IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 (DD) 1:00.

PERMIT # 226300

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

PIN # 4639-61-3521 ✓

APPLICANT/OWNER: Rowland Development Corp. APPLICANT ADDRESS: 2231 Highway 152E China Grove, NC

SITE ADDRESS: ✓ 238 Oak Tree Road Mooresville, NC 28117 PHONE: ALT. PHONE James 704-506-0556

SITE DIRECTIONS: BSR West towards Lake Norman → R on Oak Tree Rd → Lot on Right SAP CONTROLLED: ☐ YES ☒ NO

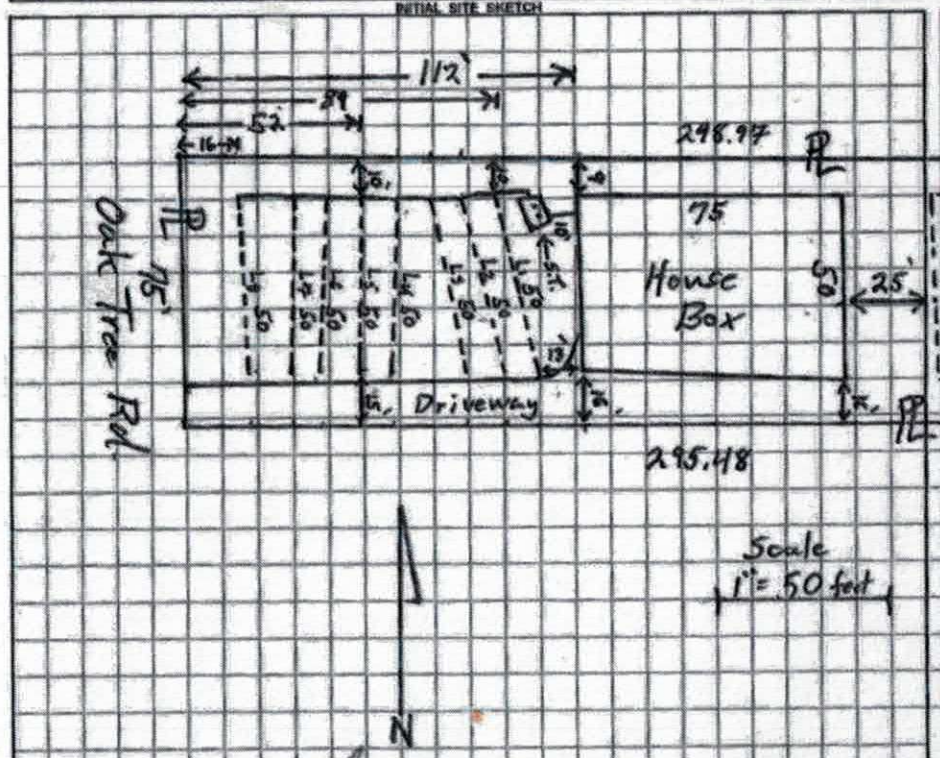
SUBDIVISION: ✓ Grand Oaks SECTION: — LOT # 7 LOT AREA: 0.510 acres DESIGN FLOW: 480 GPD L.T.A.R.:

Septic Tank	1000	(gal)	STB	825	Date	6-12-18	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% Reduction			
Pump Make	—	Model		—	Serial #	—	Repair System Description:	50% Reduction			
# Nitrification Fields	1	# Lines	8		Linear Ft	400	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)	23		Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

