IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 227153

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

PIN # 4636-70-9090

APPLICANT/OWNER: HAUS BUILDERS INC. APPLICANT ADDRESS: PO BOX 3923 MOORESVILLE

SITE ADDRESS: 211 COMMODORE LOOP - MOORESVILLE PHONE: 704-622-5573 ALT. PHONE

SITE DIRECTIONS: BSR, TL STUTTS, TL COMMODORE LOOP ON L SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: COMMODORE PENNINSULA SECTION: - LOT # 46 LOT AREA: .3 AC DESIGN FLOW: L.T.A.R.:

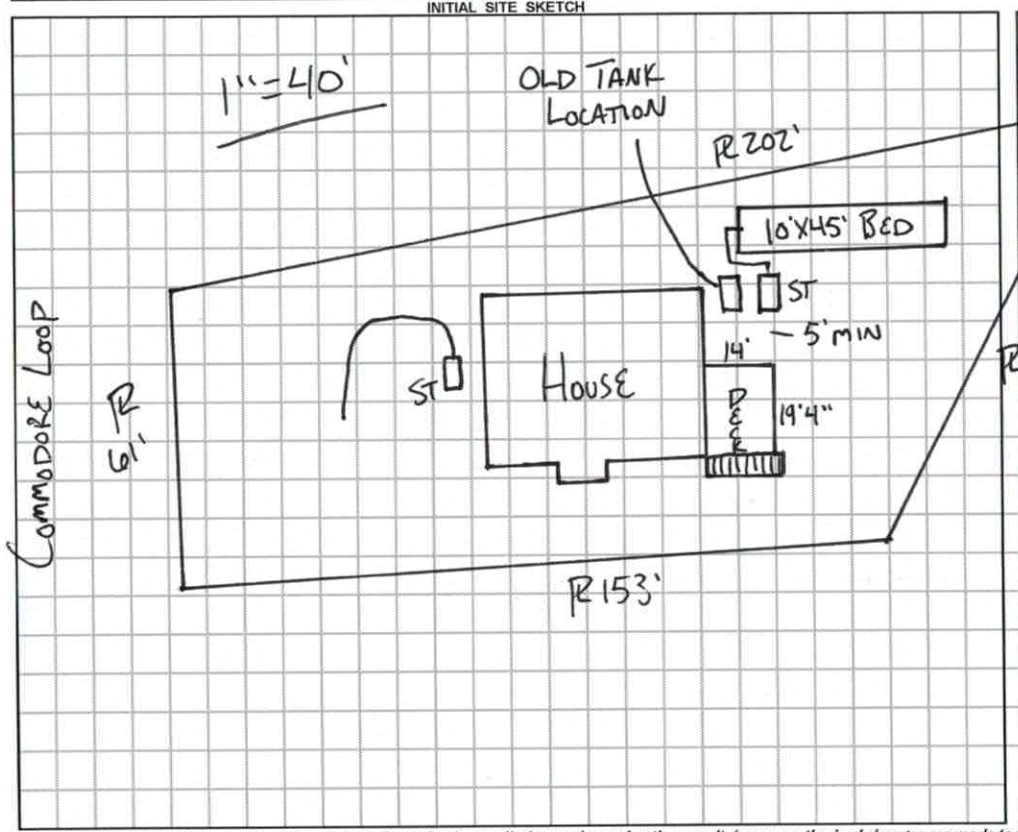
Septic Tank	(gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion	System Type: I (II) III IV V VI	☐ Residence	No. Bedrooms
Pump Tank	(gal)	PT	Date	System Description:	GRAVEL	☐ Business	No. Persons
Pump Make	EX	Model	Serial #	Repair System Description:		☑ Other	No. Employees
# Nitrification Fields		# Lines 7 NC	Linear Ft	Maintenance Agreement Required:	☐ YES ☑ NO	☑ Slab	☐ Crawl Space
Trench Width		Trench Bottom Depth(Low side)		Gravel Depth	☑ GRAVITY ☐ PRESSURE	☑ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☑ Community

