BB

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # OSWP-2022-7440

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

PIN # 4636-41-0117

APPLICANT / OWNER: MAKSON INC | APPLICANT ADDRESS: 434 CALHOUN STREET, SALISBURY, NC 28144

SITE ADDRESS: 221 GANNETT DR, MOORESVILLE, NC 28117 | PHONE: 7046365505 | ALT. PHONE: -

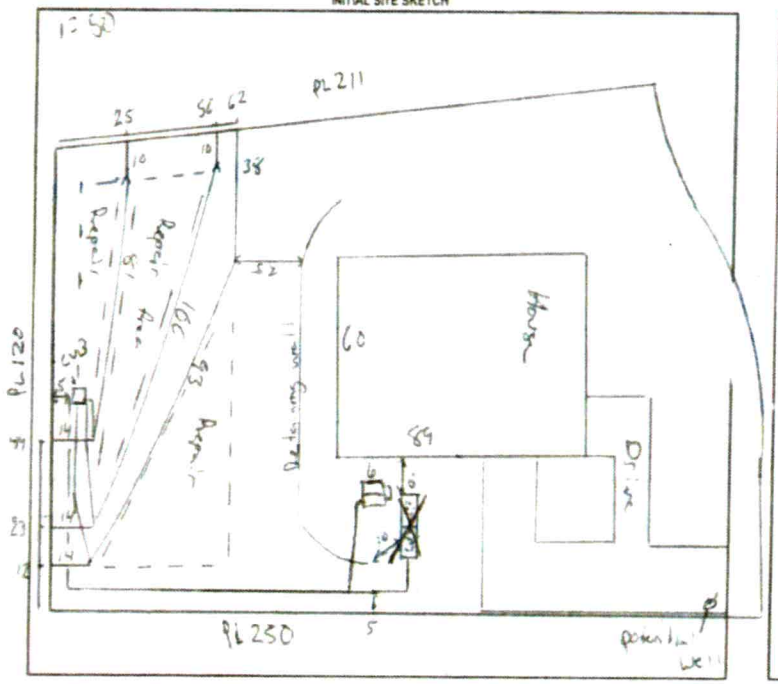
SITE DIRECTIONS: BSR (A) on Isle of Pines (L) on Gannett Dr (L) at

SUBDIVISION: Lakeview Heights | SECTION: 1 | LOT #: 1 | LOT AREA: .71 Ac | DESIGN FLOW: 480 | L.T.A.R.: .3 | SAP CONTROLLED: YES ☑ NO ☐

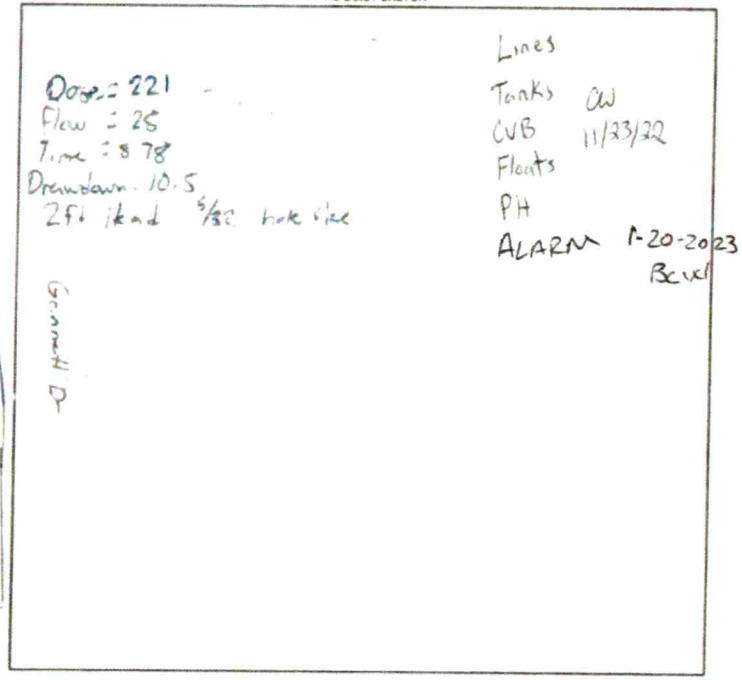
Septic Tank: (gal) 1000	STB: 7100	Date: 10/7/22	☑ New System ☐ Repair ☐ Expansion	System Type: IV	☑ Residence	No. Bedrooms: 4	Water Supply: New Well
Pump Tank: (gal) 1000	PT: 3603	Date: 10/5/22	System Description: LP PBTS		☐ Business	No. Persons: 8	
Pump Make: Liberty	Model: PAV 2000	Serial #:	Repair System Description: TSII PBTS		☐ Other	No. Employees:	
# Nitrification Fields: 1	# Lines: 3	Linear Ft.: 267	Maintenance Agreement Required: ☑ YES ☐ NO		☐ Slab	☑ Crawl Space	
Trench Width: 36"	Trench Bottom Depth (Low side): 30"		Gravel Depth: N/A	☐ GRAVITY ☑ PRESSURE	☐ Basement w/ Plumbing	☐ Basement w/o Plumbing	

Comments / Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



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: _____ Date: _____

IMPROVEMENT PERMIT by: Matt Wiz Date: 10/7/22

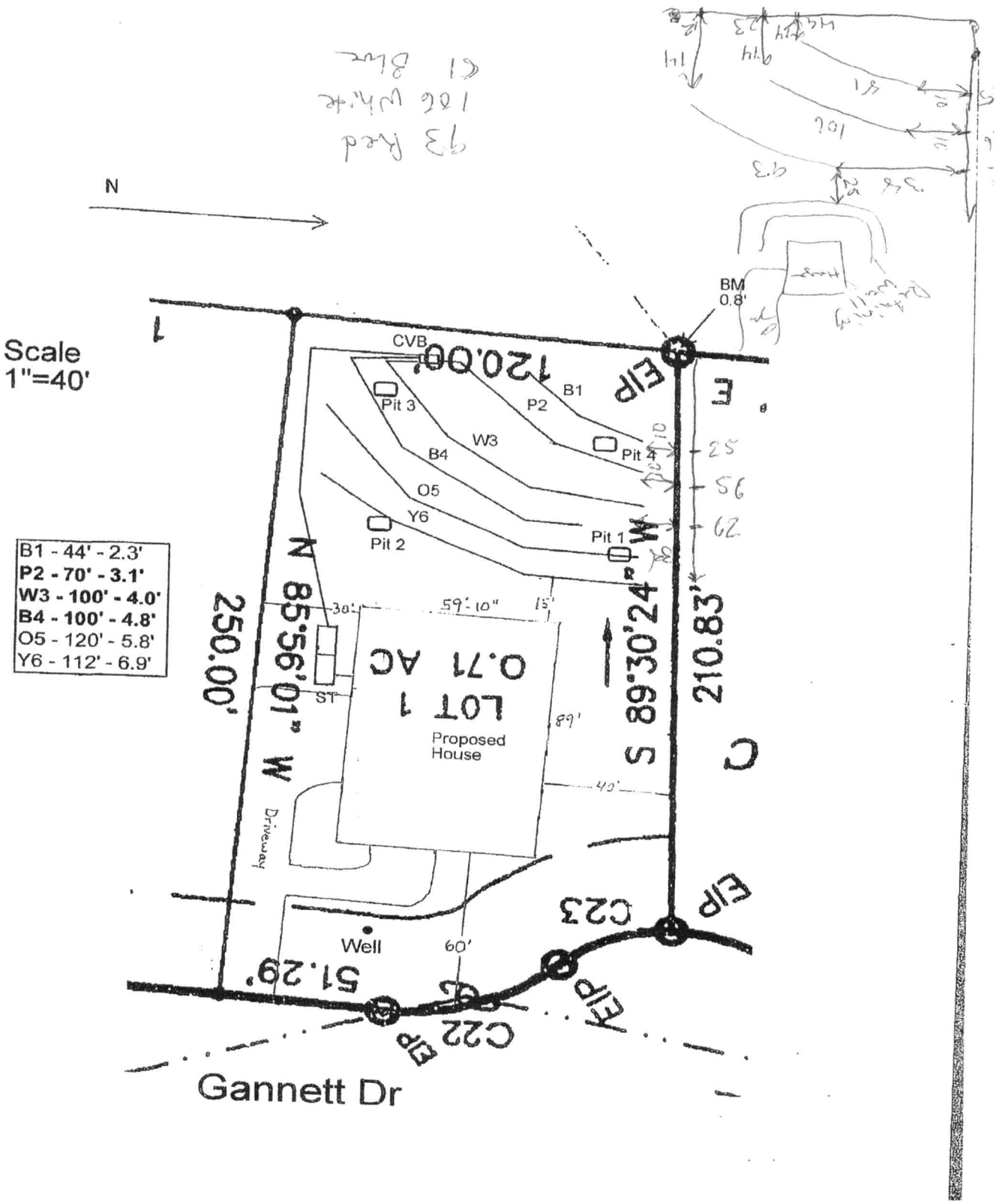
AUTHORIZATION TO CONSTRUCT by: Matt Wiz Date: 11/2/22

