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IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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)

1. APPLICATION FOR: (✓) Improvement Permit ___ Authorization To Construct ___ BOTH (✓) Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

77604

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
James L Lindsey	130 Sandy Shore Dr. Mooresville 28117	704.664.5967	704.363.0881
Same			
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
114 Cove View Mooresville 28117	Cove View Park	Lot 10+

Driving Directions: I-77S; Brawley School Rd exit; turn right; Left on Stutts Rd; Right on Cove View; 2nd lot on right.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System
( ) Other ___

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

8. 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. industry) 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.

9. Signature: James L Lindsey — 12-4-13
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

12-4-13 RH
Ck #7902 $500.00
PAID

Replacing SW MH - replacing w/ Modular Home (CMH-Hickory)

IREDELL COUNTY

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

APPLICATION NUMBER
200596
Issue Date: 12/04/2013

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4636526005.000	114 COVE VIEW DRIVE	MOORESVILLE

Owner Information	Applicant Information	Contractor Information
Owner: LINDSEY JAMES L+CAROL Address: 120 SANDY SHORE DR MOORESVILLE, NC 28117 Phone:	Applicant: LINDSEY, JAMES L. Address: 120 SANDY SHORE DR MOORESVILLE, NC 28117 Phone: 704-664-5967	Contractor: LINDSEY, JAMES L. Address: 120 SANDY SHORE DR MOORESVILLE, NC 28117 Phone: License Type License Number

Project Description

NEW MODULAR HOME - IREDELL

Scope of Work

REPLACING SW MH WITH NEW MODULAR FROM CMH HICKORY

Permit Details:

	IMPROVEMENT PERMIT FEE	Amount:	500.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

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

Signature of Owner/Contractor

Date: 12/04/2013

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

Permit Number	2366	TOTAL FEES:	$ 500.00

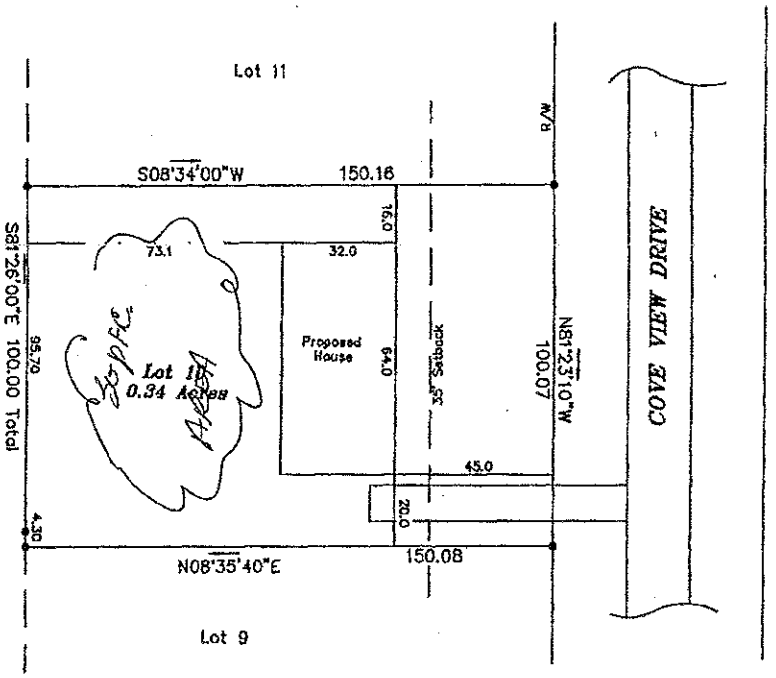
PATTERSON LAND SURVEYING, P.A.

P.O. Box 5010, Mooresville, NC 28117 O-(704) 663-0110 M-(704) 361-0415

I Joel H. Patterson III, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description and/or Map Book 694, Page 189. That the boundaries not surveyed are clearly indicated as drawn from information as shown on survey; that the ratio of precision as calculated is 1: 10,000+ that this plat was prepared in accordance with G.S. 89-C as amended. Witness my original signature, registration number and seal this 3rd. day of DECEMBER, A.D., 2013.

NORTH CAROLINA PROFESSIONAL SEAL L-3717 JOEL H. PATTERSON III PLS LICENSE NUMBER: L-3717 REGISTERED LAND SURVEYOR J. H. PATTERSON

North Based on: Map Bk:11 Pg:56 Dated: October, 1972



1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.

2) Boundary information based on Map Book 11 at Page 56 as recorded in the Iredell County Register of Deeds.

3) This is a preliminary survey and in not intended for recordation, conveyances or sales.

4) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.

5) Area by coordinate method.

