Deed date 1965
PB 7-3-3A
6/28/62

Iredell County
Planning & Enforcement
227 S. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

DEVELOPER PERMIT

Zoning Permit
Permit Number: 140417ZO

Printed: 1/25/2007

Master #: 140417

Associated Permits:
140417ZO Zoning

Applicant

Name: TONY M BROWN
Address: 3450 ZION CHURCH RD
CONCORD, NC 28025

Phone: 704-786-8826

Parcel

Parcel Number: 4636701126.000
Address: 110 OSPREY LN
MOORESVILLE, NC 28117
Subdivision: Commodore Penninsula

Zoning: R20
Township: 1700
Area: 0.25
Lot(s): 223

Directions to Parcel: BRAWLEY SCHOOL, LEFT ON STUTTS, LEFT COMMODORE LOOP, RIGHT ON OSPREY

Owners

Name: TONY M BROWN
Address: 3450 ZION CHURCH RD
CONCORD, NC 28025

Phone: 704-786-8826

Contractors

Fees and Receipts:

Number	Description	Amount
FEE-143898-07	Zoning - Permit / Inspection	$45.00
FEE-143899-07	Environmental Health - Type I or II System	$350.00
	Total Fees:	**$395.00**
REC-78007-07		$395.00
	Total Receipts:	**$395.00**

Conditions

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, 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

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Tonya M. Brown Sr.	3450 Zion Church Rd. Concord NC 28025	704-786-8828	704-533-0651
Owner Name	Mailing Address	Home Phone	Work Phone
"			

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
110 Osprey Lane Mooresville, NC 28115	Commodore Peninsula	Lot # 223

Driving Directions: _____

****

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

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
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:** _____ 3/15/07
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEATLH DEPARTMENT

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...**
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- ✓ **Front and side setbacks from property line...**
- ✓ **Preferred driveway location and configuration, preferred well location...**
- ✓ **Area you prefer your septic system to be placed...**
- ✓ **North arrow, or other sufficient indicator of direction...**

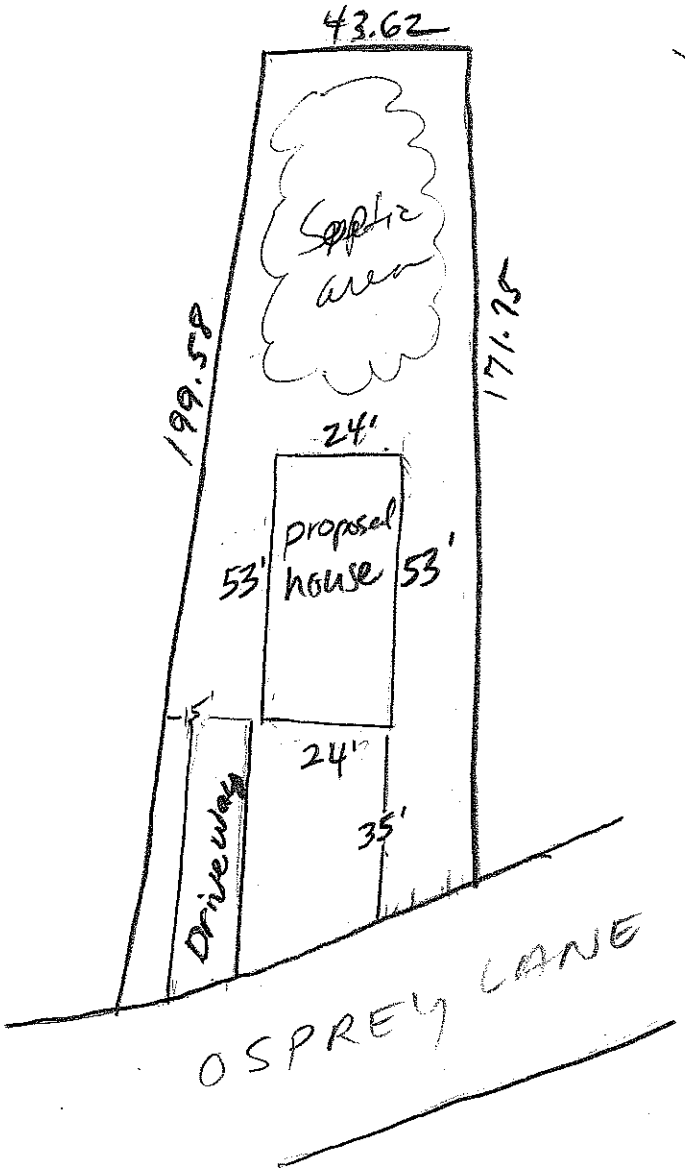
Circle N/A on the following if appropriate:

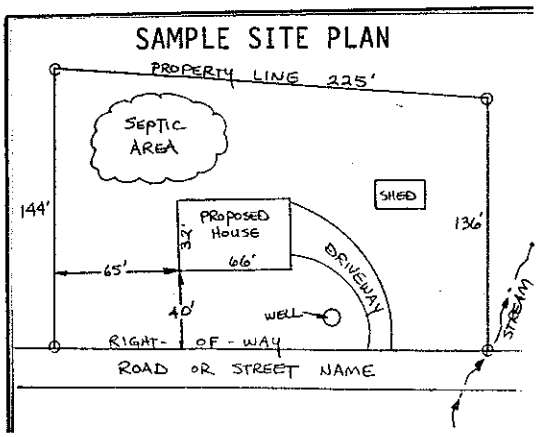
- N/A **Location of septic systems and wells within 100' of your property... N/A**
- N/A **Location of easements and rights of ways on your property... N/A**
- N/A **Location of any designated wetlands on the property... N/A**