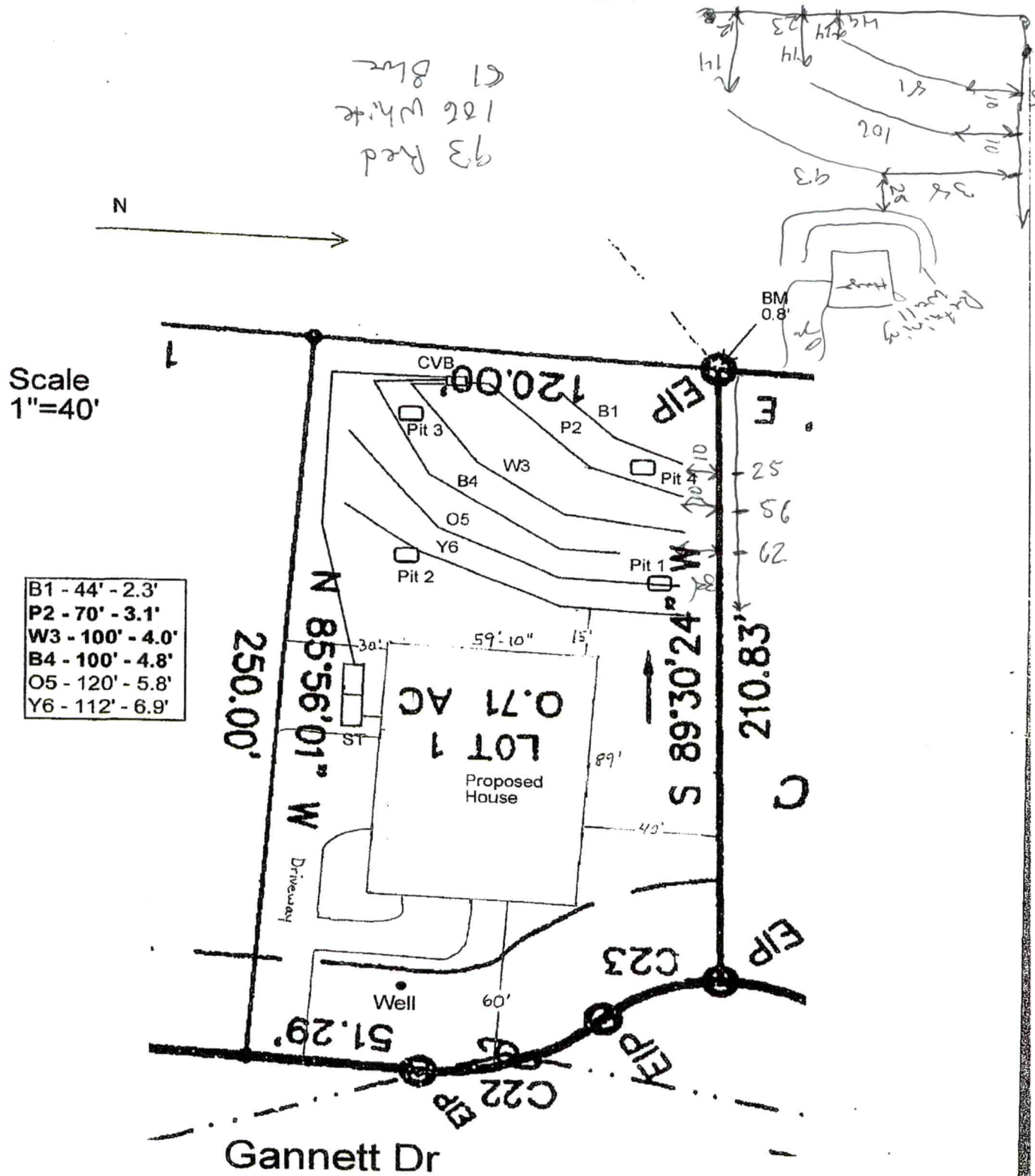
Installed By: Rowan Septic

OPERATION PERMIT by: Bryant C. White Date: 1-20-2023

Existing System Inspected By: _____ Date: _____

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


N
Scale
1"=40'
BM
0.8'
CVB
120.00'
B1
P2
Pit 3
W3
B4
O5
Y6
Pit 2
Pit 4
Pit 1
B1 - 44' - 2.3'
P2 - 70' - 3.1'
W3 - 100' - 4.0'
B4 - 100' - 4.8'
O5 - 120' - 5.8'
Y6 - 112' - 6.9'
N 85°56'01" W
250.00'
S 89°30'24" W
210.83'
59'-10"
30'
15'
ST
LOT 1
0.71 AC
Proposed
House
89'
40'
Driveway
Well
60'
51.29'
C23
C22
EIP
Gannett Dr


N
Scale
1"=40'
BM
0.8'
CVB
120.00'
B1
P2
W3
B4
O5
Y6
Pit 1
Pit 2
Pit 3
Pit 4
B1 - 44' - 2.3'
P2 - 70' - 3.1'
W3 - 100' - 4.0'
B4 - 100' - 4.8'
O5 - 120' - 5.8'
Y6 - 112' - 6.9'
N 85°56'01" W
250.00'
S 89°30'24" W
210.83'
30'
59'-10"
15'
ST
LOT 1
0.71 AC
Proposed
House
89'
40'
Driveway
Well
60'
51.29'
C23
C22
EIP
Gannett Dr

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to REVOKE Improvement Permit/Construction Authorization

Owner: Makson INC Date: 11/2/2022

Address: 434 Calhoun St, Salisbury 28144

Subject: Notice of Intent to Revoke: Address: 221 Gannett Mooresville, NC 28117 Permit 312402 (Improvement Permit/Construction Authorization

Dear **Makson INC**

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 221 Gannet Dr Mooresville, NC 28117 for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization _____ Type IV_____ conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
Site plan has changed	15A NCAC 18A .1937(g)

This is to notify you that based on these violations, the Department intends to Revoke your Improvement Permit/Construction Authorization 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the revocation will not go into effect. If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

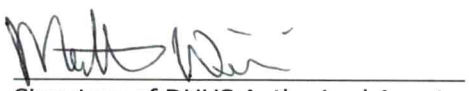
If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 11/2/2022 /22. Meeting the 30-day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,



Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

11/2/2022

Owner: Makson INC
Address: 221 Gannett Dr Mooresville Permit

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description): Address:
_____

I, _____, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on _____ for a system:
(permit date)

Type IV at Address: 221 Gannett Dr Mooresville 28117

for the site will be "revoked" immediately by the authorized agent/local health department.

Online Signature
Signature of Property Owner

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 312402

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

PIN # 4636--41--0117

APPLICANT/OWNER: Makson Inc | APPLICANT ADDRESS: 434 Calhoun St 28144

SITE ADDRESS: 221 Gannett Drive Mooresville NC 28117 | PHONE: 704-636-5505 | ALT. PHONE –

SITE DIRECTIONS: BSR L on Isle of Pines L on Gannett Dr L at Culde Sac | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Lake View Heights | SECTION: 1 | LOT #: 1 | LOT AREA: .71 Acre | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

Septic Tank 1000 (gal)	STB	Date	[X] New System [ ] Repair [ ] Expansion	System Type: I II III (IV) V VI	[X] Residence	No. Bedrooms 4	Water Supply
Pump Tank 1000 (gal)	PT	Date	System Description: LP PPBPS		[ ] Business	No. Persons 8	[X] Private
Pump Make	Model	Serial #	Repair System Description: ISII PPBPS		[ ] Other	No. Employees	[ ] Public
# Nitrification Fields 1	# Lines 3	Linear Ft: 270'	Maintenance Agreement Required: [ ] YES [ ] NO		[ ] Slab	[X] Crawl Space	[ ] Community
Trench Width 36"	Trench Bottom Depth(Low side) 30"	Gravel Depth	[ ] GRAVITY [ ] PRESSURE		[ ] Basement w/plumbing	[ ] Basement w/o plumbing	

Comments / Conditions: Install Diagrams on Center of land use Central Valve Box for distribution.

System Flow 25.4 GPM
Dose Volume 223.2 Gallon
Pump Run time 8.9 Minutes

INITIAL SITE SKETCH

Please See Attached From Michael Athans & Associates

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.

Revoked

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**

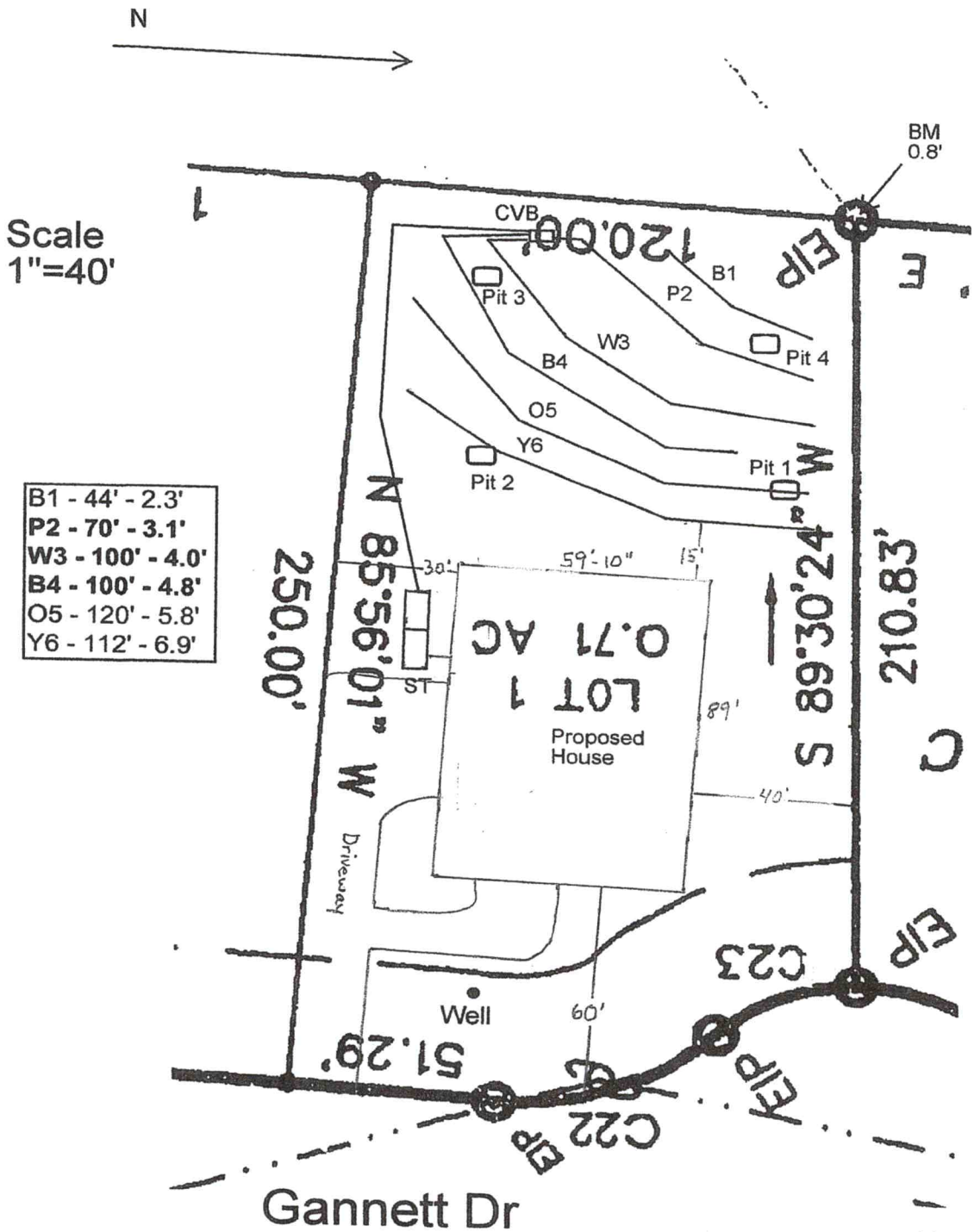
[ ] **IMPROVEMENT PERMIT** *with plat valid ~~without expiration~~.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [ ] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date: 8/27/21 Installed by: _____

