ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 318691

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

PIN # 4637-61-2190

APPLICANT/OWNER: Titan Custom Builders APPLICANT ADDRESS: 331 Alcove Rd, Ste 103, Mooresville NC 28117

SITE ADDRESS: 226 Oak Tree Rd Mooresville NC 28117 PHONE: 704-528-7894 ALT. PHONE

SITE DIRECTIONS: (W) Brawley School → (R) Oak Tree → lot on (R) SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Grand Oaks SECTION: — LOT # 9 LOT AREA: 0.53 DESIGN FLOW: 480 gpd L.T.A.R.: 0.3(I)/0.2(E)

Septic Tank	1000 (gal)	STB	760	Date	10-15-22	☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4
Pump Tank	(gal)	PT		Date		System Description: 25% Reduction	☐ Business	No. Persons	8
Pump Make		Model		Serial #		Repair System Description: 50% Reduction LPPDBPS	☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	3	Linear Ft	402'	Maintenance Agreement Required: ☐ YES ☒ NO	☒ Slab	☐ Crawl Space	
Trench Width	36"	Trench Bottom Depth(Low side)	33"	Gravel Depth	N/A	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Do not drive, pave, grade, park, or bury utilities in drainfield. Use serial distribution, keep all drainage diverted from drainfields. No foundation drains allowed in bed unless setbacks are met

Need encroachment agreement for power lines

INITIAL SITE SKETCH

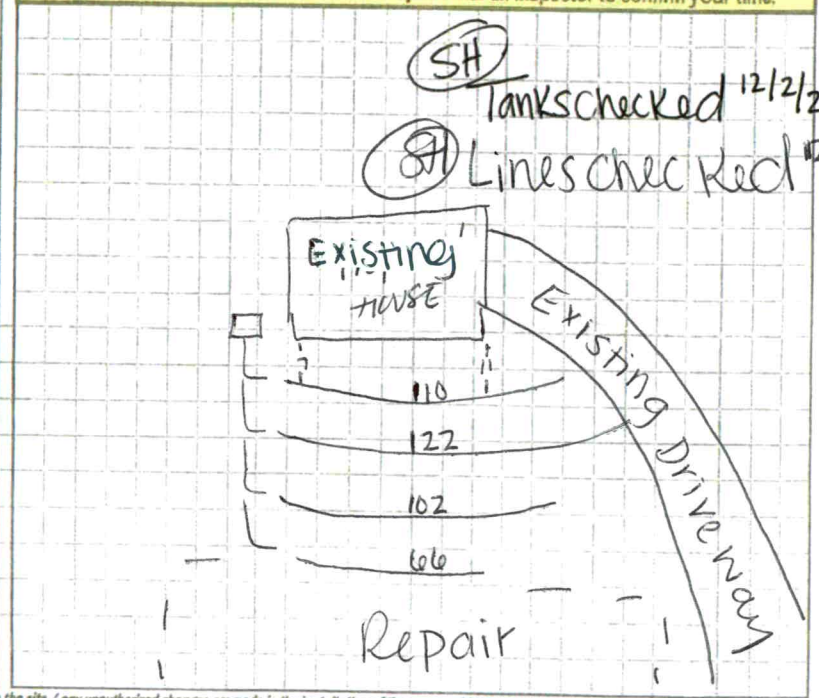
See attached

Site plan by ICHD

dated 7/9/21

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 plot 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: 7/13/21 Installed by: Precision Excavation

IMPROVEMENT PERMIT by: D. Webery Date: 7/9/21 OPERATION PERMIT by: Sydney Holland Date: 12-5-22

AUTHORIZATION TO CONSTRUCT by: D. Webery Date: 7/9/21 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION CALL 704-664-3703 between 8am-9am

Item	Date	Initials
Drain Lines Checked		
Tanks Checked	12-2-22	SH
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 318691

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

PIN # 4637--61--2190

APPLICANT/OWNER: Titan Custom Builders | APPLICANT ADDRESS: 331 Alcove Rd, Ste 103, Mooresville NC 28117

SITE ADDRESS: 226 Oak Tree Rd, Mooresville NC 28117 | PHONE: 704-528-7894 | ALT. PHONE

SITE DIRECTIONS: (W) Brawley School → (R) Oak Tree → lot on (R) | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Grand Oaks | SECTION: — | LOT # 9 | LOT AREA: 0.53 | DESIGN FLOW: 480 gpd | L.T.A.R.: 0.3(I)/0.2(II)

Septic Tank 1000 (gal)	STB 760	Date 10-15-22	☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank (gal)	PT	Date	System Description: 25% Reduction	☐ Business	No. Persons 8	☐ Private
Pump Make	Model	Serial #	Repair System Description: 50% Reduction LPPPBPS	☐ Other	No. Employees	☒ Public
# Nitrification Fields 1	# Lines 3	Linear Ft: 402'	Maintenance Agreement Required: ☐ YES ☒ NO	☒ Slab	☐ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth(Low side) 33"	Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Do not drive, pave, grade, park, or bury utilities in drainfield. Use serial distribution, keep all drainage diverted from drainfields. No foundation drains allowed in back unless setbacks are met

Need encroachment agreement for power lines

INITIAL SITE SKETCH

See attached

Site plan by ICHD

dated 7/9/21

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.