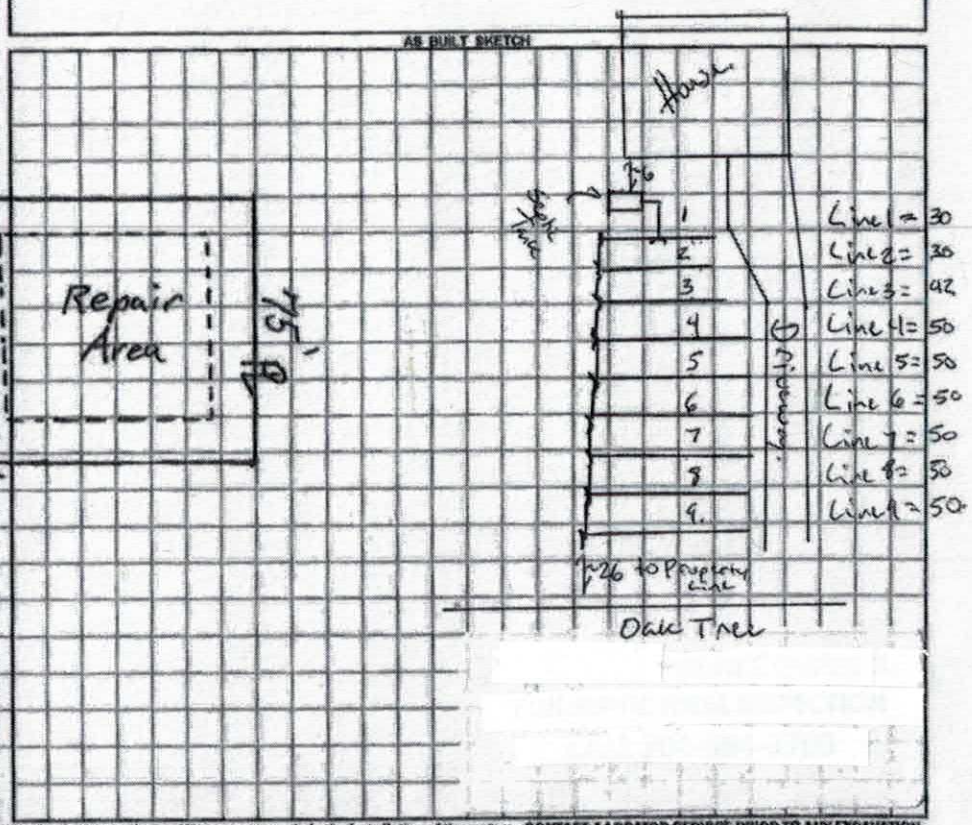
☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☐ Private
☐ Other	No. Employees		☒ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Recommend pumping septic tank every 3-5 years. Uplift on Serial Distribution

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 plan 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: _____ Installed by: Kevin Kincaid Sr. - Powell Septic

IMPROVEMENT PERMIT by: Tom Shuck Date: 6/30/17 OPERATION PERMIT by: Benjamin A Bott Date: 1/30/2018

AUTHORIZATION TO CONSTRUCT by: [illegible] Date: 2-19-18 Existing System Inspected by: _____ Date: _____

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: 238 Oak Tree Rd
PROPOSED FACILITY: 4BR House
PROPOSED DESIGN FLOW (.1949): ___
LOCATION OF SITE: Lot 17 Oak Tree

APPLICATION DATE: 4/12/17
DATE EVALUATED: 5/15/17
PROPERTY SIZE: 0.510
PROPERTY RECORDED: Yes

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) .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 9% Prim	0-20	Clay some mica W. SBK	SI. Firm, Sticky, Sp, Sap	–	38" Rock	–	–	0.30 PS
		20-38	Clay (some SAP) Loam w. SBK	SI. Friable, SS, SP, Sap					
		38-60	Clay Loam Saprolite M/A (Black)	SI. Friable + Firm Poorly Drained					
2	LSS 9% Prim	0-10	Clay W. SBK	SI. Firm, Sticky, Sp, Sap	–	41	–	–	0.30 PS
		10-41	Clay Loam v.w. SBK	SI. Friable, SS, SP, Sap					
		41-62	Dense, in Place Sandy Gravelly Saprolite	Friable,					
3	LSS 6% Repair	0-27	Clay some mica M. SBK	SI. Firm, Sticky, Sp, Sap	–	68	–	–	0.325 PS Deep
		27-68	Clay Loam W. SBK trace Saprolite	Friable, SS, Sp, Sap					
4	LSS 6% Repair	0-29	Clay some mica M-strong SBK/MBK	Firm, Sticky, Sp, Sap	–	63	–	–	0.30 Deep
		29-63	Clay Loam W. SBK some SAP	SI. Friable, SS, Sp, Sap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400'	300
System Type(s)	25%	50%
Site LTAR	0.3	0.3

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

COMMENTS:

6.64 L_1 P

L_2 B

L_3 P

L_4 B

9% Slope L_5 P

L_6 B

L_7 P

12.00 L_8 B

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

Sheet ____ of ____
PROPERTY ID #: _____
COUNTY: _____

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

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 4/29/17
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Grand Oaks Lot 7 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) .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	Primary Upper Distal/Non-D/N LSS	0-30	Clay (Clay Loam) w.SBK	Sl. Firm, Sticky, Sp, Sap		43"			0.3 PS
		31-43	Clay Loam v.w.SBK (Sandy Clay)	Sl. Friable, SS, Sp, Sap					
		43-48	Loamy Sapric MA	Moderately Drained + very Friable					
2	Primary Middle LSS	0-26	Clay w.SBK (Sandy Clay)	Sl. Firm, sticky, Sp, Sap		26"			Pit Needed
		26-48	Mixed Loamy Sandy Saprolite	very Friable + Moderately Drained					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS:

RECEIVED FEB 19 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: Rowland Development Corp Address: 2231 Hwy 152 E. China Grove NC Zip: 28023
Applicant Email: gabeb@teambellalago.com Phone: 704-506-0556 Alt. Phone: 704-202-1176
Owner Name: Rowland Development Corp Address: 2231 Hwy 152 E. China Grove NC Zip: 28023
Owner Email: gabeb@teambellalago.com Phone: 704-506-0556 Alt. Phone: 704-202-1176

Property Information:

Street Address: 238 Oak Tree Rd Mooresville, NC 28117
Subdivision Name: Grand Oaks Section/Phase: _____ Lot Number: 7
Driving Directions: West on Brawley School Rd., Rt on Oak Tree Rd house on Rt

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

(X) 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: 6
( ) 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

(X) 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 (X) City Water ( ) Other Public Water

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

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: _____ 2/19/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED APR 12 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 $500.00

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

#226300

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 #	Alternate Phone #
Rowland Development Corp.	2231 Hwy 152 E China Grove NC 28023		704-506-0556
same			
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
238 Oak Tree Rd Mooresville NC	Grand Oaks	Lot #7

Driving Directions: Brawley Sch. Rd. west, Rt on Oak Tree Rd, Lot on Rt

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 _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 6
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)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. **Please Answer The Following** ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) 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:** _____ 4/12/17
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Gabe Barnhardt, am the legal owner(s) of the property located at 238 Oak Tree Rd Mooresville NC, identified as PIN (Parcel Identification Number) 4637613321, 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.