IMPROVEMENT PERMIT by: _____ Date: 8-27-2021 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: 8-27-2021 Existing System Inspected by: _____ Date: _____

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


N
Scale
1"=40'
BM
0.8'
CVB
120.00'
B1
P2
W3
B4
O5
Y6
Pit 1
Pit 2
Pit 3
Pit 4
B1 - 44' - 2.3'
P2 - 70' - 3.1'
W3 - 100' - 4.0'
B4 - 100' - 4.8'
O5 - 120' - 5.8'
Y6 - 112' - 6.9'
N 85°56'01" W
250.00'
S 89°30'24" W
210.83'
30'
59'-10"
15'
ST
LOT 1
0.71 AC
Proposed
House
89'
40'
Driveway
Well
60'
51.29'
C23
C22
EIP
Gannett Dr



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556 Walden Trail
Weddington, NC 28173
(704) 576-3887
11/12/2020

Reference: Data Sheet for 221 Gannett Drive, Lakeview Heights Lot 1
House Footprint: 65x 61
Building Setbacks: 35' front/rear, 15 side
Water Source: Private well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: LP PPBPS
Proposed Repair System Type: TSII PPBPS
Distribution: Low pressure/CVB
Flow per Orifice: 0.41 GPM
Orifice Size: 5/32"
Number of Panels: 62
System Flow: 25.4 GPM
Dosing Volume: 223.2 gallons
Pump Run Time: 8.8 minutes
Elevation Head: 12.2'
Friction Head: 1.8'
Pressure Head: 2'
Total Dynamic Head: 16'
Supply Line Length: 140'
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 30"
Proposed Trench Width: 36"



Line	Design Length	#of Panels	Actual Length	Elevation
Blue 1	44'		44'	2.3'
Pink 2	**70'**	**16**	**70'**	**3.1'**
White 3	**100'**	**23**	**101'**	**4.0'**
Blue 4	**100'**	**23**	**120'**	**4.8'**
Orange 5	120'		120'	5.8'
Yellow 6	112'		112'	6.9

Initial System: 270' **Repair System:** 276'
Pump Tank: 10.3' **House Corner:** 9.9' **Benchmark:** 0.8

Comments: This lot had a permit previously that has now expired. MA&A is proposing to utilize a low pressure panel block system in order to accommodate a new house placement.

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet _1_ *of* _1_
PROPERTY ID #: 4636410117
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: FFF Land Acquisitions LLC _____ APPLICATION DATE _____
ADDRESS: 156-B Raceway Dr, Mooresville, NC 28117 _____ DATE EVALUATED: 11/2020
PROPOSED FACILITY: 4 bedroom _____ PROPOSED DESIGN FLOW (.1949): 480 GPD _____ PROPERTY SIZE: 0.71 AC
LOCATION OF SITE: 221 Gannett Dr, Lakeview Heights Lot 1 _____ 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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 8%	0-6	Br SCL WSBK	FR SS SP SXP	N/A	46"	F-C SAP PS	N/A	PS 0.3
		6-22	R C SBK	FR SS SP SXP					
		22-46	R CL WSBK	FR SS SP SXP					
		46-60	VER L SAP M	FR SS SP SXP					
2	LS 8%	0-6	Br SCL WSBK	FR SS SP SXP	N/A	50"	F-C SAP PS	N/A	PS 0.3
		6-26	R C SBK	FR SS SP SXP					
		26-50	R CL WSBK	FR SS SP SXP					
		50-62	VER L SAP M	FR SS SP SXP					
3	LS 8%	0-6	Br SCL WSBK	FR SS SP SXP	N/A	31"	F-C SAP	N/A	PS 0.3
		6-22	R C SBK	FR SS SP SXP					
		22-60	R CL WSBK	FR SS SP SXP					
4	LS 8%	0-5	Br SCL WSBK	FR SS SP SXP	N/A	50"	F-C SAP PS	N/A	PS 0.3
		5-24	R C SBK	FR SS SP SXP					
		24-48	R CL WSBK	FR SS SP SXP					
		48-60	VER L SAP M	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	810 FT2	828 FT2
System Type(s)	PPBPS	TSII PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: M A & Associates
OTHER(S) PRESENT: _____

COMMENTS

59'10"

89'-

IMPORTANT INFORMATION:
PLEASE READ CAREFULLY
**** BEFORE STARTING CONSTRUCTION ****

GENERAL WINDOW NOTES:

TEMPERED WINDOWS
WHERE REQUIRED
AS PER CODE

FIXED WINDOWS
WHERE APPLICABLE
AS PER CODE/OWNER

EGRESS WINDOWS
WHERE REQUIRED
AS PER CODE

WINDOW SIZES/ROUGH OPENINGS
MAY VARY
BY MANUFACTURER
ADJUST HEADER ACCORDINGLY
PRIOR TO CONSTRUCTION
DETERMINED BY OTHERS

IMPORTANT NOTES:

SCALE ALL STUCCO DETAILS FROM THE ELEVATION DRAWINGS.

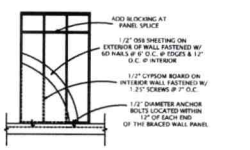
REFERENCE ROOF LAYOUT FOR DIFFERENT OVERHANG DEPTHS.

NOTICE DIFFERENT KNEE WALL HEIGHTS FOR HOUSE PROPORTIONS.

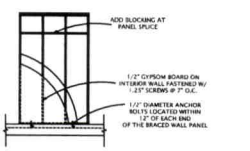
REFERENCE ALL WINDOWS ON FLOORPLAN WITH ELEVATIONS & NOTIFY OWNER AND/OR DESIGNER OF ANY DISCREPANCIES BEFORE ORDERING WINDOW PACKAGE.

** NOTED WINDOW SIZES AS SHOWN ON ** THIS PLAN MAY VARY WITH DIFFERENT MANUFACTURER'S WINDOW SIZES.

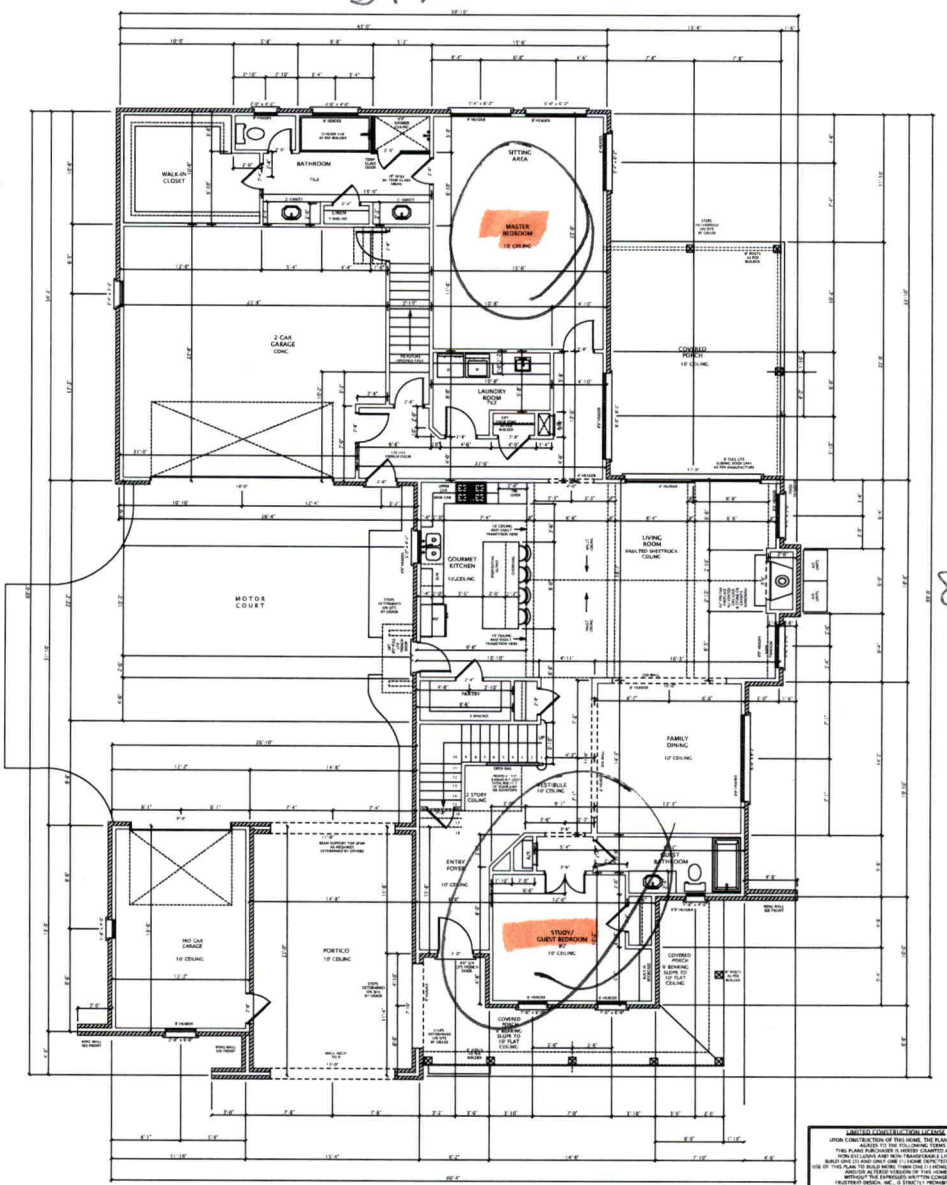
CHANGES IN WINDOW SIZES SHOULD CLOSELY MATCH WINDOWS SHOWN ON ELEVATIONS



TYPICAL SHEAR WALL CONTINUOUS SHEATHING
1/2" = 1' SCALE



TYPICAL SHEAR WALL CONTINUOUS GYPSUM BOARD
1/2" = 1' SCALE



FIRST FLOOR DETAIL CONSTRUCTION SHEET
SCALE: 1/4"=1'-0"