SH Tanks checked 12/2/22

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 plot 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: [signature] Date: 7/13/21 Installed by:

IMPROVEMENT PERMIT by: [signature] D. Wiebers Date: 7/9/21 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: [signature] D. Wiebers Date: 7/9/21 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked	12-2-22	SH
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

MD

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 318691

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

PIN # 4637--61--2190

APPLICANT/OWNER: Titan Custom Builders APPLICANT ADDRESS: 331 Alcove Rd, Ste 103, Mooresville NC 28117

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SITE DIRECTIONS: (W) Brawley School → (R) Oak Tree → lot on (R) SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Grand Oaks SECTION: — LOT # 9 LOT AREA: 0.53 DESIGN FLOW: 480 gpd L.T.A.R.: 0.3(I)/0.275(C)

Septic Tank	1000	(gal)	STB	Date					
Pump Tank		(gal)	PT	Date					
Pump Make		Model		Serial #					
# Nitrification Fields	1	# Lines	3	Linear Ft	402'				
Trench Width	36"	Trench Bottom Depth(Low side)	33"	Gravel Depth	N/A				

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction

Repair System Description: 50% Reduction LPPPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☒ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Do not drive, pave, grade, park, or bury utilities in drainfield. Use serial distribution, keep all drainage diverted from drainfields. No foundation drains allowed in back unless setbacks are met

Need encroachment agreement for power lines

INITIAL SITE SKETCH

See attached

Site plan by ICHD

dated 7/9/21

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.

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Owner / Applicant Signature: Date: 7/13/21 Installed by:

IMPROVEMENT PERMIT by: D. Wrekey Date: 7/9/21 OPERATION PERMIT by: Date:

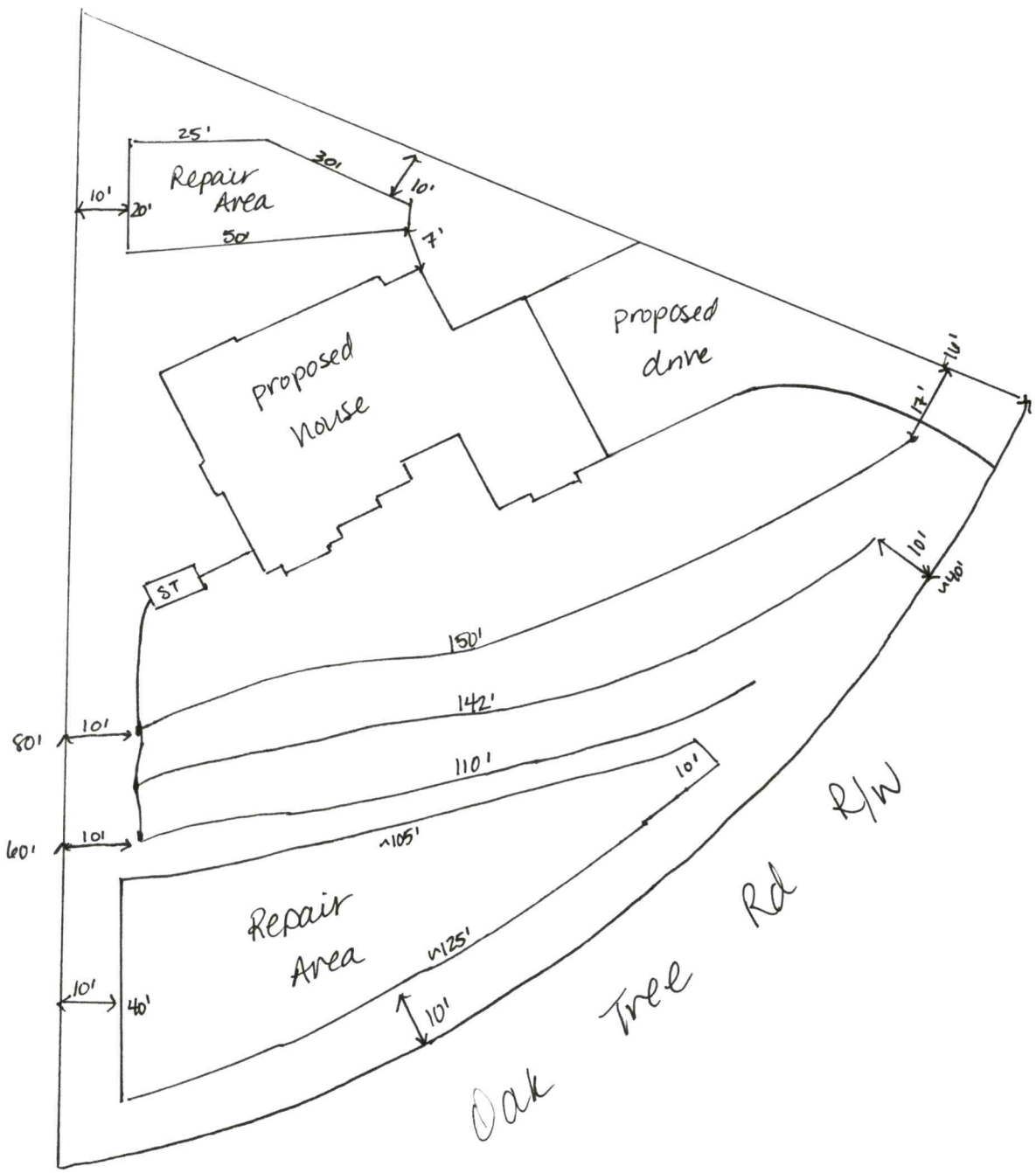
AUTHORIZATION TO CONSTRUCT by: D. Wrekey Date: 7/9/21 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked	12-2-22	SH
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