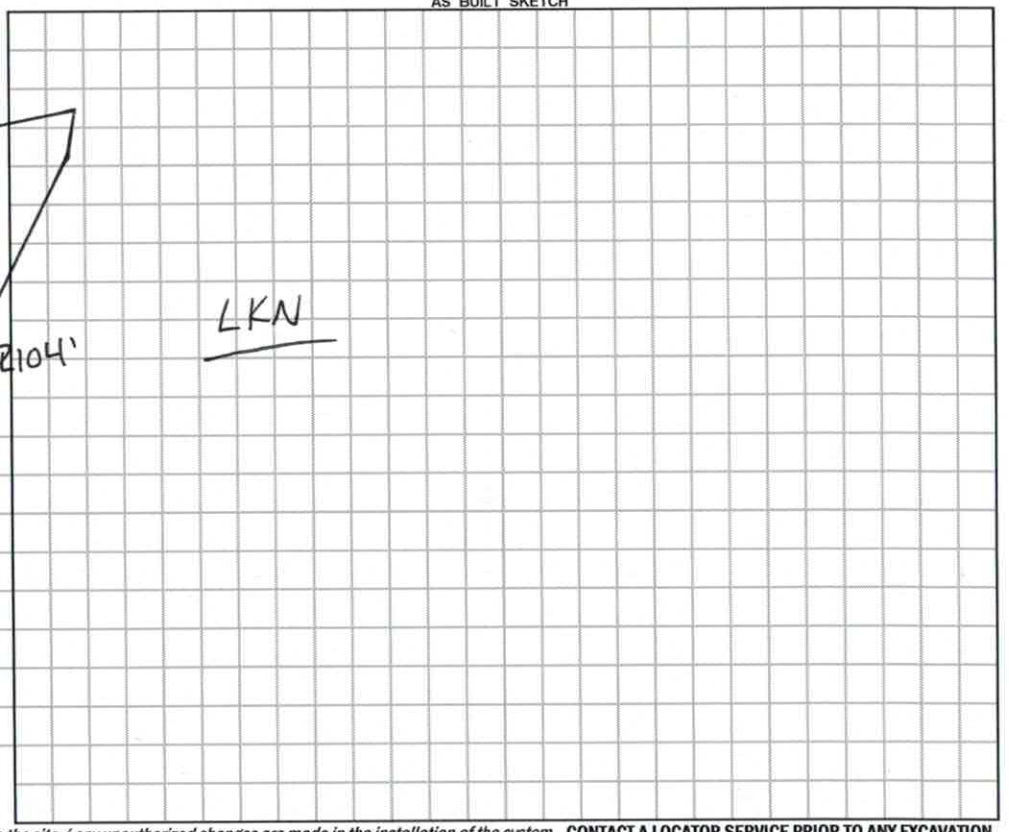
Comments / Conditions:

DECK

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: 10/31/17 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: APPROVED Date: SEP 27 2017

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 inspection time.

Original App submitted 5/15

RECEIVED JUN 6 - 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

Paid $250.00

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct X Existing System Inspection

#227153

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 X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

HAUS BUILDERS INC	PO BOX 3923 MOORESVILLE 28117	704-663-7251	704-622-5573
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
RON BRANNON	211 COMMODORE LOOP		704-351-2756
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

211 COMMODORE LOOP — Street Address
COMMODORE PENNINSULA — Subdivision Name
LOT 46 — Section/Phase and Lot Number
MOORESVILLE 28117

Driving Directions: BRAWLEY SCHOOL WEST FROM WILLIAMSON. LEFT ONTO STUTTS RD. LEFT ONTO COMMODORE LOOP

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to ___
(X) Other ADDING DECK TO EXTERIOR OF HOME

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

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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:** N/A

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

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* (X) EXISTING SYSTEM installed ___ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. **Please Answer The Following** ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) 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: ___ 5/15/17
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 conditions specified by the local health department.