AREAS

FIRST FLOOR	2,181 sq ft
SECOND FLOOR	904 sq ft
TOTAL LIVING:	3,085 sq ft

SECOND FLOOR FUTURE: 857 sq ft

LIMITED CONSTRUCTION LICENSE
UPON CONSTRUCTION OF THIS HOME, THE PLAN PURCHASER AGREES TO THE FOLLOWING TERMS:
THIS PLANS PURCHASER IS HEREBY GRANTED A LIMITED, NON-EXCLUSIVE AND NON-TRANSFERABLE LICENSE TO BUILD ONE (1) HOME FROM THESE PLANS. THE USE OF THIS PLAN TO BUILD MORE THAN ONE (1) HOME OR ANY MODIFIED AND/OR ALTERED VERSION OF THIS HOME PLAN WITHOUT THE EXPRESS WRITTEN CONSENT OF FRUSTERIO DESIGN, INC., IS STRICTLY PROHIBITED AND IS ENFORCED AND PROTECTED BY FEDERAL COPYRIGHT LAWS. UNAUTHORIZED USAGE WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW.
© COPYRIGHT 2021 FRUSTERIO ALL RIGHTS RESERVED

© COPYRIGHT 2021 FRUSTERIO
ALL RIGHTS RESERVED
THE HOME PLAN AND DESIGN IS THE PROPERTY OF CHARLES M. FRUSTERIO
UNAUTHORIZED USE OF THIS PLAN WITHOUT THE EXPRESS WRITTEN CONSENT OF FRUSTERIO DESIGN, INC. IS PROHIBITED

THIS PLAN IS FOR BUILD FOR
KYLE PETERS
221 GANNETT DR
MOORESVILLE, NC
PROJECTS ONLY
USE FOR BUILD ON ANY OTHER LOCATION IS IN VIOLATION OF PLAN COPYRIGHT

PROPERTY OF FRUSTERIO
© COPYRIGHT 2021 FRUSTERIO
LIMITED CONSTRUCTION LICENSE
FEDERAL COPYRIGHT RESTRICTIONS

frusterio AIA AIBD American Institute of Building Design
FRUSTERIO.COM
QUESTIONS ON THIS PLAN 866-225-8111

KYLE PETERS
GANNETT DRIVE / MOORESVILLE, NC
JOB # 3018-2374-0721

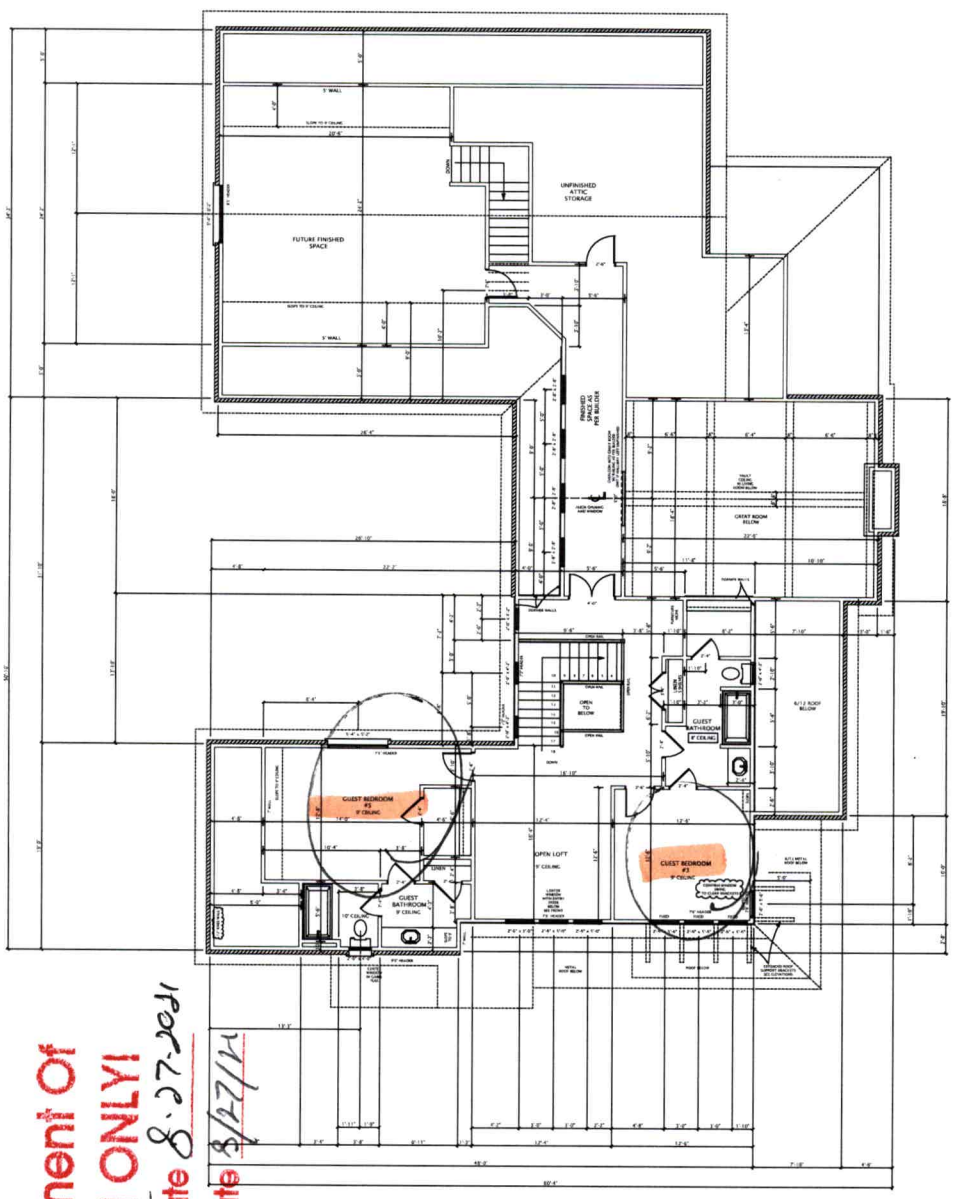
CUSTOM HOME DOCUMENTS

JOB # 3018-2374-0721

charles michael frusterio
DESIGNING FINE HOMES AND RENOVATIONS

Acknowledgement Of Plans Submittal ONLY!
Date 8-27-2021
Date 8/27/21

charles michael
frusterio
DESIGNING FINE HOMES AND RENOVATIONS



SECOND FLOOR DETAIL CONSTRUCTION SHEET
SCALE: 1/4" = 1'-0"

GENERAL WINDOW NOTES

TEMPERED WINDOWS
WHERE REQUIRED
AS PER CODE

FIXED WINDOWS
WHERE APPLICABLE
AS PER CODE/OWNER

EGRESS WINDOWS
WHERE REQUIRED
AS PER CODE

WINDOW SIZES/ROUGH OPENINGS
MAY VARY
BY MANUFACTURER
ADJUST HEADER ACCORDINGLY
PRIOR TO CONSTRUCTION
DETERMINED BY OTHERS

IMPORTANT INFORMATION
PLEASE READ CAREFULLY
**** BEFORE STARTING CONSTRUCTION ****

IT IS THE SOLE RESPONSIBILITY OF THE BUILDER TO FAMILIARIZE WITH, AND ADHERE TO, ALL APPLICABLE CODES AND ORDINANCES AS WELL AS ANY AND ALL SITE SPECIFIC (HOA) REQUIREMENTS AS WELL AS FOR ALL SITE UTILITIES (CODES WHICH MAY HINDER PLAN ALTERATIONS) AND ASSUME THEM IN ACTUALITY, BEFORE ACTUAL SITE/LOT STATUS.

THIS HOME AND ITS DESIGN MUST BE CONSTRUCTED BY A LICENSED AND REPUTABLE BUILDER WITH EXPERIENCE IN CONSTRUCTING THIS TYPE OF HOME.

ALL SUB CONTRACTORS USED IN THE CONSTRUCTION OF THIS HOME MUST BE LICENSED WITH THE STATE AND QUALIFIED TO PERFORM THE WORK REQUIRED. FRUSTERIO DESIGN, INC. ASSUMES NO LIABILITY FOR ANY DESIGNS IN THIS PLAN.

IT IS THE RESPONSIBILITY OF THE BUILDER TO REVIEW AND PERFORM ALL DUE DILIGENCE ON THIS PLAN AND NOTIFY FRUSTERIO DESIGN, INC. OF ANY DISCREPANCIES PRIOR TO BEGINNING CONSTRUCTION.

THE SELECTION AND CONDITION OF LUMBER USED IN CONSTRUCTION MAY VARY WIDELY AS DOES THE QUALITY OF THE WORKMANSHIP. NEITHER FRUSTERIO DESIGN, INC. OR ITS MEMBERS HAVE KNOWLEDGE OF, OR CONTROL OVER, THE QUALITY OF CONSTRUCTION METHODS AND PRACTICES USED ON ANY GIVEN PLAN/PROJECT AND IS, THEREFORE, HELD HARMLESS FROM THE DESIGN OR PERFORMANCE OF THE STRUCTURE IN COMPLETED STRUCTURE.

ALL STRUCTURAL MATERIAL USED TO CONSTRUCT THIS HOME MUST MEET CURRENT IRC CODE REQUIREMENTS, CERTIFIED & DESIGNED BY THE MANUFACTURER OR BY A LICENSED STRUCTURAL ENGINEER.

ANY STRUCTURAL & FLOOR JOIST NOTATION ON THIS PLAN IS INTENDED FOR PURPOSES OF DESIGN ONLY & IN NO WAY INDICATES FINAL STRUCTURAL REQUIREMENTS FOR LOAD BEARING LOCATIONS WHICH ARE DESIGNED BY OTHERS.

ALL LOAD BEARING LOCATIONS MUST BE REVIEWED, DESIGNED & APPROVED BY LUMBER MANUFACTURER OR STRUCTURAL ENGINEER PRIOR TO THE START OF CONSTRUCTION.

DAYLIGHT & SUITABILITY AS DETERMINED BY A LICENSED SURVEYOR. IT IS RECOMMENDED THAT A CERTIFIED STRUCTURAL ENGINEER REVIEW THE FINAL PLANS AND SPECIFICATIONS PRIOR TO CONSTRUCTION.

THESE PLANS ARE NOT DRAWN AS ACCESS PLANS. REQUIRED CONSTRUCTION PRACTICES.

SITE REQUIREMENTS

THESE PLANS ARE FOR UNIVERSAL CONDITIONS & DO NOT ADDRESS SPECIFIC SITE REQUIREMENTS. IT IS RECOMMENDED THAT SOIL CONDITIONS AT SITE BE TESTED BY A QUALIFIED SOILS ENGINEER BEFORE CONSTRUCTION BEGINS. IF NECESSARY, FOUNDATION PLANS BE ASSISTED BY A STRUCTURAL ENGINEER WHO IS FAMILIAR WITH THE BUILDING SITE CONDITIONS & BE BASED ON RECOMMENDATIONS OF THE SOILS TESTING LABORATORY.

COMPARE DIMENSIONS IN 1ST FLOOR AND VERIFY ALL DIMENSIONS, BUILDING COMPARISON OF FLOOR PLANS AND FOUNDATION TO INSURE PROPER FIT OF THE BUILDING ON SITE.

THE BEGINNING OF CONSTRUCTION, TO THE BEST OF HIS KNOWLEDGE, THE DESIGNER HAS PREPARED THESE PLANS TO COMPLY WITH THE CLIENT'S SPECIFICATIONS AND LOCAL BUILDING CODES AT THE TIME. ALTHOUGH THE DESIGNER HAS MADE EVERY EFFORT TO ENSURE ACCURATE, COMPLETE AND MISTAKES, THE CONSTRUCTION AND/OR CLIENT SHALL VERIFY ALL CONDITIONS, DIMENSIONS, DETAILS AND SPECIFICATIONS PRIOR TO CONSTRUCTION.

NOT TO BE USED FOR HUMAN HABITATION WITHOUT PERMIT.

IT IS THE RESPONSIBILITY OF THE LUMBER SUPPLIER TO DETERMINE, CALCULATE, AND PROVIDE ALL ROOF TRUSSES, FLOOR TRUSSES, BEAMS, LINTELS AND HANGERS, AS NECESSARY TO SUPPORT AND BRACE THE BUILDING, AS SHOWN ON THESE PLANS INCLUDING, BUT NOT LIMITED TO, ALL TEMPORARY BRACING REQUIRED TO SUPPORT THE STRUCTURAL INTEGRITY OF THIS PLAN.

FRUSTERIO DESIGN, INC. IS A RESIDENTIAL DESIGN FIRM AND ASSUMES NO LIABILITY FOR ANY STRUCTURAL INTEGRITY OF THIS PLAN AND CONSTRUCTION PRACTICES ON THE HAND PLACEMENT OF THIS HOME ON ITS SITE.

SOME STATE AND/OR LOCAL BUILDING CODES MAY REQUIRE A LICENSED PROFESSIONAL ENGINEER OR ARCHITECT'S CERTIFICATION STAMP BEFORE BUILDING PERMITS CAN BE ISSUED.

IMPORTANT NOTES:

SCALE ALL STUCCO DETAILS FROM THE ELEVATION DRAWINGS.

REFERENCE ROOF LAYOUT FOR DIFFERENT OVERHANG DEPTHS.

NOTICE DIFFERENT KNEE WALL HEIGHTS FOR HOUSE PROPORTIONS.

REFERENCE ALL WINDOWS ON FLOORPLAN WITH ELEVATIONS & NOTIFY OWNER AND/OR DESIGNER OF ANY DISCREPANCIES BEFORE ORDERING WINDOW PACKAGE.

** NOTED WINDOW SIZES AS SHOWN ON ** THIS PLAN MAY VARY WITH DIFFERENT MANUFACTURERS' WINDOW SIZES.

**CHANGES TO WINDOW SIZES TYPICALLY ONLY MATCH WINDOWS SHOWN ON ELEVATIONS.

LIMITED CONSTRUCTION LICENSE

UPON CONSTRUCTION OF THIS HOME, THE PLAN PURCHASER AGREES TO THE FOLLOWING LIMITED LICENSE:
THE PLANS PURCHASER IS HEREBY GRANTED A LIMITED, NON-EXCLUSIVE AND NON-TRANSFERABLE LICENSE TO BUILD ONE (1) HOME FROM THESE PLANS. THE LICENSE TO BUILD ONE (1) HOME FROM THESE PLANS, AND/OR ALTERED VERSION OF THIS HOME PLAN WITHOUT THE EXPRESSED WRITTEN CONSENT OF FRUSTERIO DESIGN, INC., IS STRICTLY PROHIBITED AND IS ENFORCEABLE UNDER FEDERAL COPYRIGHT LAWS. UNAUTHORIZED USERS WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW.

© COPYRIGHT 1994 AND PRIOR ALL RIGHTS RESERVED

© COPYRIGHT 2021 FRUSTERIO ALL RIGHTS RESERVED
THESE PLANS ARE THE PROPERTY OF CHARLES M. FRUSTERIO DESIGN, INC. AND ARE COPYRIGHTED. REPRODUCTION OR USE OF THESE PLANS IN ANY MANNER WITHOUT THE EXPRESS WRITTEN CONSENT OF FRUSTERIO DESIGN, INC.

THIS PLAN IS FOR BUILD FOR
KYLE PETERS
227 GANNETT DR
MOORESVILLE, NC
PROJECTS ONLY
USE FOR BUILD ON ANY OTHER LOCATION IS IN VIOLATION OF PLAN COPYRIGHT

"PROPERTY OF FRUSTERIO"
"LIMITED CONSTRUCTION LICENSE"
"FEDERAL COPYRIGHT REGISTERED"

frusterio AIBD American Institute of Building Design
FRUSTERIO.COM
SOUTHERN DESIGNER HOUSE

QUESTIONS ON THIS PLAN
866-225-6111

KYLE PETERS
GARNETT DRIVE / MOORESVILLE, NC
JOB # 3018-2374-0721

CUSTOM HOME DOCUMENTS

DESIGN DATE: July 04, 2021
PLOTTING TIME: 12:49 PM
SHEET #: 1

JOB # 3018-2374-0721

Acknowledgement Of Plans Submittal ONLY!
Date 8.27.2021
Date 8/27/21

RECEIVED JUL 27 2021

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

Iredell County Health Department – Environmental Health Division

Intermediate

PAGE 1: *APPLICATION FORM* AP-312402 $320.00

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(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: (PRINT CLEARLY)

Applicant Name: MAKSON, INC Address: 434 Calhoun St. Salisbury Zip: 28144
Applicant Email: david.eller@maksoninc.com Phone: 704-636-5505 Alt. Phone: 704-239-9076
Owner Name: Kyle Peters Address: 4004 Stonebrook Farm Rd Zip: 27406
Owner Email: kylepetersmx@gmail.com Phone: 336-307-6190 Alt. Phone: Greensboro

Property Information:

Street Address: 221 Gannett Drive, Mooresville, NC 28117
Subdivision Name: Lakeview Section/Phase: 1 Lot Number: 1
Driving Directions: Brawley School Road, T/L on Isle of Palms, T/L on Gannett Drive, Lot at culde Sac on left.

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business:
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(✓) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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 ( ) 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: _____ July 26, 2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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*) _____

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, Kyle Peters, am the legal owner(s) of the property located at 221 Gannett Drive, Mooresville, identified as PIN (Parcel Identification Number) 4636-41-0117, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) MAKSON, INC., William David Eller, 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.

_____ July 26, 2021
Signature of Owner(s) Date

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

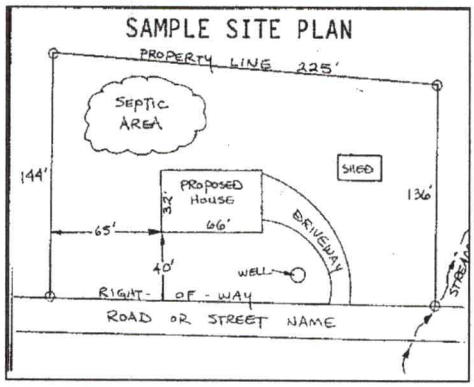
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

- (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 and well location**
- (X) **Area you prefer your septic system to be placed**
- (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