1" = 30



226 Oak Tree Rd
Mooresville NC
4637-61-2190

7/9/21

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell



SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Rowland Dev. Corp
ADDRESS: 2231 Highway 152 E China Grove NC
PROPOSED FACILITY: SFR - 4BR
LOCATION OF SITE: 226 Oak Tree Rd. Mooresville Lot 9 Grand Oaks
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

APPLICATION DATE 4/12/17
DATE EVALUATED: 7/21/17
PROPERTY SIZE: 0.53
PROPERTY RECORDED: Yes
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 6% Prim	0-12	SCL v.w.SBK	Firm, SS, Sp, Sexp	–	48	–	–	0.30 PS
		12-34	Clay w-m.SBK	Firm, Sticky, Sp, Sexp					
		34-48	Clay Loam w.SBK Trace Sap	sl. Friable, SS, Sp, Sexp					
2	LSS 5% Repair	0-18	SCL w.SBK	sl. Firm, SS, Sp, Sexp	–	48	–	–	0.275 PS
		18-48	Clay w-m SBK/ABK	Firm, Sticky, Sp, Sexp					
			some gravels 44"-48"						
3	LSS 6% Prim	0-13	SCL w.SBK	sl. Friable, SS, Sp, Sexp	–	48	–	–	0. ~~275~~ 30 PS
		13-27	Clay Very Strong ABK/SBK	Firm, Sticky, Sp, Sexp					
		27-39	Clay w-M SBK	sl. Firm, Sticky, Sp, Sexp					
		39-56	Clay Loam w.SBK	sl. Friable, SS, Sp, Sexp Trace Saprolite	Red Deep				
4	Shoulder Linear 4% Repair	0-6	SCL V.W.SBK	sl. Firm, SS, Sp, Sexp	–	42	–	–	0.30 PS
		6-27	Clay m-s SBK w.ABK	Firm, Sticky, Sp, Sexp					
		27-42	Clay w.SBK	sl. Firm, Sticky, Sp, Sexp					
		42-55	Loamy md Saprolite	Friable + moderately Drained					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400+	300
System Type(s)	25% Reduction	50% Reduction
Site LTAR	0.30	0.275