LEGEND

R/W = Right-of-way

I.P.S. = #4 Rebar Set

—∿— = Not to scale

⊡ = Telephone Pedestal

= Utility Pole

◉ = Cable Pedestal

WM = Water Meter

BOUNDARY SURVEY

OF

LOT 10 "COVE VIEW PARK"

DAVIDSON TWSP., IREDELL CO., NC

SCALE 1" = 40'

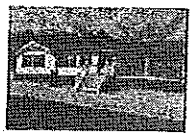
ACQUIRED BY: BETH LINDSEY

FIELD BOOK: 002

FILE: 13107

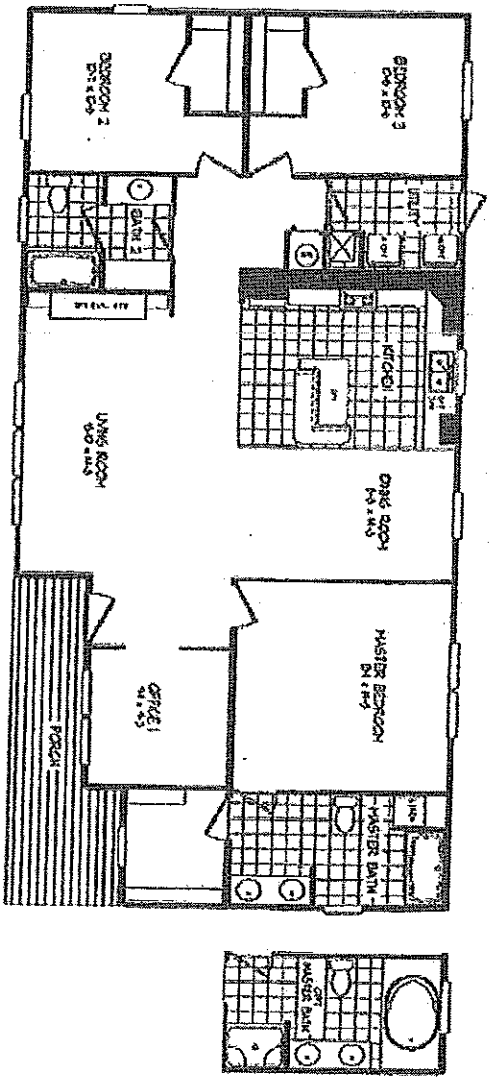
TAX MAP NO: 4636526005

CLAYTON HOMES-CONOVER
1230 CONOVER BLVD W · CONOVER , NC
Monday - Friday 9 - 6, Saturday 9 - 5
(828) 465-3450



MOUNTAINBROOK Floor plan number : CAP026193TNAB
3 Beds · 2 Bath · 1920 sq. ft. · 60' width · 32' depth

Floorplan



Acknowledgement Of Plans Submittal ONLY!
Date 12-4-13
Date

Our home building facilities invest in continuous product and process improvements. Plans, dimensions, features, materials, specifications and availability are subject to change without notice or obligation. Renderings and floor plans are representative likenesses of our homes and may differ from the actual homes. We invite you to tour a Home Center near you and inspect the highest value in quality housing available or call (828) 465-3450 to speak with a Home Consultant. Copyright © 2010, CMH. All rights reserved.

IREDELL COUNTY HEALTH DEPARTMENT

PIN # 4636-52-6005

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / ~~OPERATIONS PERMIT~~

OWNER OR CONTRACTOR James L. Lindsey DATE March 30, '93 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1/10 TL 1112 TR Coverview Park Rd.
2nd MH on right S.R. No. _____

SUBDIVISION NAME Coverview Park LOT NO. 10 SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other Repair