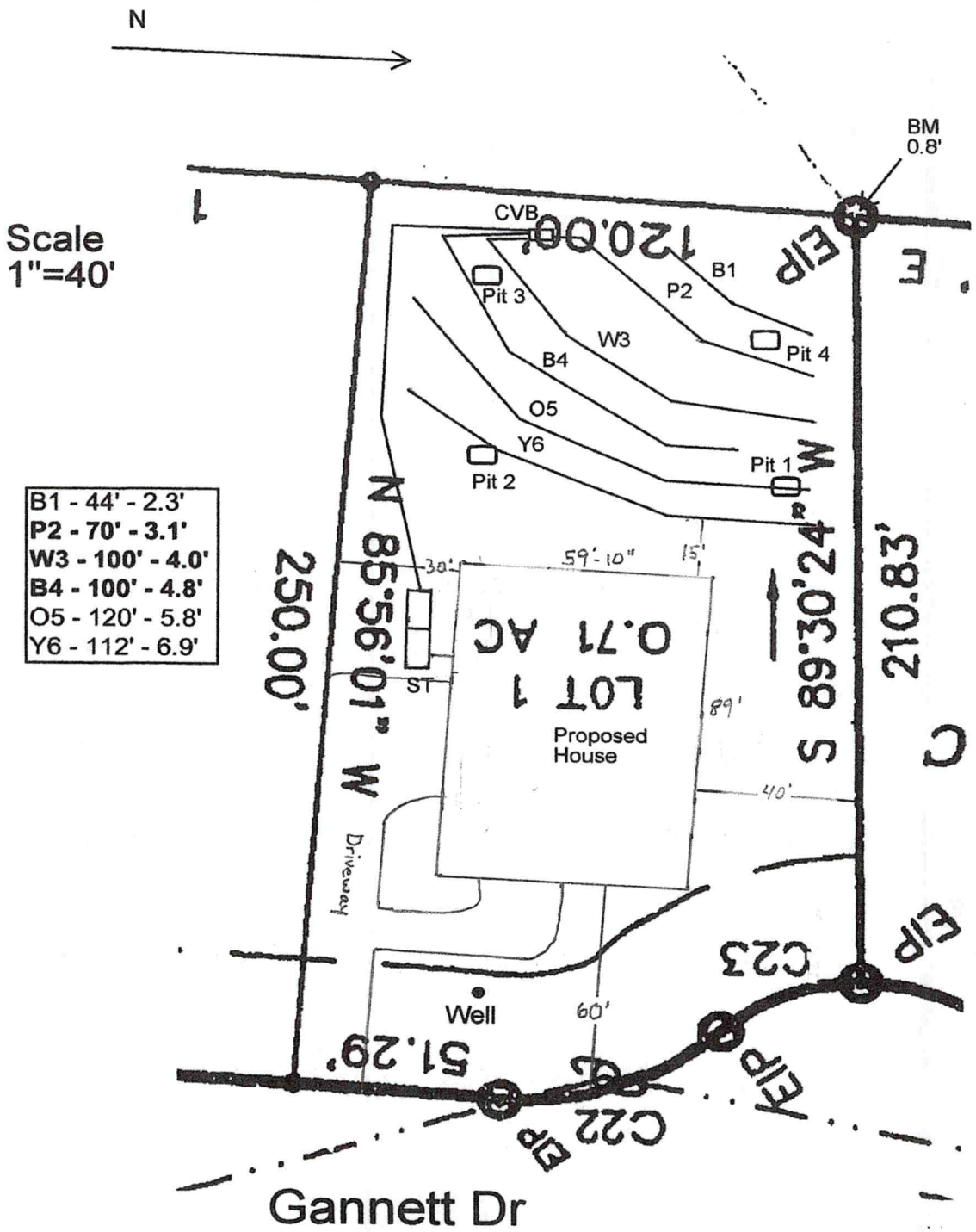
SEE ATTACHED

Signature: _____

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

July 26, 2021

DATE


N
Scale
1"=40'
BM
0.8'
CVB
120.00'
B1
P2
W3
B4
O5
Y6
Pit 1
Pit 2
Pit 3
Pit 4
B1 - 44' - 2.3'
P2 - 70' - 3.1'
W3 - 100' - 4.0'
B4 - 100' - 4.8'
O5 - 120' - 5.8'
Y6 - 112' - 6.9'
N 85°56'01" W
250.00'
S 89°30'24" W
210.83'
30'
59'-10"
15'
ST
LOT 1
0.71 AC
Proposed
House
89'
40'
Driveway
Well
60'
51.29'
C23
C22
Gannett Dr

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

8-27-2021 (Date)

Owner: Kyle Peters
Address: 4004 stem brook Farm
Greensboro NC 27406

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
4636-41-0117

I, Kyle Peters voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 6-22-2021 (date) for a system

LPPPBPS
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 660-3625

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5305 x3456

http://www.co.iredell.nc.us/Departments/Health/

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 312402 (BCW)

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

PIN # 4636-41-0117

APPLICANT/OWNER: FFF land Aquisitions LLC | APPLICANT ADDRESS: 156-B Raceway Dr Mooresville NC 28117

SITE ADDRESS: 221 Garnett Drive Mooresville NC 28117 | PHONE: | ALT. PHONE

SITE DIRECTIONS: BSR L on Isle of Pines L on Garnett Dr L at Culde Sac | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Lake View Heights | SECTION: +/- | LOT # 1 | LOT AREA: .71 Acre | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

Septic Tank	1000	(gal)	STB		Date		[X] New System	[ ] Repair	[ ] Expansion	System Type: I II III (IV) V VI	
Pump Tank	1000	(gal)	PT		Date		System Description:	LP PPBPS			
Pump Make			Model		Serial #		Repair System Description:	TS11 PPBPS			
# Nitrification Fields	1	# Lines	3	Linear Ft:	270'		Maintenance Agreement Required:	[X] YES	[ ] NO		
Trench Width	36	Trench Bottom Depth(Low side)	30"	Gravel Depth	-			[ ] GRAVITY	[X] PRESSURE		

[X] Residence | No. Bedrooms 4
[ ] Business | No. Persons 8
[ ] Other | No. Employees
[ ] Slab | [X] Crawl Space
[ ] Basement w/plumbing | [ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Install Drainlines on Center of land
use Central Valve box for distribution
House must be w/in footprint designated on Site plan

System Flow 25.4 GPM
Dose Volume 223.2 Gallon
Pump Run Time 8.8 Minutes

INITIAL SITE SKETCH

Please See Attached From Michael Athanasi + Associates

Rev'd

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date: 12-1-20 Installed by: _____

IMPROVEMENT PERMIT by: _____ Date: 12-3-2020 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: 6-22-2021 Existing System Inspected by: _____ Date: _____

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

RECEIVED MAY 2 1 2021

312402

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- 312402

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: (PRINT CLEARLY)

Applicant Name: William David Eller **Address:** 434 Calhoun Street Salisbury **Zip:** 28144
Applicant Email: david.eller@maksonine.com **Phone:** 704 239 9076 **Alt. Phone:** 704 636 5505
Owner Name: Kyle Peters **Address:** 4004 StoneBrook Farms Rd Greensboro **Zip:** 27406
Owner Email: Kylepetersmx@gmail.com **Phone:** 336 307 6190 **Alt. Phone:** _____

Property Information:

Street Address: 221 Gannett drive, Mooresville NC 28117
Subdivision Name: Lake view Heights **Section/Phase:** _____ **Lot Number:** 1
Driving Directions: Brawley school Road, to Isle Of Pines, to Gannett on Left.

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

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4
( ) New Multi-Family Residence — Maximum Number of Occupants: 2
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
( ) 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: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 2
(✓) 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: _____ 5/21/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DigiSign Verified: E897C862-9FF5-4BD1-9E52-0150D8C1493F

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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*) Michael Fox

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, Michael Fox / FFF Land Acquistions, am the legal owner(s) of the property located at 221 Gannett Dr, Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4636-41-0117.000, located in Iredell County, North Carolina.

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

Kyle Peters, _____, 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.

Michael Fox
Signature of Owner(s)

12-04-2020
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 NOV 1 3 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-312402 Paid $350.00

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(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: **(PRINT CLEARLY)**

Applicant Name: FFF Land Acquisitions LLC **Address:** 156-B Raceway Dr, Mooresville, NC **Zip:** 28117

Applicant Email: mikefox93@aol.com **Phone:** _____ **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 221 Gannett Dr

Subdivision Name: Lakeview Heights **Section/Phase:** _____ **Lot Number:** 1

Driving Directions: _____

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: 8 — ( ) 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 ( ) 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: _____ 11/12/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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 conditionsspecified by the local health department.

I, FFF Land Acquisitions, LLC / Michael J. Fox / member manager, am the legal owner(s) of the property located at 221 Gannett Rd. Mooresville, NC. 28117, identified as PIN (Parcel Identification Number) 4636410117, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas& Associates_, _____, 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.

FFF Land Acquisitions, LLC
Michael J Fox / Member Manager — 11/12/2020
Signature of Owner(s) — Date

Signature of Witness — 11/12/2020
Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

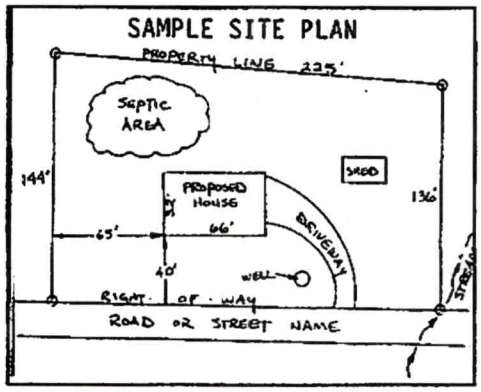
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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 ATTACHED

