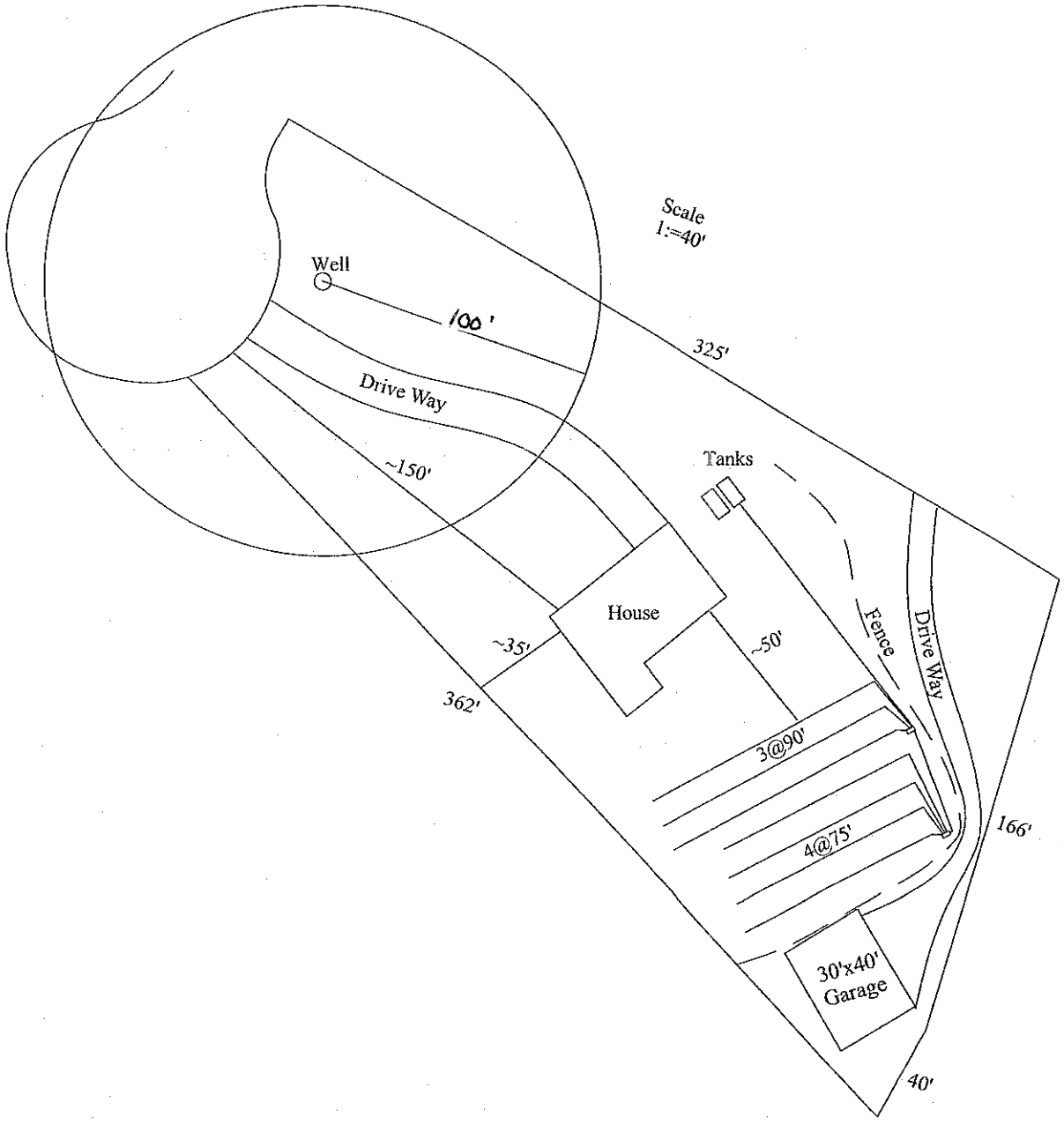


APPROVED SEP 09 2014

RECEIVED JUN 20 2014 ef

Paid $40.00 Statesville

IREDELL COUNTY HEALTH DEPARTMENT Paid $110.00 9-514

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: MARK ROBERTS **Address:** 115 TAYLOR CT MOORESVILLE **Phone:** 7044081625

Owner Name: MARK ROBERTS **Address:** 115 TAYLOR CT **Phone:**

Property Information:

Street Address: 115 TAYLOR CT MOORESVILLE

Subdivision Name: Beech Tree Forest **Section/Phase:** **Lot Number:** 3

Driving Directions: 1ST GRAVEL DRIVE ON LEFT ON RIGHTAFF

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

( ) New Single Family Residence — Maximum Number of Bedrooms: — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: — ( ) Concrete Slab Foundation
(✓) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) 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:** 1998

( ) 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: _____ 6-20-14
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
204198
Issue Date: 06/20/2014

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4636272683.000	115 TAYLOR COURT, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: ROBERTS MARK+LINDA M	Applicant: ROBERTS MARK+LINDA
Address: 115 TAYLOR COURT MOORESVILLE, NC 28117	Address: 115 TAYLOR COURT MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
DETACHED GARAGE 30X40	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.129					CACL	X

Remarks:

PAID
CK 1200
MH 6/20

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: 6-20-14

Permit Number	15486	TOTAL FEES:	$ 77.25