I, RONALD H BRANNON, am the legal owner(s) of the property located at 211 COMMERCE LOOP, MOORESVILLE, NC 28117, identified as PIN (Parcel Identification Number) 4636-70-9090, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) HALS BUILDERS, INC. ERIC HAUSFELD, 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) 5/14/17 Date

Signature of Witness 5/14/17 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
315 N. Center Street, Statesville, NC 28677

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IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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...**

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

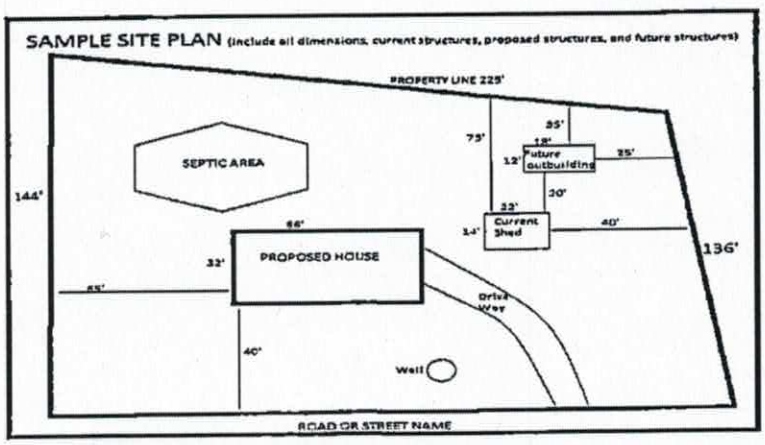
Front and side setbacks from property line... N/A **Preferred driveway location and configuration, preferred well location...**

N/A **Area you prefer your septic system to be placed...** X **North arrow, or other sufficient indicator of direction...**

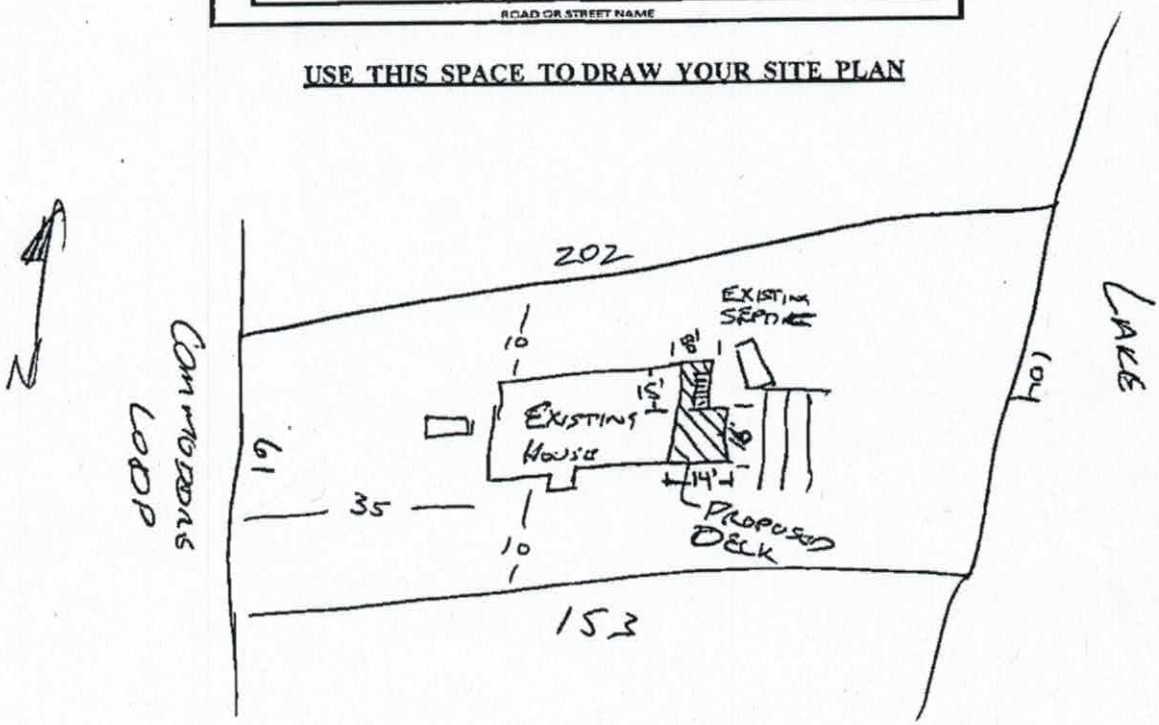
Circle N/A on the following if appropriate:

____ 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



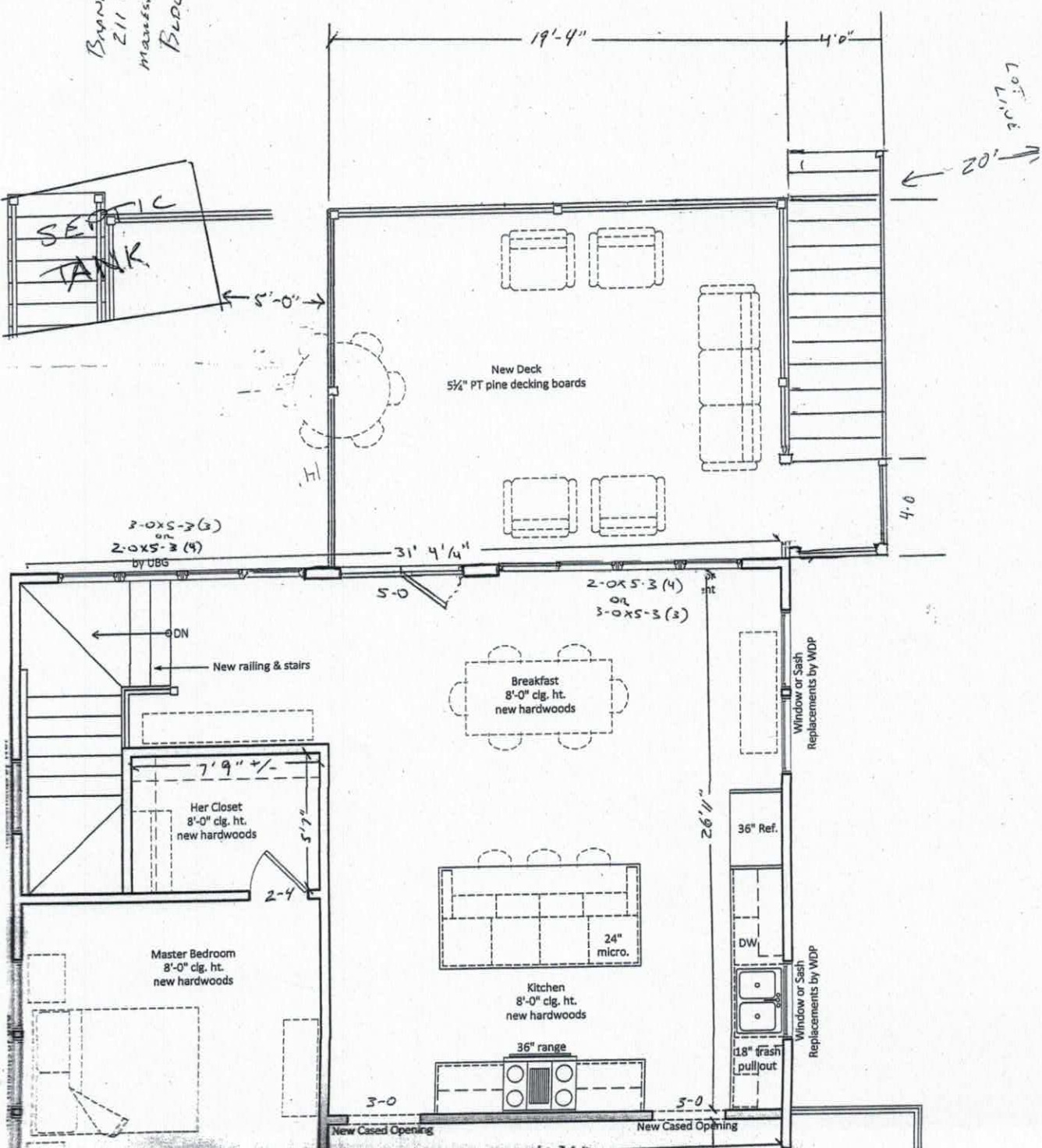
Signature: _____ 5/15/17

REQUIRED property owner or owner's legal representative signature. **DATE**

Acknowledgement of Plans Submittal ONLY!
Date 9/20/17
Date 9-27-17

227154

Brannon Mechanical
211 Commerce Loop
Mars Hill, NC 28754
Blue Id 227154



IREDELL COUNTY

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

APPLICATION NUMBER
227153
Issue Date: 05/15/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4636709090.000	211 COMMODORE LOOP, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: TRIECE JOHN RANDOLPH ETAL	Applicant: HAUS BUILDERS INC
Address: 827 EVERGREEN AVE KANNAPOLIS, NC 28081	Address: 199 ROBINSON ROAD MOORESVILLE, NC 28117
Phone:	Phone: 704-663-2251