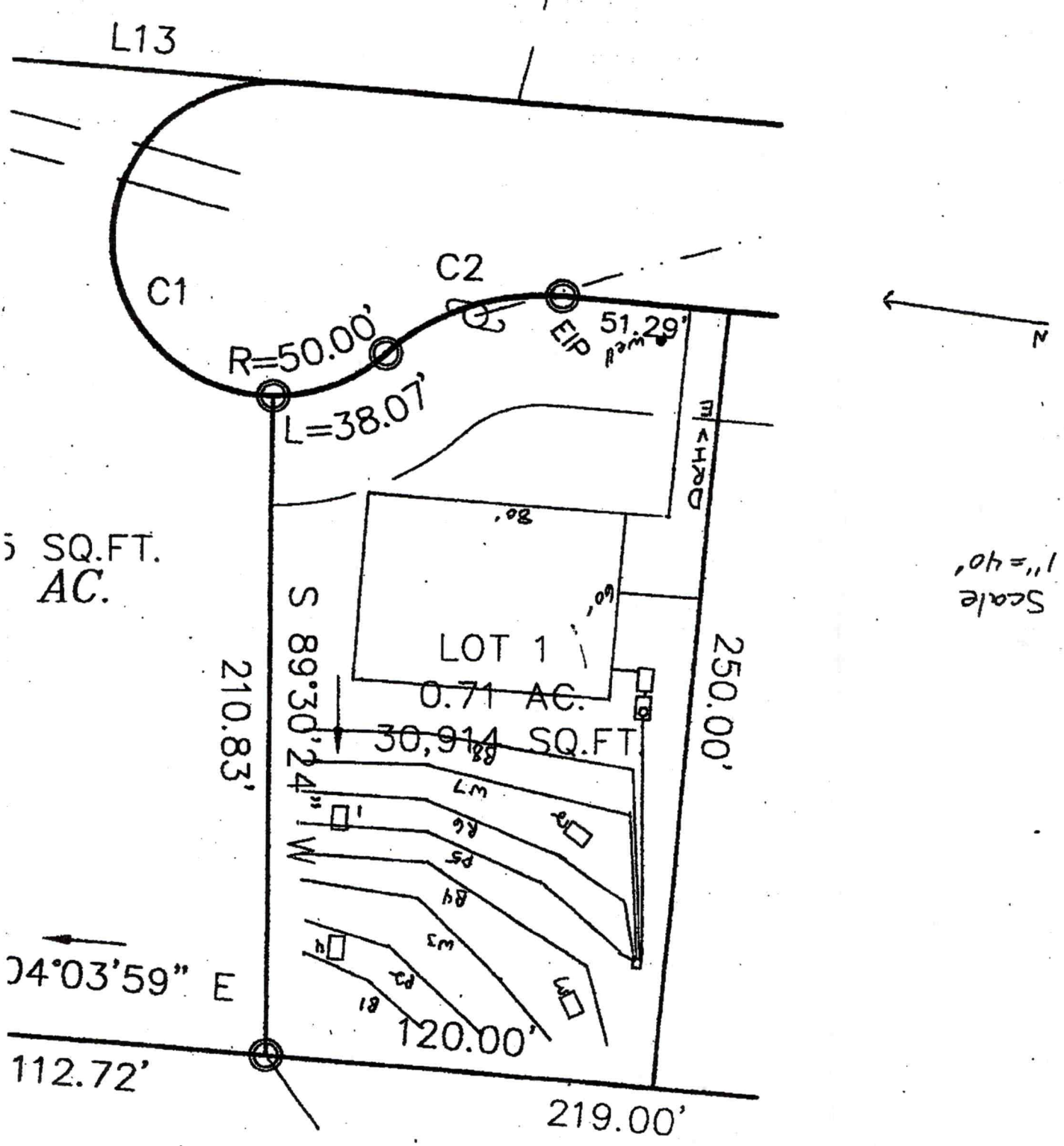
Signature: _____

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

5/21/2021

DATE

615/169


L13
C1
C2
R=50.00'
L=38.07'
51.29'
EIP
DRIVE
N
SQ.FT.
AC.
S 89°30'24" W
210.83'
LOT 1
0.71 AC.
30,914 SQ.FT.
250.00'
04°03'59" E
120.00'
112.72'
219.00'
Scale
1"=40'

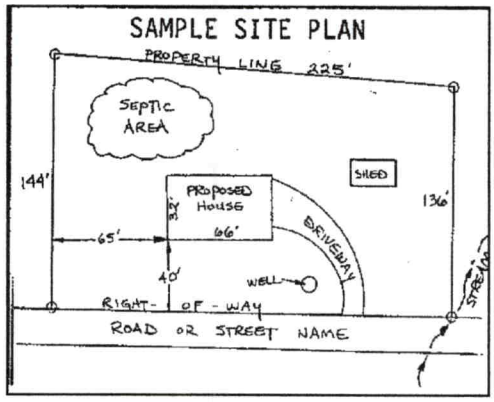
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location**
- ( ) **Preferred well location**
- ( ) **Preferred septic system location**
- ( ) **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**

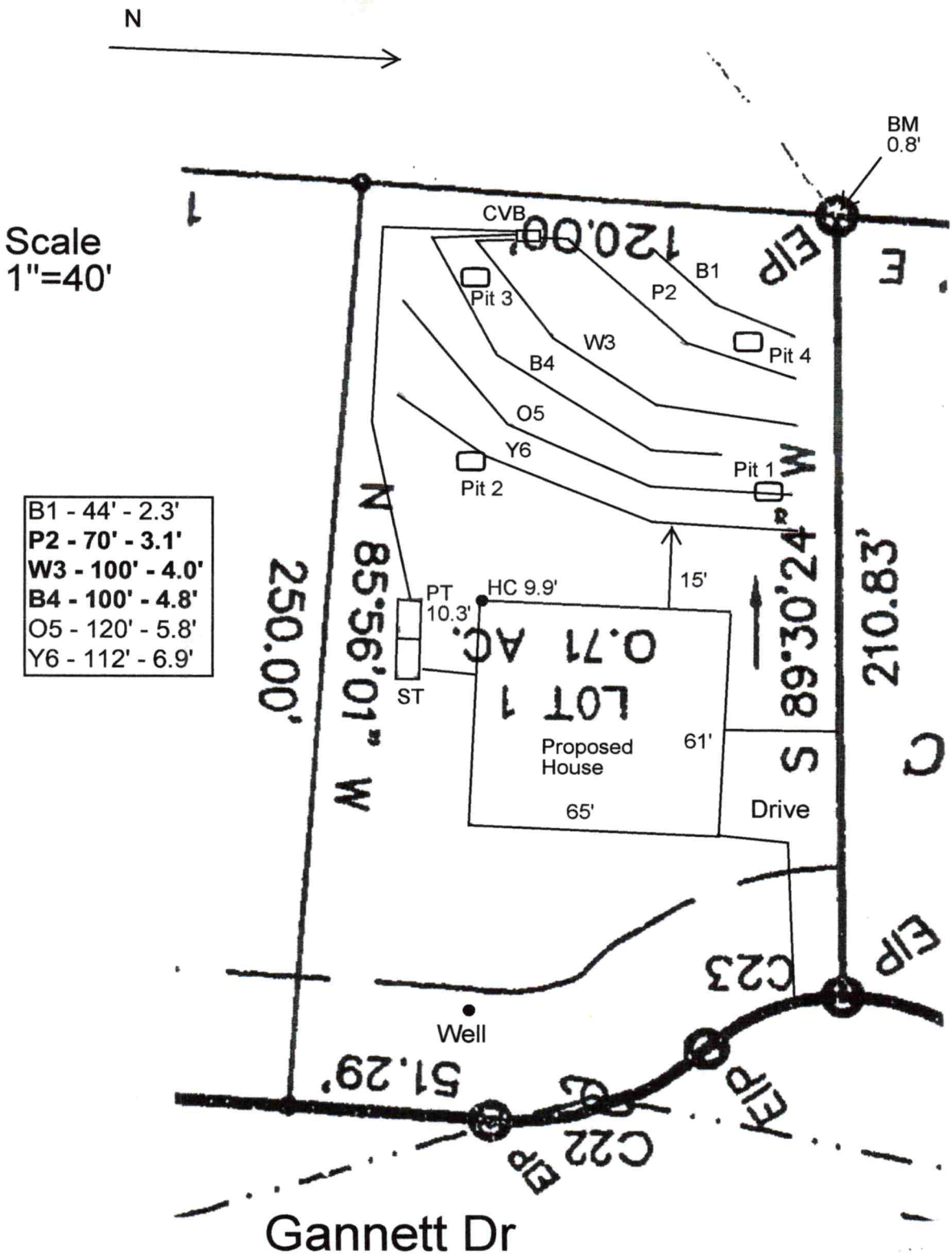
USE THIS SPACE TO DRAW YOUR SITE PLAN

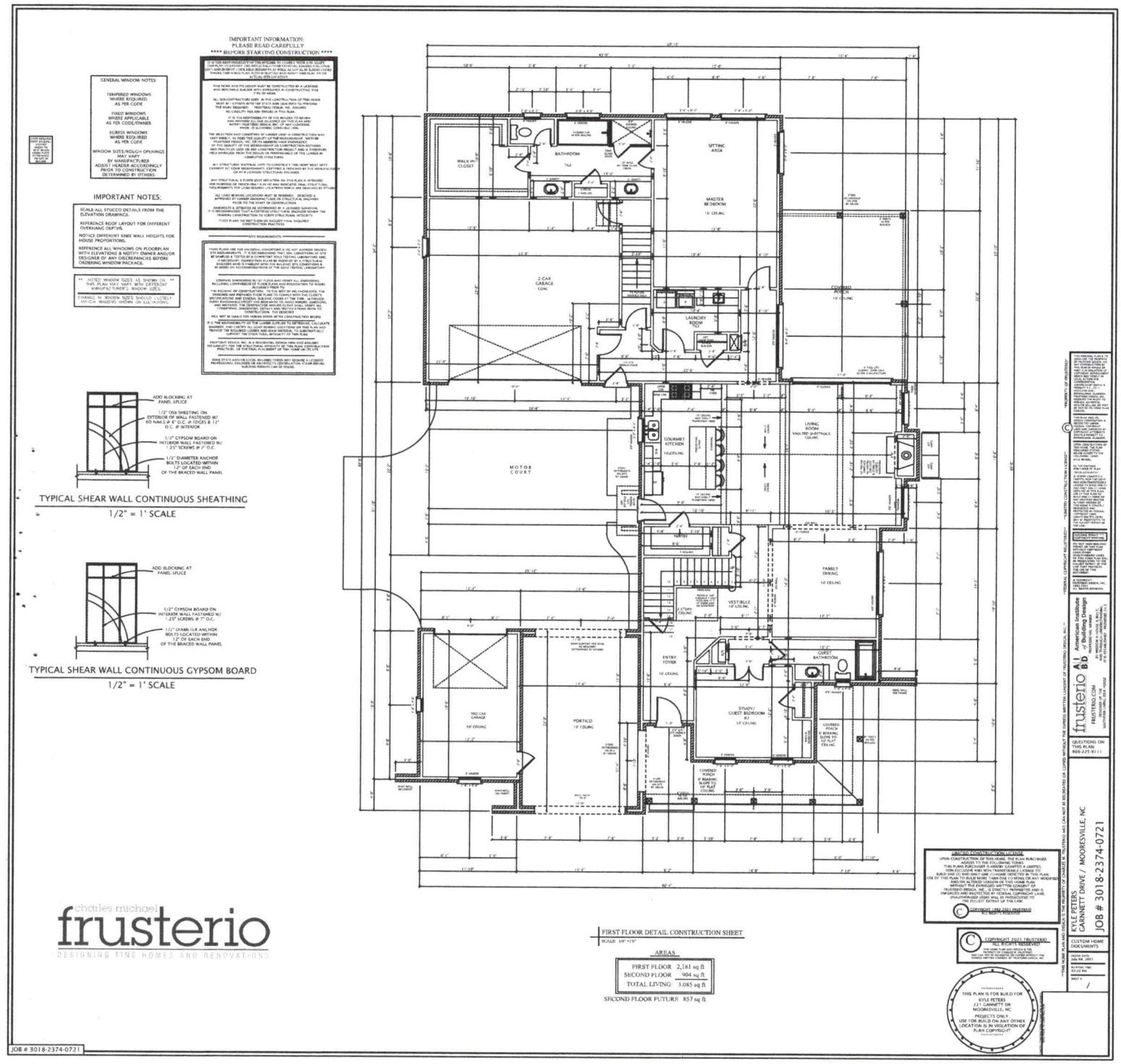
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See attached plan