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ___

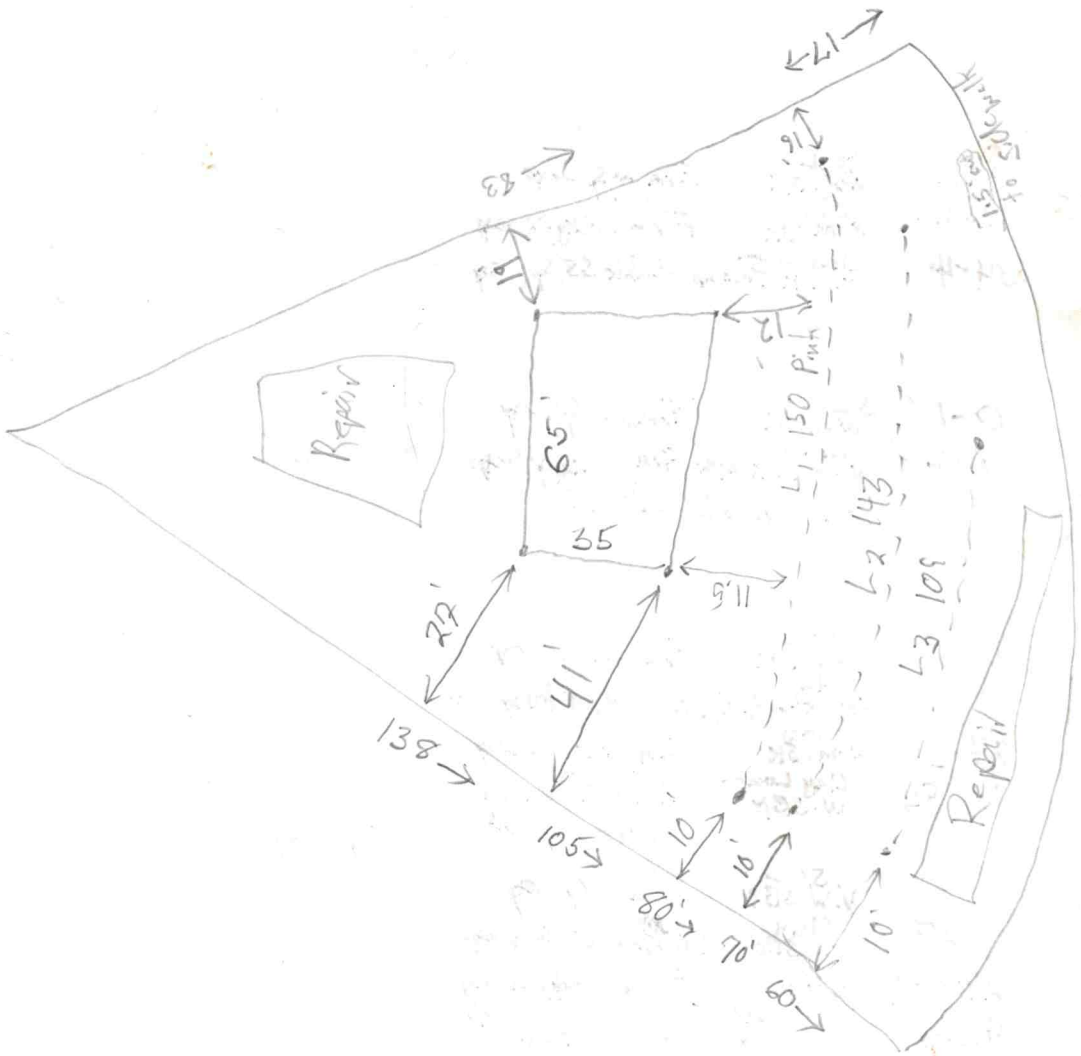
COMMENTS: ___

L_1 8.14 P 150

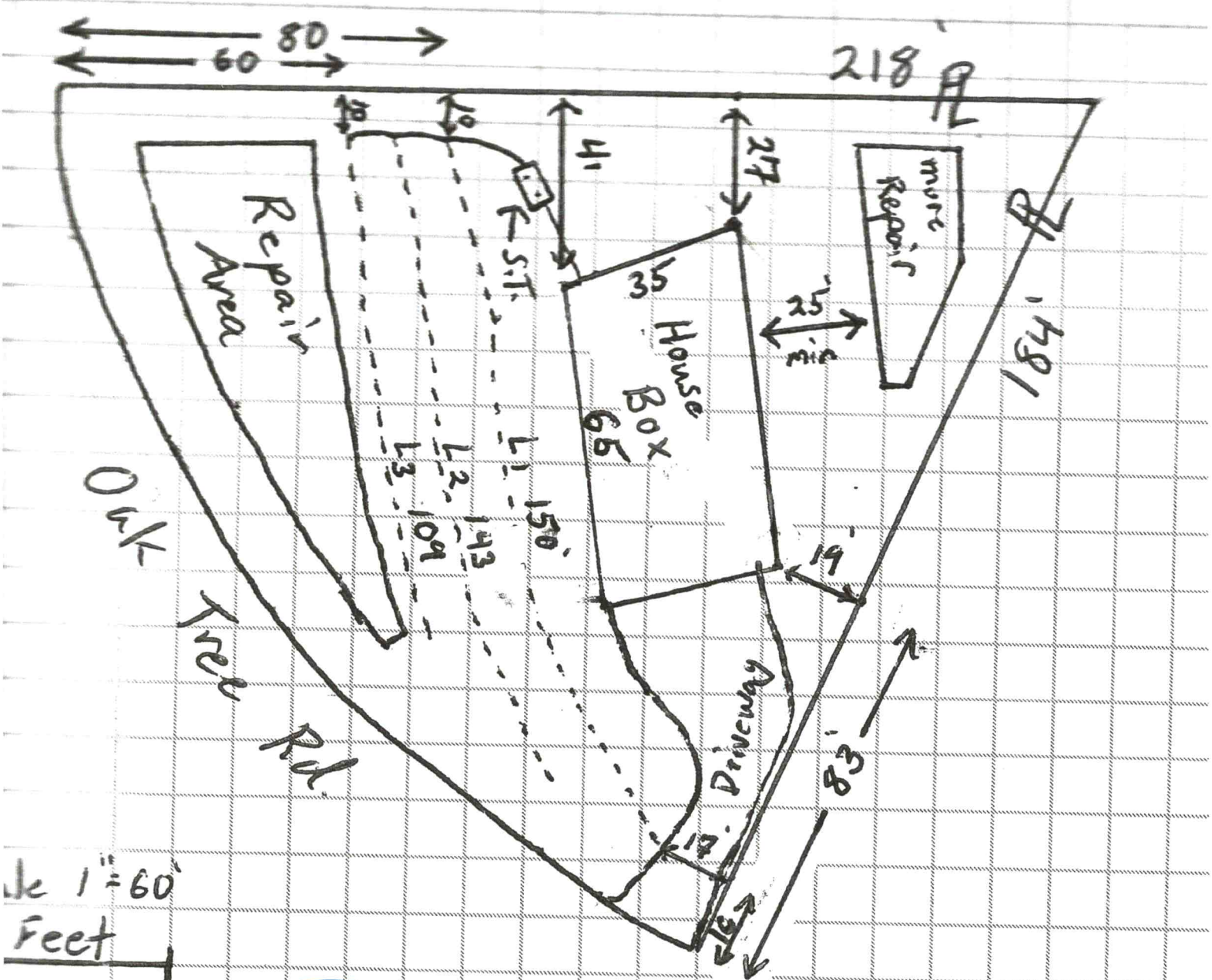
L_2 — W 143

L_3 9.40 B 109

402



10, 9, 7, 6, 5



Revoked permit

r revoked if any false information is supplied toward securing the permit / any unauthorized changes are made

RMIT ***with plat*** *valid without expiration.* ☒ **IMPROVEMENT PERMIT** ***with site plan*** *valid f*