Use Requested	Zone Code
ADDITION TO DECK ON REAR	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.300	35.00	50.00	15.00	15.00	CACL	X

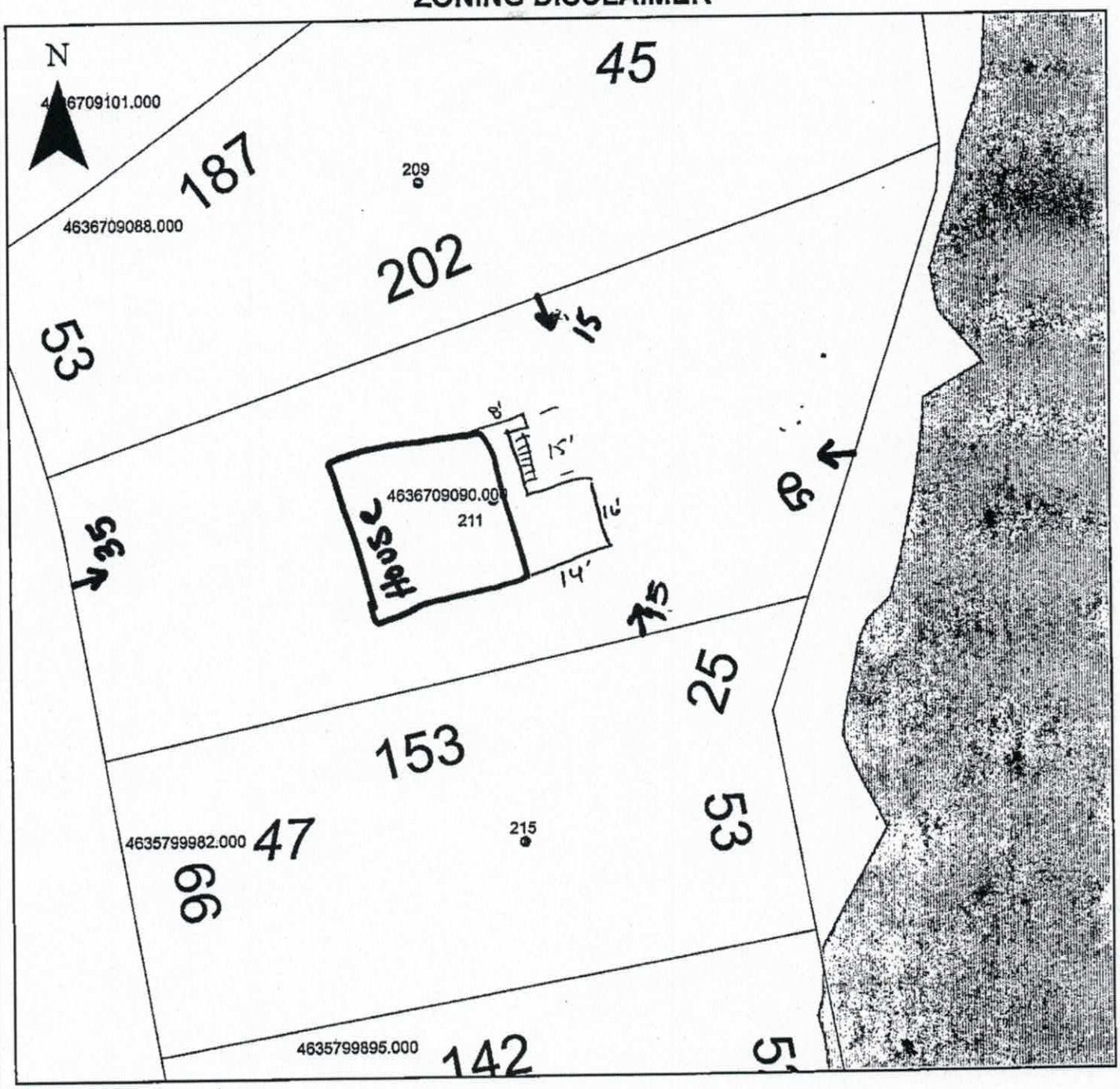
Remarks:

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: _____

Permit Number	102920	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 211 Commodore

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.

X _____ X 5/15/17

Applicant Date