Signature: _____ 11/12/2020

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


N
Scale
1"=40'
BM
0.8'
CVB
120.00'
B1
P2
Pit 3
W3
Pit 4
B4
O5
Y6
Pit 2
Pit 1
B1 - 44' - 2.3'
P2 - 70' - 3.1'
W3 - 100' - 4.0'
B4 - 100' - 4.8'
O5 - 120' - 5.8'
Y6 - 112' - 6.9'
N 85°56'01" W
250.00'
PT
10.3'
HC 9.9'
15'
ST
LOT 1
0.71 AC.
Proposed
House
61'
65'
Drive
S 89°30'24" W
210.83'
C23
Well
51.29'
C22
Gannett Dr



charles michael frusterio
DESIGNING FINE HOMES AND RENOVATIONS

FIRST FLOOR DETAIL CONSTRUCTION SHEET
SCALE: 3/16" =1'0"

AREAS

FIRST FLOOR	2,181 sq ft
SECOND FLOOR	904 sq ft
TOTAL LIVING:	3,085 sq ft

SECOND FLOOR FUTURE 857 sq ft

LIMITED CONSTRUCTION LICENSE
UPON CONSTRUCTION OF THIS HOME, THE PLAN PURCHASER AGREES TO THE FOLLOWING TERMS:
THIS PLANS PURCHASER IS HEREBY GRANTED A LIMITED, NON-EXCLUSIVE LICENSE TO BUILD ONE (1) HOME AND TO BUILD ONE (1) AND ONLY ONE (1) HOME DEPICTED IN THIS PLAN. USE OF THIS PLAN TO BUILD MORE THAN ONE (1) HOME OR ANY MODIFIED VERSION OF THIS PLAN IS STRICTLY PROHIBITED WITHOUT THE EXPRESS WRITTEN CONSENT OF FRUSTERIO DESIGN, INC., IS STRICTLY PROHIBITED AND IS UNAUTHORIZED AND PROTECTED BY FEDERAL COPYRIGHT LAWS. UNAUTHORIZED USERS WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW.
COPYRIGHT 1992-2021 FRUSTERIO ALL RIGHTS RESERVED

COPYRIGHT 2021 FRUSTERIO ALL RIGHTS RESERVED
THIS HOME PLAN AND DESIGN, THE IDEAS & CONCEPTS THEREIN ARE THE EXCLUSIVE PROPERTY OF FRUSTERIO DESIGN, INC. AND SHALL NOT BE REUSED IN WHOLE OR IN PART WITHOUT THE EXPRESS WRITTEN CONSENT OF FRUSTERIO DESIGN, INC.

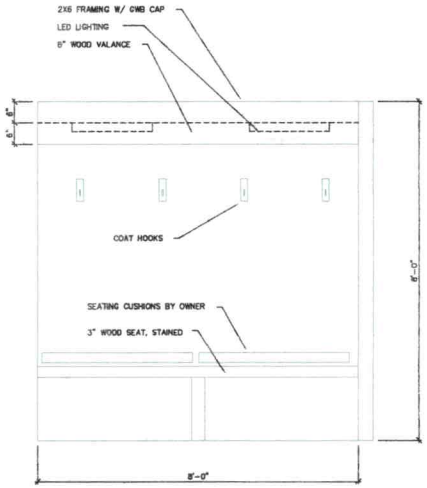
THIS PLAN IS FOR BUILD FOR
KYLE PETERS
221 CANNETT DR
MOORESVILLE, NC
PROJECTS ONLY.
USE FOR BUILD ON ANY OTHER LOCATION IS IN VIOLATION OF PLAN COPYRIGHT

"PROPERTY OF FRUSTERIO"
"UNAUTHORIZED USE PROHIBITED"
"FEDERAL COPYRIGHT REGISTERED"
© FRUSTERIO DESIGN, INC.
ALL RIGHTS RESERVED.

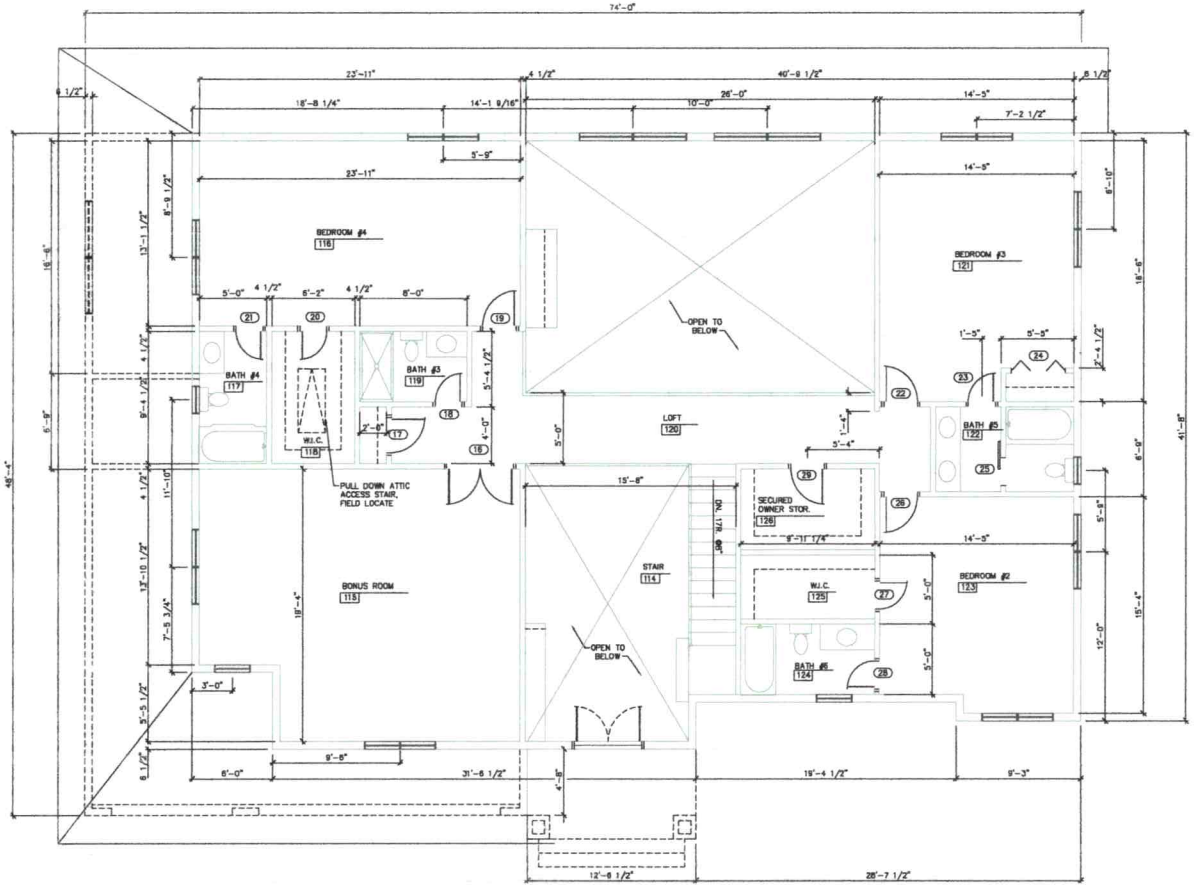
frusterio A|BD American Institute of Building Design
FRUSTERIO.COM
QUESTIONS ON THIS PLAN 828.225.8111

KYLE PETERS
CARNETT DRIVE / MOORESVILLE, NC
JOB # 3018-2374-0721
CUSTOM HOME DOCUMENTS
PRINTED: July 8th, 2021
PLOTTED: 9:22 PM
SHEET #
1

JOB # 3018-2374-0721



2 / A2 ELEVATION
3/4"=1'-0"



1 / A2 SECOND FLOOR PLAN
1/4"=1'-0"

LEGEND

- STD. DUPLEX CONVENIENCE OUTLET
- COMPUTER OUTLET
- DOUBLE DUPLEX RECEPTACLE
- STD. TELEPHONE WALL OUTLET
- STD. TELEPHONE WALL OUTLET
- 2 x 4 LAY-IN LIGHT FIXTURE
- 2 x 2 LAY-IN FIXTURE
- 2 x 4 EMERGENCY LIGHT W/ BATTERY BACK-UP
- EXIT LIGHT
- PERIMETER CEILING DIFFUSER
- CEILING DIFFUSER
- CEILING RETURN GRILLE
- TELEVISION
- PENDANT LIGHT
- CEILING FAN

ATTIC NOTE:
G.C. TO PROVIDE 8'X16' PLATFORM OF 3/4" PLYWD. ACCESSIBLY FROM PULL DOWN STAIR, PROVIDE HAND-RAIL AT PERIMETER W/ HORIZ. 2X4'S AT +18" & +36" ABV. FIN. FL., FIELD LOCATE

BUILDING AREAS

2,310 SQ. FT.	---FIRST FLOOR
2,060 SQ. FT.	---SECOND FLOOR
4,570 SQ. FT.	---TOTAL HEATED AREA
105 SQ. FT.	---- FRONT PORCH
710 SQ. FT.	---- REAR DECK
240 SQ. FT.	---- COVERED PATIO
789 SQ.FT.	---GARAGE

NOTE:
EXTERIOR DIMENSIONS SHOWN ARE TO OUTSIDE FACE OF SHEATHING

INTERIOR DIMENSIONS ARE FACE OF DRYWALL TO FACE OF DRYWALL, U.N.O.

JIM GOODWIN
ARCHITECT, PLLC
10400 TAVERGNE CT. CHARLOTTE, N.C. 28277
PHONE 704-814-8323
FAX 704-814-8324
E-MAIL jim@goodwinarch@aol.com

JAMES R. GOODWIN
4867
CHARLOTTE, N.C.
3-17-21

Project: CHEN RESIDENCE
254 PARADISE PENINSULA RD., MOORESVILLE, N.C.
GOODWIN CUSTOM HOMES, LLC
Sheet Title: FLOOR PLANS
1/4" = 1'-0"

Project Architect/ Job Captain: GOODWIN
DRAWN BY: GOODWIN
DATE DRAWN: 2-7-21
Revisions
No.____Date.____
Issue Date.____

Project Number: 1464
Sheet: A-2 Of 7
CAD DWG: 1464-A1 @ 1/4"