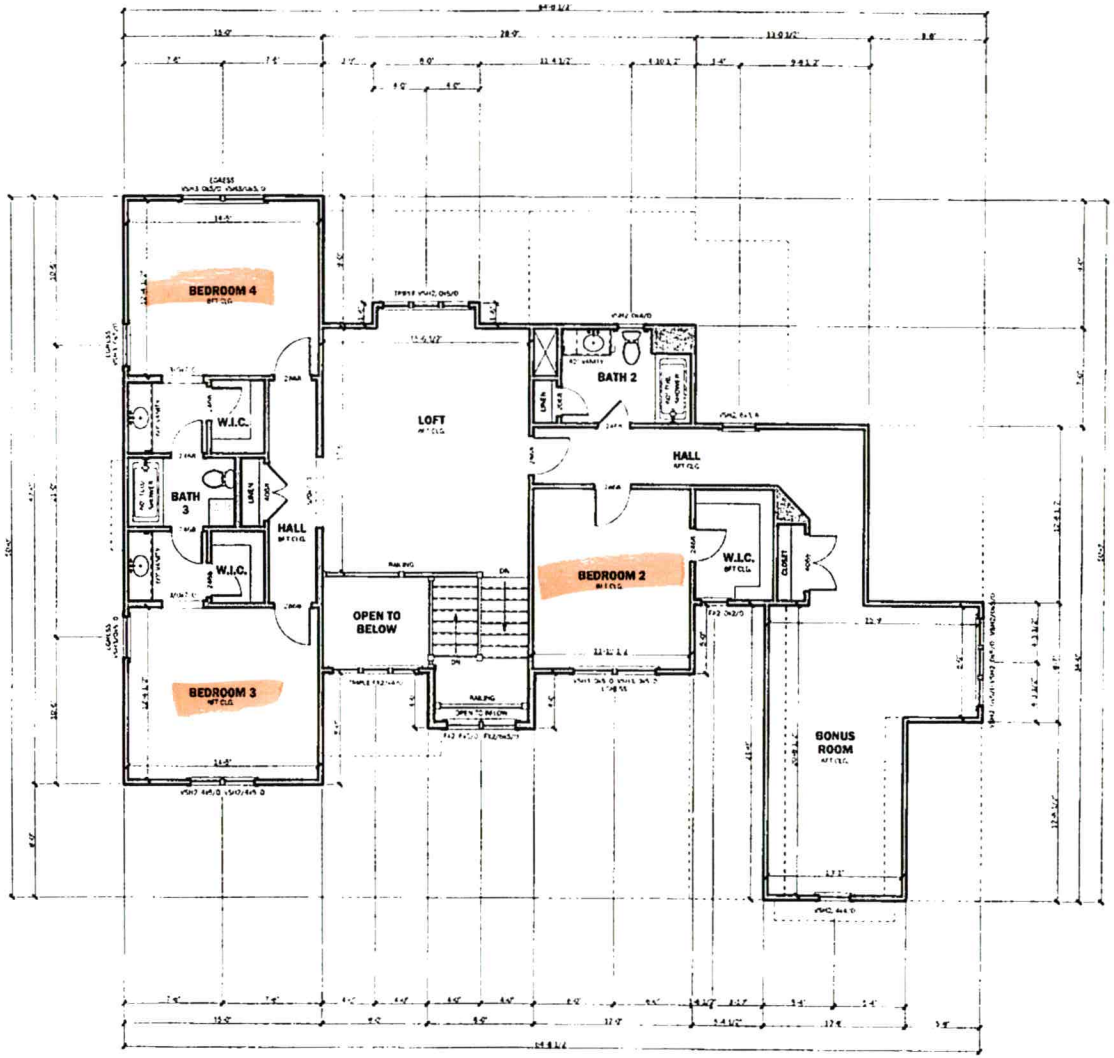
ture: _____ Date: 3/1/2018

by: _____ Date: 9/18/17

STRUCT by: _____ Date: _____

318691

PRELIMINARY
NOT FOR CONSTRUCTION
FOR PRICING ONLY



SECOND FLOOR PLAN

Acknowledgement Of Plans Submittal ONLY!
Date 7/13/21
Date 7/9/21

ROBERT SMITH
10 WEDGE COURT
POTTSTOWN, PA 19464
PH: 877-326-9183

TOWNSHIP
COUNTY

INTELLIGENT DESIGN ENGINEERING
1965 J N PEASE PLACE
#204
CHARLOTTE, NC 28262
CHAD RITTER, P.E.

PLAN NAME
ELEVATION 1
PROJECT ADDRESS
CITY, STATE ZIP
CLIENT NAME
CLIENT NAME
CLIENT ADDRESS
CITY, STATE ZIP
CLIENT PHONE
CLIENT PHONE

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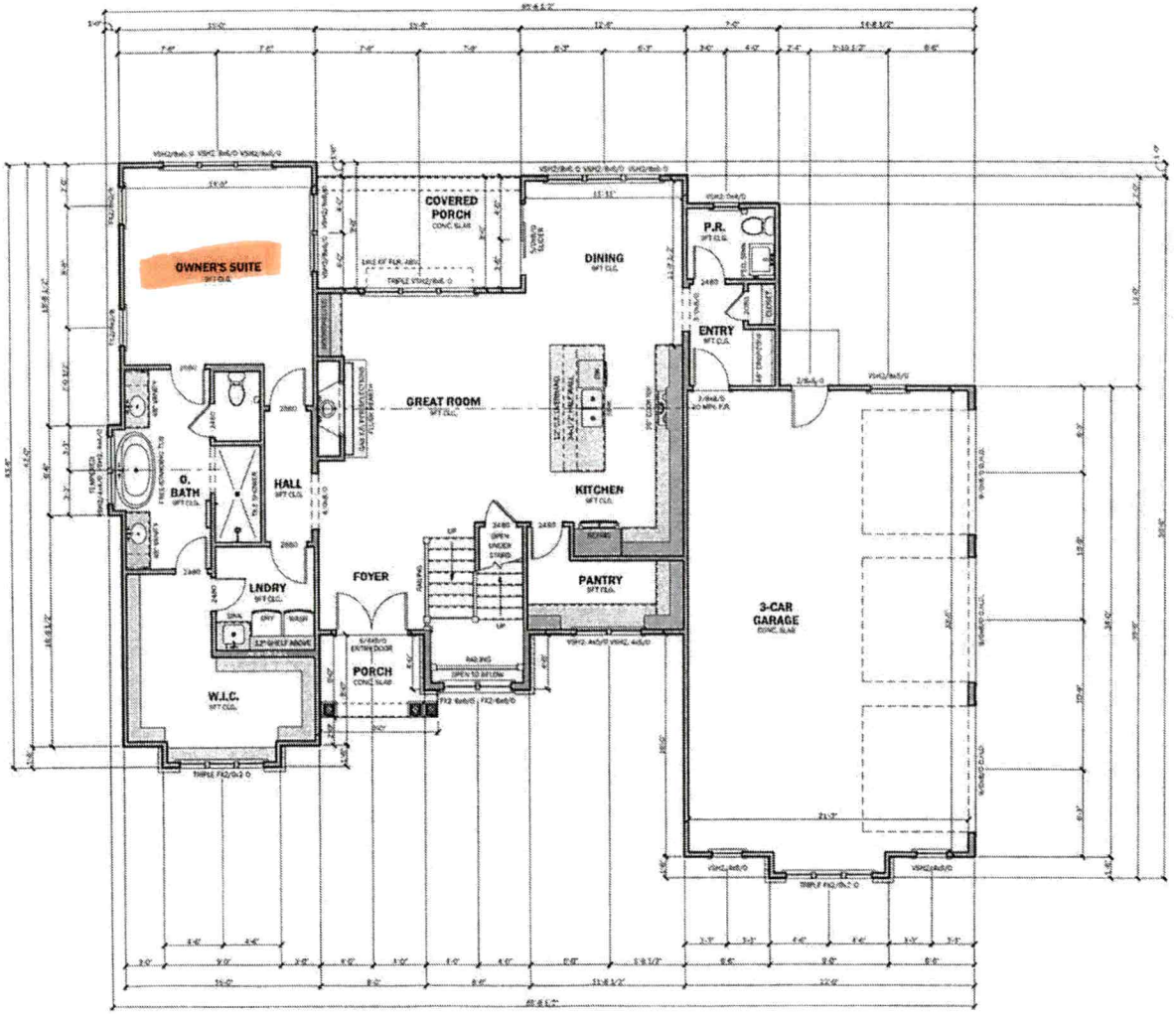
DATE
6/15/2021
DRAWN BY
RES
REVIEWED BY
—
PRINT SCALE
24x36 sheet
1/4" = 1'-0"
11x17 sheet
1/8" = 1'-0"
PROJECT FILE NAME
—
DRAWING TYPE
NOT FOR CONSTRUCTION
SHEET TITLE DESCRIPTION
SECOND FLOOR PLAN
SHEET NUMBER
A4.0
MASTER PLOT TEMPLATE
v1.0

318691

65 1/2" ?

43.5'

PRELIMINARY
NOT FOR CONSTRUCTION
FOR PRICING ONLY



FIRST FLOOR PLAN

Acknowledgement Of Plans Submittal ONLY!
Date 7/13/21
Date 7/9/21

ROBERT SMITH
12 WEDGE COURT
HOPKINSTON, PA 19464
PH: 877-220-9162
www.robertsmithdesign.com

TOWNSHIP
COUNTY

INTELLIGENT DESIGN GROUP/ENTERPRISE
1665 J N PEGAGE PLACE
#204
CHARLOTTE, NC 28262
CHAD RITTER P.E.
704-225-7350

PLAN NAME
ELEVATION X

PROJECT ADDRESS
CITY, STATE ZIP

CLIENT NAME
CLIENT NAME
CLIENT ADDRESS
CITY, STATE ZIP

CLIENT PHONE
CLIENT PHONE

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6/9/2021

REDI

24x36 sheet
1/8" = 1'-0"
11x17 sheet
1/8" = 1'-0"

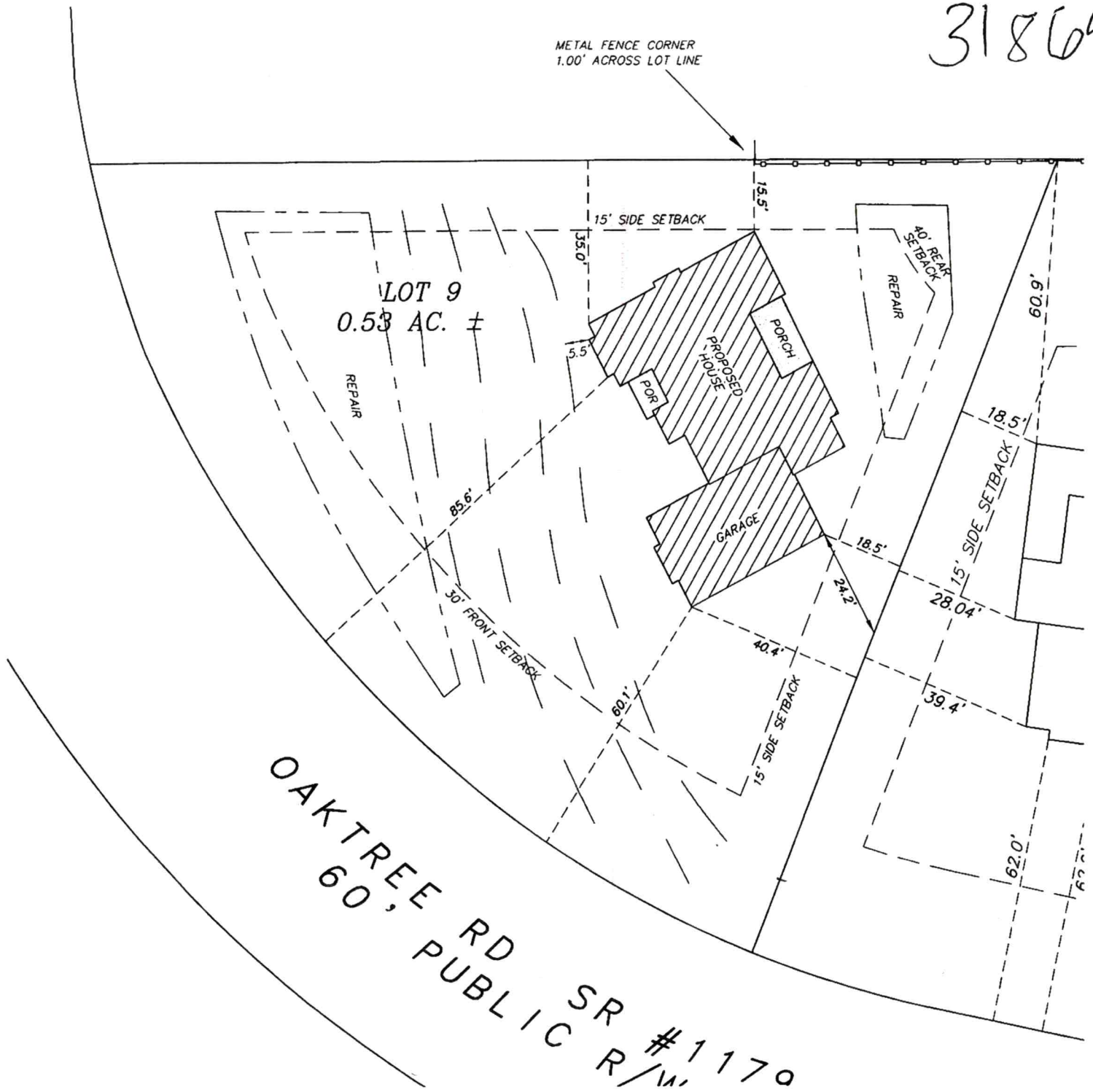
NOT FOR CONSTRUCTION

FIRST FLOOR PLAN

A3.0

V1.0

318691


METAL FENCE CORNER
1.00' ACROSS LOT LINE
15.5'
15' SIDE SETBACK
35.0'
LOT 9
0.53 AC. ±
REPAIR
5.5
PROPOSED HOUSE
POR
PORCH
GARAGE
40' REAR SETBACK
REPAIR
60.9'
18.5'
15' SIDE SETBACK
85.6'
30' FRONT SETBACK
18.5'
24.2'
28.04'
40.4'
60.1'
15' SIDE SETBACK
39.4'
62.0'
OAKTREE RD SR #1170
60' PUBLIC R/W

→ refund $395 > call Ellen
limited relayout

RECEIVED JUN 24 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-318691 $500.00

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: Titan Custom Builders Address: 331 Akave Rd. St 103 Mooresville Zip: 28117
Applicant Email: titanbuildersinvoice@gmail.com Phone: 704-528-7874 Alt. Phone: 704-201-6705
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 226 Oak Tree Rd. Mooresville, NC 28117
Subdivision Name: Grand Oaks Section/Phase: _____ Lot Number: 9
Driving Directions: Brawley School Rd towards I-77 N → R on Oak Tree Rd → Loton Right

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: 4
Maximum Number of Occupants: 8
( ) 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: _____ 6/21/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

3186 91

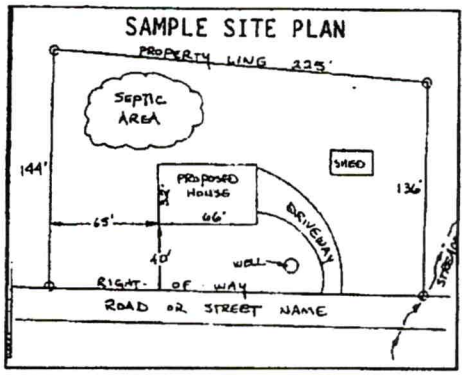
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 Site Map

Signature: _____

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

6/21/21
DATE

318696

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, _____, am the legal owner(s) of the property located at _____, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