_____ 2/19/18 _____ _____

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

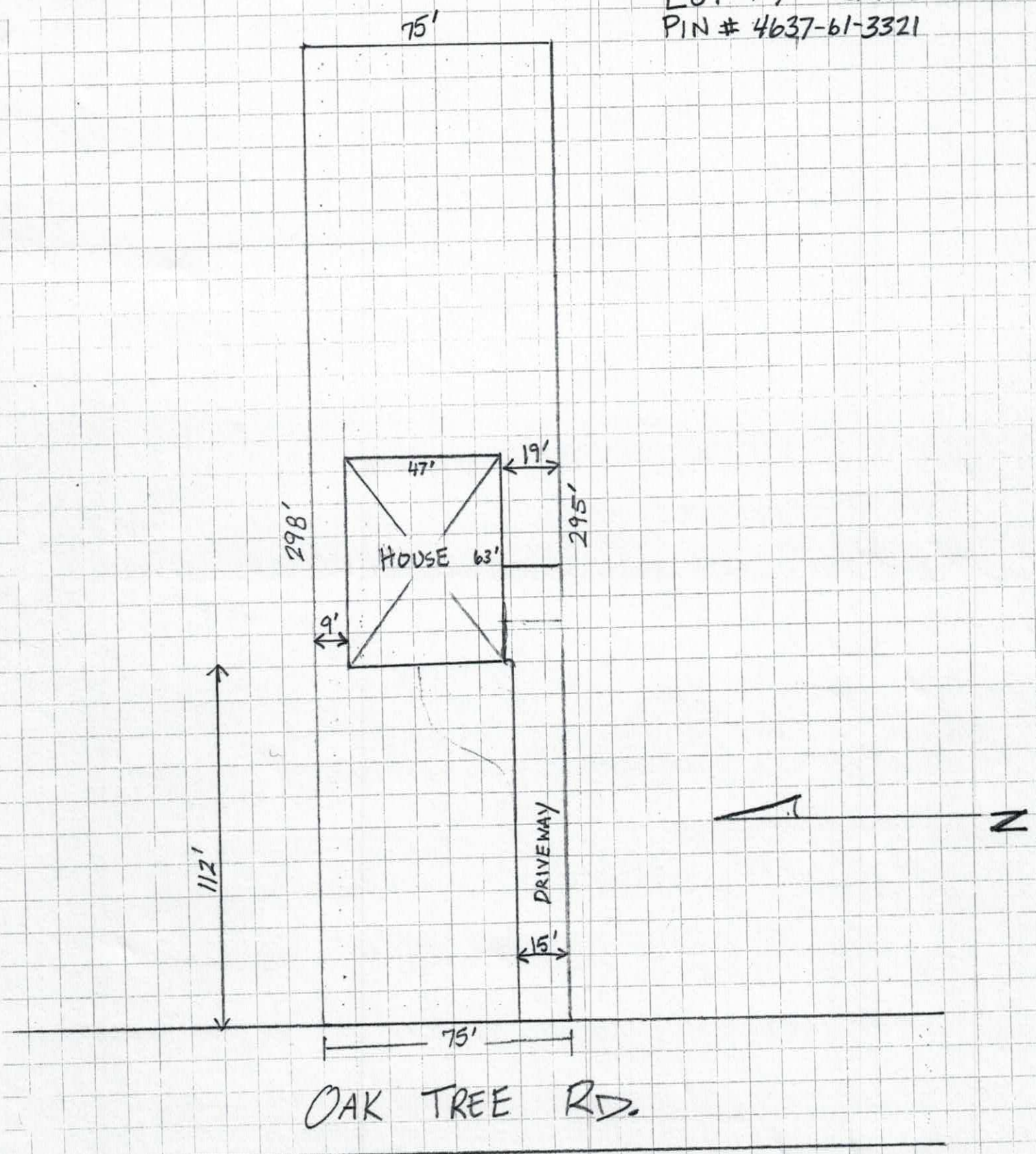
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

ZONING # 226308

238 OAK TREE RD
MOORESVILLE, NC

LOT #7 GRAND OAKS
PIN # 4637-61-3321

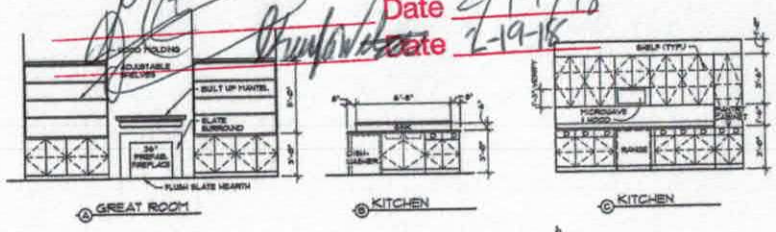


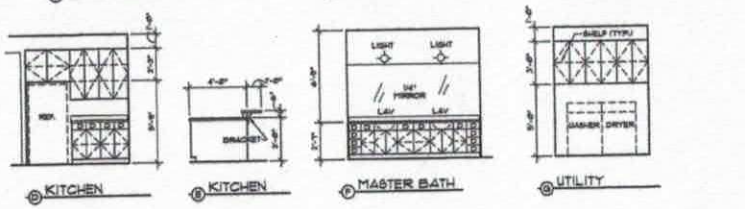
Acknowledgement of Plans Submittal ONLY!

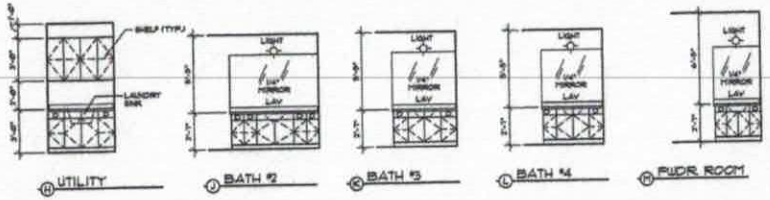
Date 2/19/18

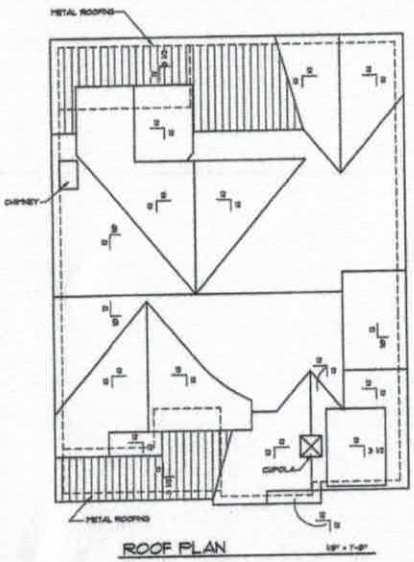
Date 2-19-18

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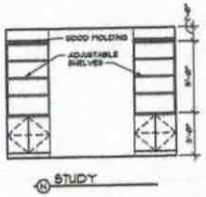


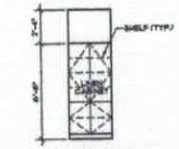


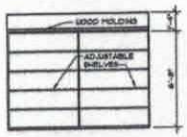


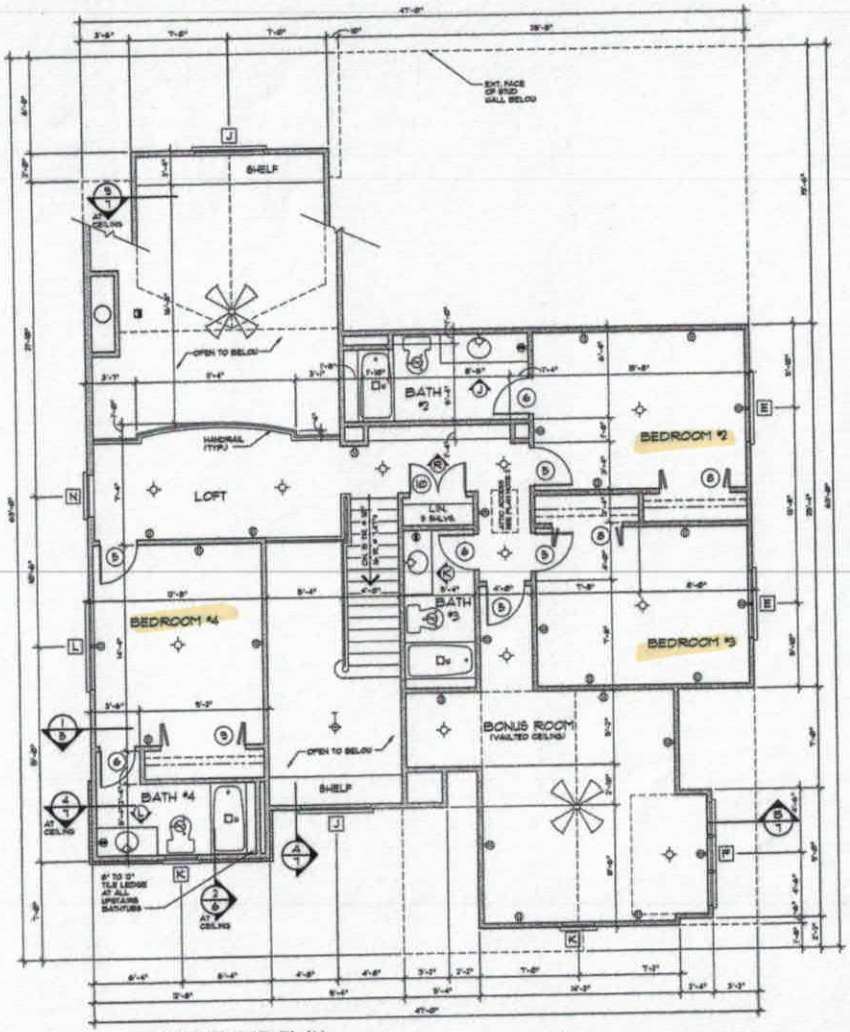


ROOF PLAN 1/8" = 1'-0"









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



GABLE PLAN 1/4" = 1'-0"

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SESSION NO. 1112-MR2

SHEET 4 OF 8 DR TSK

FLOOR PLAN

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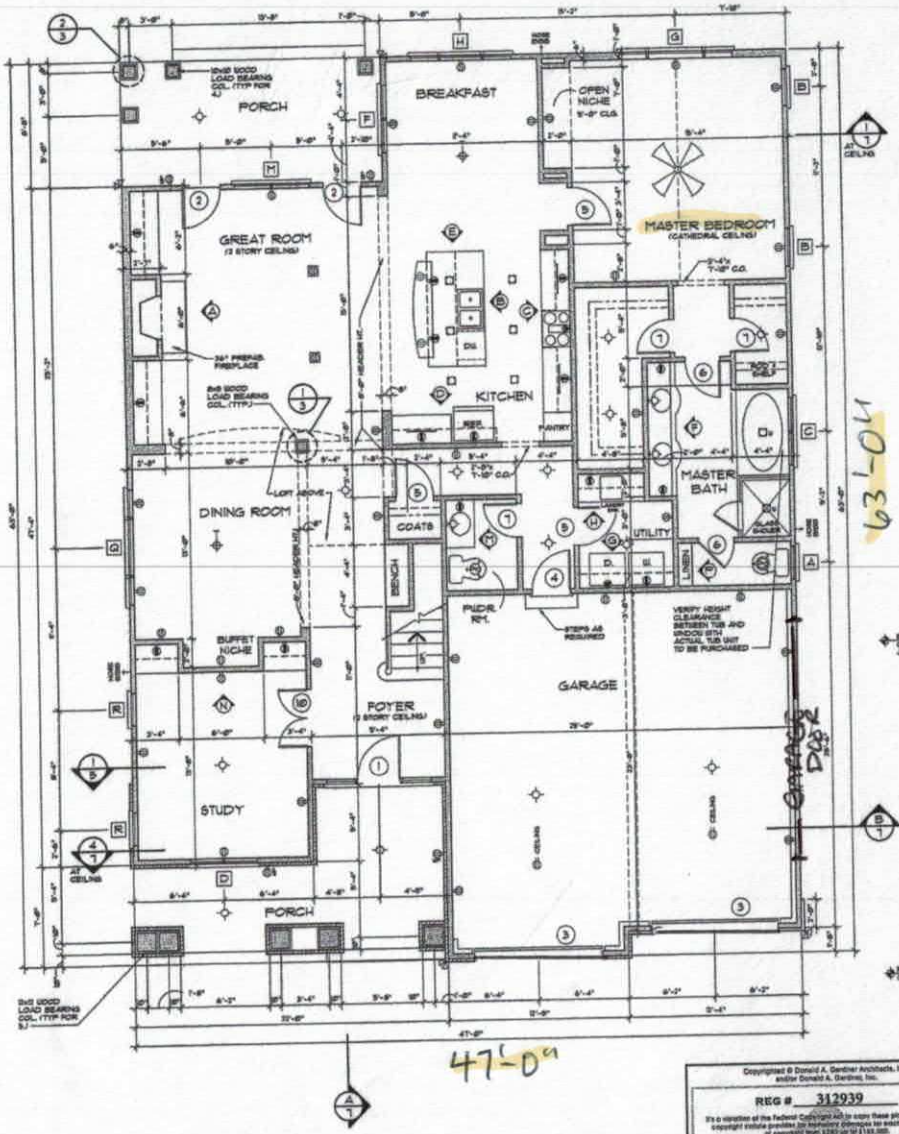
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Acknowledgement of Plans Submittal ONLY!

Date 2/19/18

Date 2-19-18

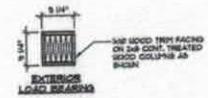


FIRST FLOOR PLAN

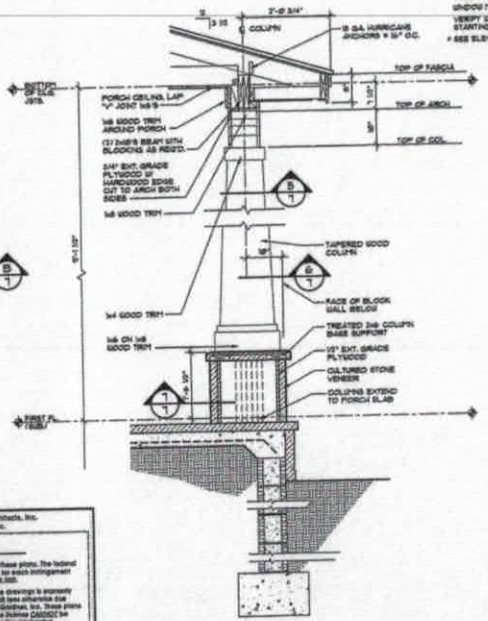
FIRST FLOOR	1569 sq. ft.
SECOND FLOOR	1289 sq. ft.
TOTAL LIVING	2858 sq. ft.
GARAGE	649 sq. ft.
BONUS ROOM	35 sq. ft.



1/3 SECTION



2/3 SECTION



3/3 SECTION

SEE OTHER WALL SECTIONS FOR ADDITIONAL INFORMATION

DOOR SCHEDULE

SYMBOL

MARK	SIZE	QUAN.	DESCRIPTION
1	3'-0" x 8'-0"	1	EXT., 6' 2/3 SIDELITES + 12" TRANSOM *
2	3'-0" x 8'-0"	2	EXT., FULL GLASS 6' 8" TRANSOM
3	9'-0" x 8'-0"	2	GARAGE
4	3'-0" x 6'-8"	1	EXT., 1 HOUR FIRE-RATED
5	2'-6" x 6'-8"	1	INT.
6	3'-0" x 6'-8"	5	INT.
7	2'-6" x 6'-8"	3	INT.
8	(2) 2'-6" x 6'-8"	2	INT., BIFOLD
9	(2) 3'-0" x 6'-8"	1	INT., BIFOLD
10	(2) 1'-0" x 6'-8"	2	INT.

* SEE ELEVATION FOR TRANSOM.

WINDOW SCHEDULE

SYMBOL

MARK	SIZE	QUAN.	DESCRIPTION
A	2'-0" x 4'-0"	1	D.H.
B	2'-0" x 5'-10"	2	D.H.
C	(2) 2'-0" x 4'-0"	1	D.H.
D	(2) 2'-0" x 5'-0"	1	D.H.
E	(2) 2'-0" x 5'-10"	2	D.H.
F	(2) 2'-0" x 5'-10"	1	D.H.
G	2'-0" x 5'-10" 4'-0" x 5'-10" 2'-0" x 5'-10"	1	D.H. CENTER FIXED W/ 2'-0" ARCHED HEAD TRANSOM *
H	2'-0" x 5'-10" 3'-0" x 5'-10" 2'-0" x 5'-10"	1	D.H.
J	9'-0" x 2'-4"	3	FIXED ARCH HEAD *
K	2'-0" x 4'-0"	3	D.H.
L	(2) 2'-0" x 5'-3"	1	D.H.
M	(2) 2'-0" x 3'-10"	1	D.H.
N	3'-0" x 5'-3"	1	D.H.
P	(3) 2'-0" x 5'-10"	1	CASEMENT
Q	2'-0" x 5'-10" 4'-0" x 5'-10" 2'-0" x 5'-10"	1	D.H. CENTER FIXED
R	3'-0" x 5'-10"	2	D.H.

ALL WINDOWS ARE INSULATED AND WEATHERSTRIPPED.
VERIFY LOCAL CODE EGRESS WINDOW REQUIREMENTS PRIOR TO CONSTRUCTION.
WINDOW MANUFACTURER TO PROVIDE TEMPERED GLASS WHERE REQUIRED BY CODE.
VERIFY WINDOW MODEL NUMBERS AND SIZES WITH MANUFACTURER BEFORE STARTING CONSTRUCTION.
* SEE ELEVATION.

ELECTRICAL LEGEND

SYMBOL	DESCRIPTION
	DUPLEX OUTLET (GROUNDED TYPE)
WP	WEATHER PROOF DUPLEX OUTLET ABOVE COUNTER LOCATION
	FLUSH FLOOR DUPLEX OUTLET, OWNER VERIFY LOCATION
	220 VOLT OUTLET OR CONNECTION
	CEILING MOUNTED LIGHT FIXTURE
	WALL BRACKET MOUNTED LIGHT FIXTURE
	SUSPENDED CEILING MOUNTED LIGHT FIXTURE
	RECESSED DIRECTIONAL CEILING LIGHT FIXTURE
	RECESSED CEILING LIGHT FIXTURE
	RECESSED LIGHT FOR WET AREA
	UNDER CABINET FLUORESCENT LIGHT
	EXTERIOR CAST ALUMINUM FLOOD LIGHTS
	CEILING MOUNTED PADDLE FAN W/ LIGHT
	CEILING MOUNTED FAN - EXHAUST
	CEILING MOUNTED FAN AND HEATER
	CEILING MOUNTED FAN AND LIGHT

PLAN NOTES:

1. VERIFY ALL LOCAL CODES, ENERGY TYPES, AND SITE CONDITIONS PRIOR TO CONSTRUCTION. THE OWNER AND BUILDER SHALL BE SOLELY RESPONSIBLE FOR CODE COMPLIANCE.
2. REVISED SELECTED MECHANICAL SYSTEMS WITH OWNER PRIOR TO CONSTRUCTION.
   REVISED SUB-CONTRACTORS LOCATIONS OF THE WATER HEATER AND HVAC UNITS WITH THE OWNER PRIOR TO CONSTRUCTION, ENSURE COMPLIANCE WITH LOCAL BUILDING CODE REQUIREMENTS AND MANUFACTURER REQUIREMENTS.
   HVAC EQUIPMENT IN THE ATTIC SPACE SHALL BE ACCESSIBLE BY AN OPENING LARGER THAN THE LARGEST PIECE OF EQUIPMENT (TO ALLOW REMOVAL OF THE EQUIPMENT) AND IN NO CASE LESS THAN 22"x36".
3. SEE STRUCTURAL DRAWINGS FOR ADDITIONAL INFORMATION.
4. INSULATE AROUND ALL BATHS AND UTILITY ROOM.
5. TYPICAL WALL 2x6'S @ 16" O.C. UNLESS OTHERWISE DIMENSIONED.
6. PROVIDE SMOKE DETECTORS AS REQUIRED BY CODE.
7. PROVIDE DOORBELLS, TRANSFORMER, AND CHIME.

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Town of Mooresville Jurisdiction

ZONING APPROVAL

For building permit applications

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

Number: 226300 Subdivision:

Proposed Use: PERT TEST FOR SFH

Location: 238 OAK TREE ROAD

Tax PIN: 4637613321.000 Zoning: Corridor Mixed Use Conditional Lot: 7 Size: 0.510

Owner/ Applicant: ROWLAND DEVELOPMENT
Address: 2231 HWY 152 E
CHINA GROVE, NC

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 and 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 Date 4/12/17

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: Front Yard Depth: 30.00 Side Yard Depth: 8.00
Rear Yard Depth: 40.00 Corner Yard Depth:

Remarks: APPROVAL FOR PERT TEST
APPLICANT TO SUBMIT PLOT PLAN PRIOR TO CONSTRUCTION

HP
Approved By:

04/12/2017
Date

$50
Application Fee