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

3-27-07
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN







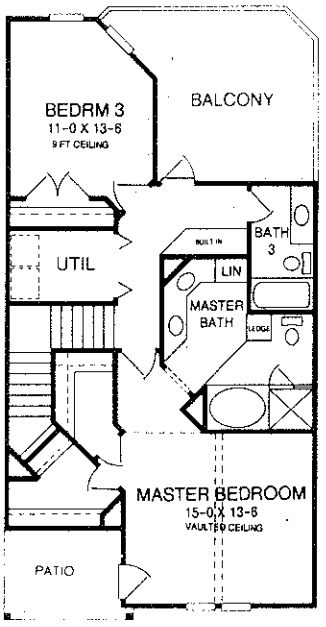
no Garage

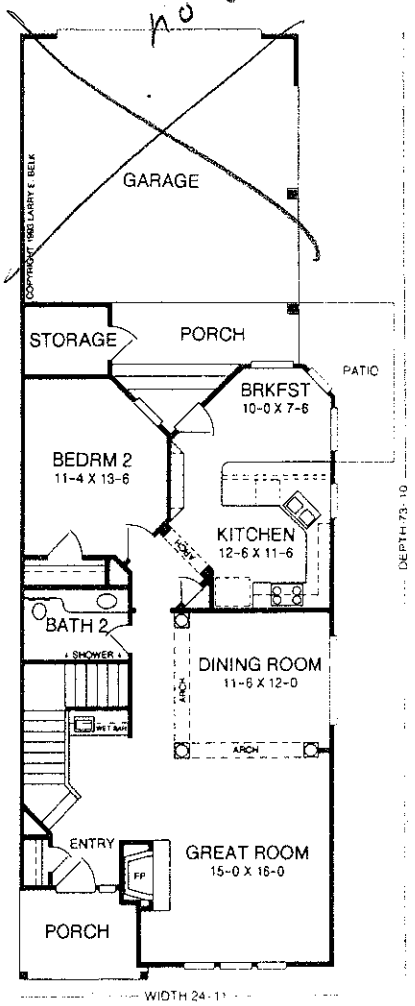
Design VH8051

First Floor: 1,078 square feet
Second Floor: 921 square feet
Total: 1,999 square feet

Design by:
Larry E. Belk
Designs

● This charming clapboard home is loaded with character and perfect for a narrow lot. High ceilings throughout give the home an open, spacious feeling. The great room and the dining room are separated by columns with connecting arches. The efficient, U-shaped kitchen features a corner sink with a window view and a bayed breakfast area with access to the rear porch. A bedroom and a bath (with a shower tucked under the stair) are conveniently located for guests on the first floor. Upstairs, the master bedroom features a vaulted ceiling and a luxurious master bath with dual vanities, a whirlpool tub and a separate shower. Access to a covered patio from the master bedroom provides a relaxing outdoor retreat. A secondary bedroom and full bath are also located on the second floor with a large rear balcony completing this compact, highly livable plan. This plan is available with either a crawlspace or slab foundation. Please specify when ordering.





Submitted as possible house plan, Permitted as 6' less in depth

Comm. Penn #223

Soils Data

Front yard

① 0-10 1 sbk cl — fr ss/sp se manganese concretions — 48"
10-34 2 sbk / few abk c — fr — .25
34-48 1 sbk c — fr

linear 4%

② 0-5 sbk sl
5-28 sbk RC — fr / few fi ss sp — .3
28-48 sbk cl + com - many sap fr ss sp se

③ 0-10 sbk sl/scl
10-32 sbk c — fr ss sp — .3
32-48 sbk cl + few sap fr ss sp

④ 0-9 sbk sl
9-34 sbk c — fr/few fi ss sp — .3
34-48 sbk cl + com. sap

remove debris from surface
slight shaping needed

system — Repair
25% red. — max feasible
gravity

J. Melville

RECEIVED JUL 1 8 2014

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: CCSI Address: P.O. Box 1099 Trotman NC 28166 Phone: 704-507-3272

Owner Name: Ray Tomasko Address: 172 Williamson RD Unit 4236 Mooresville NC 28117 Phone: _____

Property Information:

Street Address: Lot 223 Osprey Lane Mooresville NC 28117

Subdivision Name: Commodore Loop Section/Phase: _____ Lot Number: 223

Driving Directions: Brawley school RD, Left on Stutts, Left on Commodore, Right on Osprey, Lot on right

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 7-18-14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

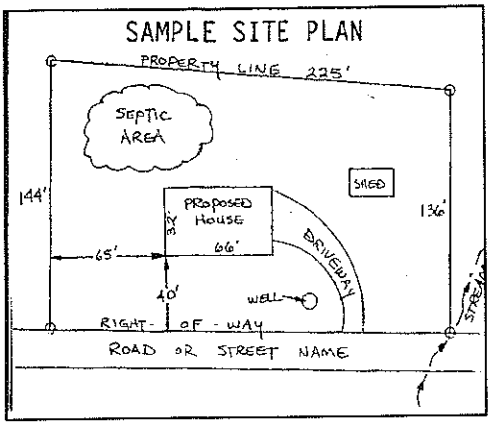
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

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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: _____ 7-18-14

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

"PRELIMINARY PLAT"

NOT FOR RECORDATION, CONVEYANCES, OR SALES