_____, 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) Date

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

Town of Mooresville Jurisdiction

ZONING APPROVAL

For building permit applications

Development Services 413 North Main St. Mooresville, NC 28115 Phone 704-662-7040

Number: AP-318691 Subdivision: GRAND OAKS SUBD-

Proposed Use: SINGLE FAMILY RESIDENCE

Street Address: 226 OAK TREE RD

Tax PIN: 4637612190.000 Zoning: R2 Lot: 9 Size: 0.53

Owner: TITAN CUSTOM BUILDERS INC Applicant: TITAN CUSTOM BUILDERS INC

Address: Address:

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature of Owner or Authorized Agent 6/22/21 Date

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area or other qualifications are indicated in the remarks.

Lot Area: 0.53 Front Yard Depth: 30 Side Yard Depth: 15

Rear Yard Depth: 40 Corner Yard Depth: 15

Remarks: MUST HAVE ONE TREE PER LOT IN FRONT YARD BEHIND SIDEWALK. –INSTALLATION OF SIDEWALK IS REQUIRED MUST OBTAIN ALL IREDELL COUNTY PERMITS AND INSPECTIONS

CPMP	06/11/2021	$50
Approved By:	Date	Application Fee

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)878-3171

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built ✓ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
NO

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? ___ and stories?___

Please describe project (Details, Purpose, or Use): New Single Family Residence

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 3009 Sq ft

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Titan Custom Builders Phone # 704-528-7874

Owner's Current Address 331 Alcove Rd. St 103 Mooresville, NC 28117

Property Information

Property Address 226 Oak Tree Rd. Mooresville, NC 28117 Parcel # 4639-61-2190

Subdivision: Grand Oaks Lot: 9 Zoning:____ Watershed: Y (N) Flood Plain: Y (N) Township:_____

Directions to property (from a MAIN ROAD) Brawley School Rd → (R) on Oak Tree Rd. → Lot on Right

Application Information

Applicant's Name or Company Titan Custom Builders Applicant's Phone # 704-528-7874

Applicant's Address 331 Alcove Rd. St 103 Mooresville, NC 28117

If Company, Representative's Name and Title Ellen Turner - Office Manager

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT _____ DATE 6/21/24