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☐ No ☑

Auto. Wash. Machine Yes ☑ No ☐

Lot Area _____

Soil Characteristics psclay

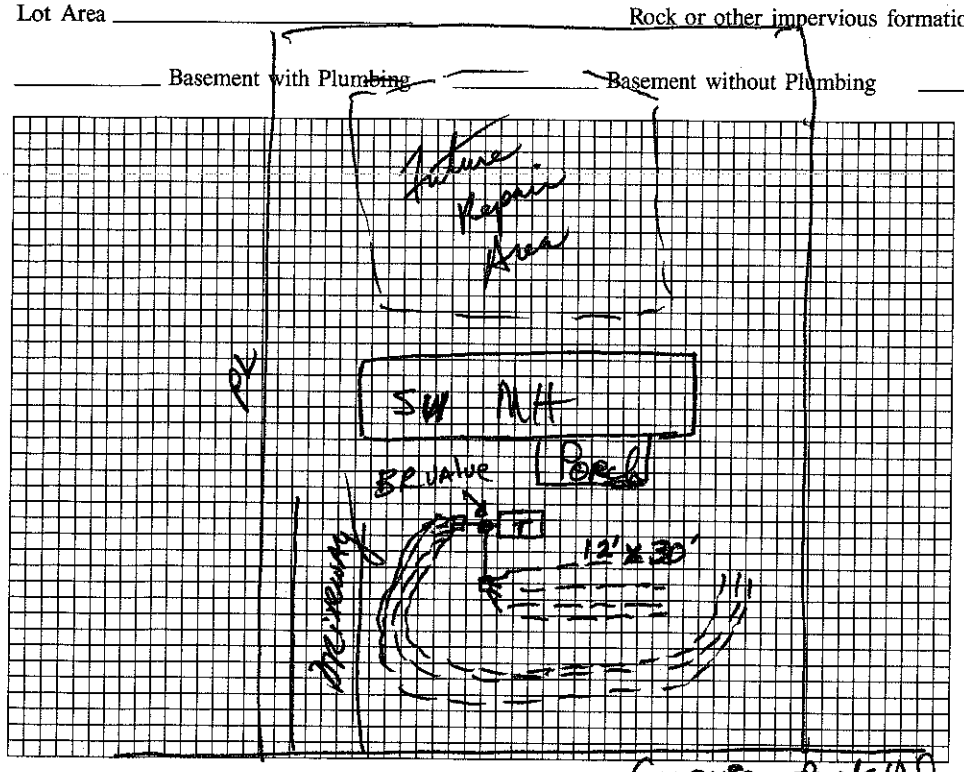
Application Rate .3-.4

Topography 2%

Depth to Water Table 7'4"

Rock or other impervious formations None obs

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale) Coverview Park Rd.

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 12'x30' Bed

Sq. Ft. 360 Linear Ft. 120

Depth of Stone in Lines 20" +

Water Supply: Individual ☐

Public ☑ CW

Installed by Larry Beam

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY DHH

COMMENTS _____

CERTIFICATE OF COMPLETION BY [signature] RS DATE 3/30/93

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR _____ DATE _____ PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION _____

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

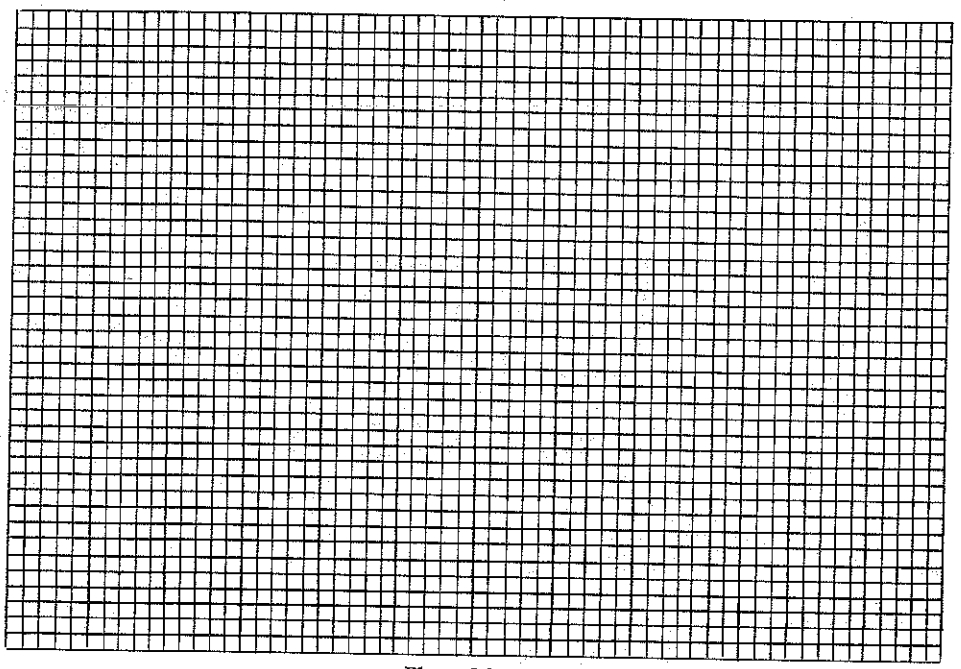
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	
Auto. Dishwasher	Yes ( )	No ( )	
Auto. Wash. Machine	Yes ( )	No ( )	
Site Suitable	Yes ( )	No ( )	

Lot Area _____

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____



Plot of System

Size of Tank _____ Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

_____

_____

_____

CERTIFICATE OF COMPLETION BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold