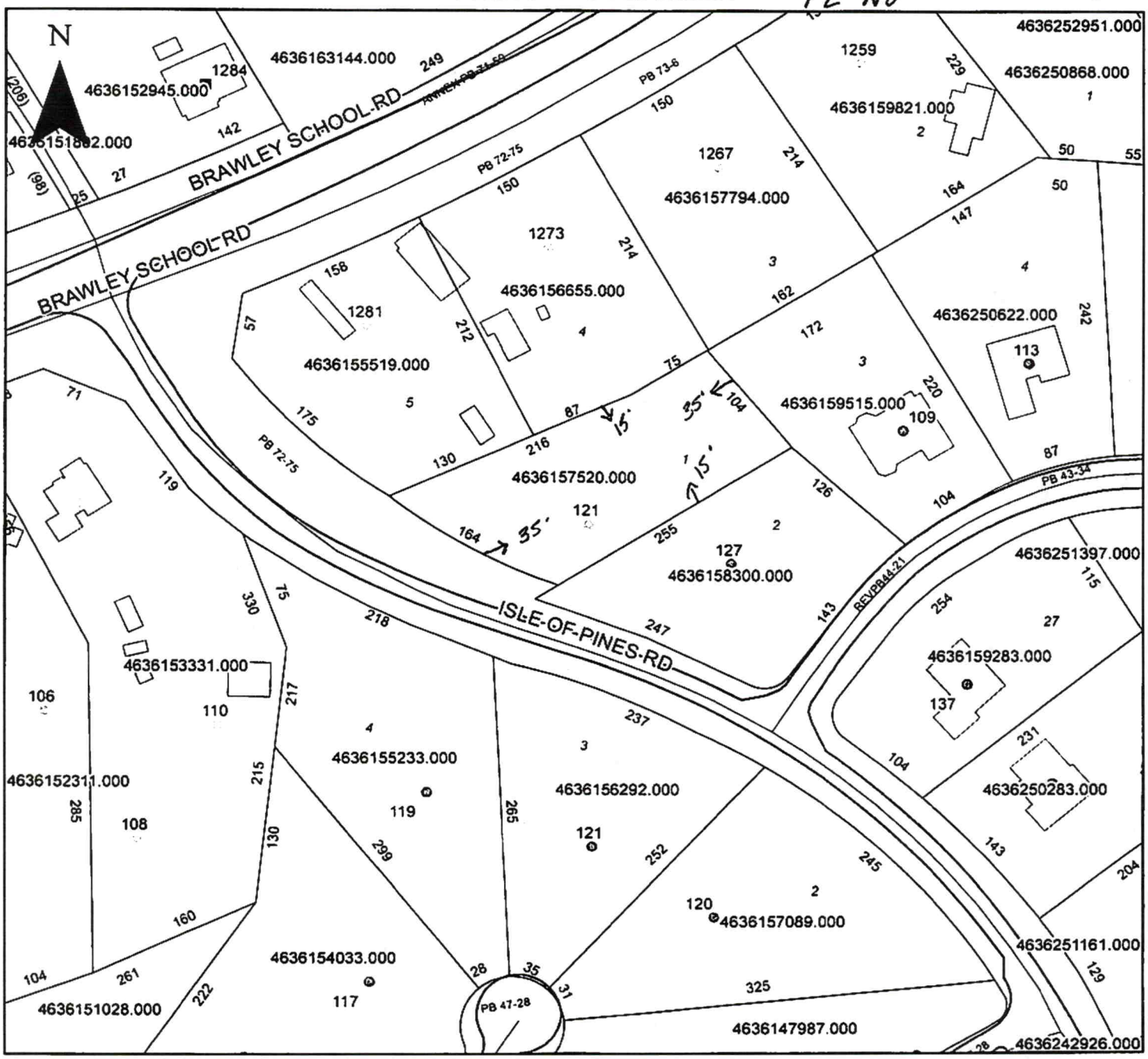
If Company, Representative's Name and Title _____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT Lee Colegrove DATE 5-18-21

318057 KH .655
WS IV CA C/LN
FL ND

ZONING DISCLAIMER



Property Address 121 Isle of Pines Rd.

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. Applicant further acknowledges that the 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 _____

IREDELL COUNTY · NC

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

APPLICATION NUMBER
318059 Issue Date: 05/20/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4636157520.000	121 ISLE OF PINES RD	Iredell County

Owner Information	Applicant Information
Name: TAYLOR MADE CUSTOM BUILDERS LLC	Name: LEE COLEGROVE
Address: 202 GANNETT RD	Address: 20281 APPLEWOOD LN
MOORESVILLE, NC 28117	STRONGSVILLE, OH 44149
Phone:	Phone: (440)334-7801

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
SFD **NEEDS SIGNED ZONING DISCLAIMER**

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.

Date: 05/20/2021

Signature of Owner/Contractor

Permit Number	318059	TOTAL FEES:	$77.25

Lee Colegrove

AP - 318059

121 Isle of Pines Rd.
Mooresville, NC 28117

