IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 213112

APPLICANT: Chris Unger APPLICANT ADDRESS: 133 Ross Rd Mooresville

SITE ADDRESS: 133 Ross Rd - Mrsvl. PHONE: 315-675-3197 ALT. PHONE:

SITE DIRECTIONS: Hwy 150W, TR on Waddell, TR on Hermance, TR on Ross, First house on L

SUBDIVISION: CL&T SECTION: 11 LOT # 1118 LOT AREA: 2.533 ac DESIGN FLOW: 480 gpd L.T.A.R.: 0.3

PIN # 4638-00-4987

Septic Tank	Ex. 1000 (gal)	STB	Date	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☐ Residence	No. Bedrooms Ex. 4
Pump Tank	Ex 1000 (gal)	PT	Date	System Description:	Ex. 25% Reduction			☐ Business	No. Persons
Pump Make		Model	Serial #	Repair System Description:	Same			☑ Other	No. Employees
# Nitrification Fields	Ex.	# Lines Ex. 4	Linear Ft: Ex. 400	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☐ Crawl Space
Trench Width	Ex.	Max. Trench Bottom Depth Ex.			☐ GRAVITY	☑ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

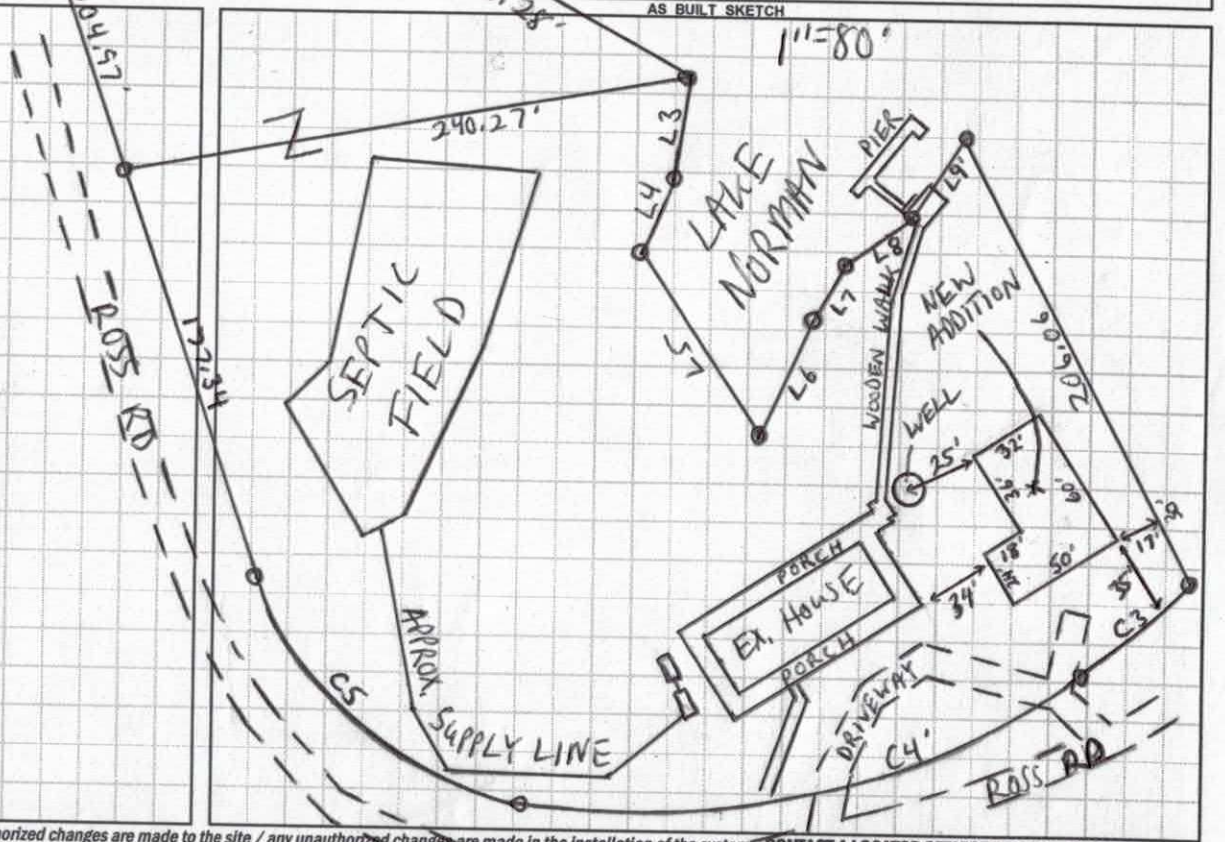
Comments / Conditions: This Permit is for the addition of a new 2640sqft accessory building.

Accessory Building (2640sqft)
- No Addition of bedrooms in new building.

INITIAL SITE SKETCH

* New Structure must be attached to house to use approved setbacks per William Allison. (See zoning approval)

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: Chris Unger Date: 3/27/15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 9-22-15

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

RECEIVED AUG 2 5 2015

213112 Paid $250.00

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)

1. APPLICATION FOR: ✓ Improvement Permit ___ Authorization To Construct ___ 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:**

Chris Yager	133 Ross Rd Mooresville	315-675-3197	—
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Jessica Wander	133 Ross Rd Mooresville	315-400-7324	—
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

133 Ross rd	CL&T	511 Lot 1118
Street Address	Subdivision Name	Section/Phase and Lot Number

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
(X) Repair To Failing Septic System due to ~~Bad Building~~ conditions
(X) Other ~~Bad Building~~ conditions

Maximum Number of Bedrooms 4
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

(X) 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 2640
Maximum Number of Employees _____
Maximum Number of Seats _____

6. **Proposed Water Supply:**

( ) New Well (X) 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 2002 *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other NO

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: _____ 8/25/15
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.

f there are multiple property owners, then all property owners must sign the form that designates a legal epresentative.

signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner thorizes that representative to act on their behalf in matters pertaining to the application and permitting ocess, including signing or receiving any application, document or permit. The owner retains full responsibility t et all permit conditions specified by the local health department.

JESSICA WANDER, am the legal owner(s) of the property located 133 ROSS RD MOORESVILLE NC 28117, identified as Parcel Identification Number) 4638-00-5806, located in Iredell County, North ina.

ereby authorize (**print legal representative/company name**) CHRIS UNGER, to act as an agent on my behalf in applying for/signing/obtaining 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

abide by all decisions and/or conditions between the legal representative acting on my behalf inty Department of Public Health, Environmental Health Division.

f Owner(s) — Date 8/25/15 — Signature of Witness — Date 8/25/15

Please return this signed form to the appropriate office:

- Environmental Health
rt@co.iredell.nc.us
704-662-3239
Avenue, Mooresville, NC 28115

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

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:

_____ 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

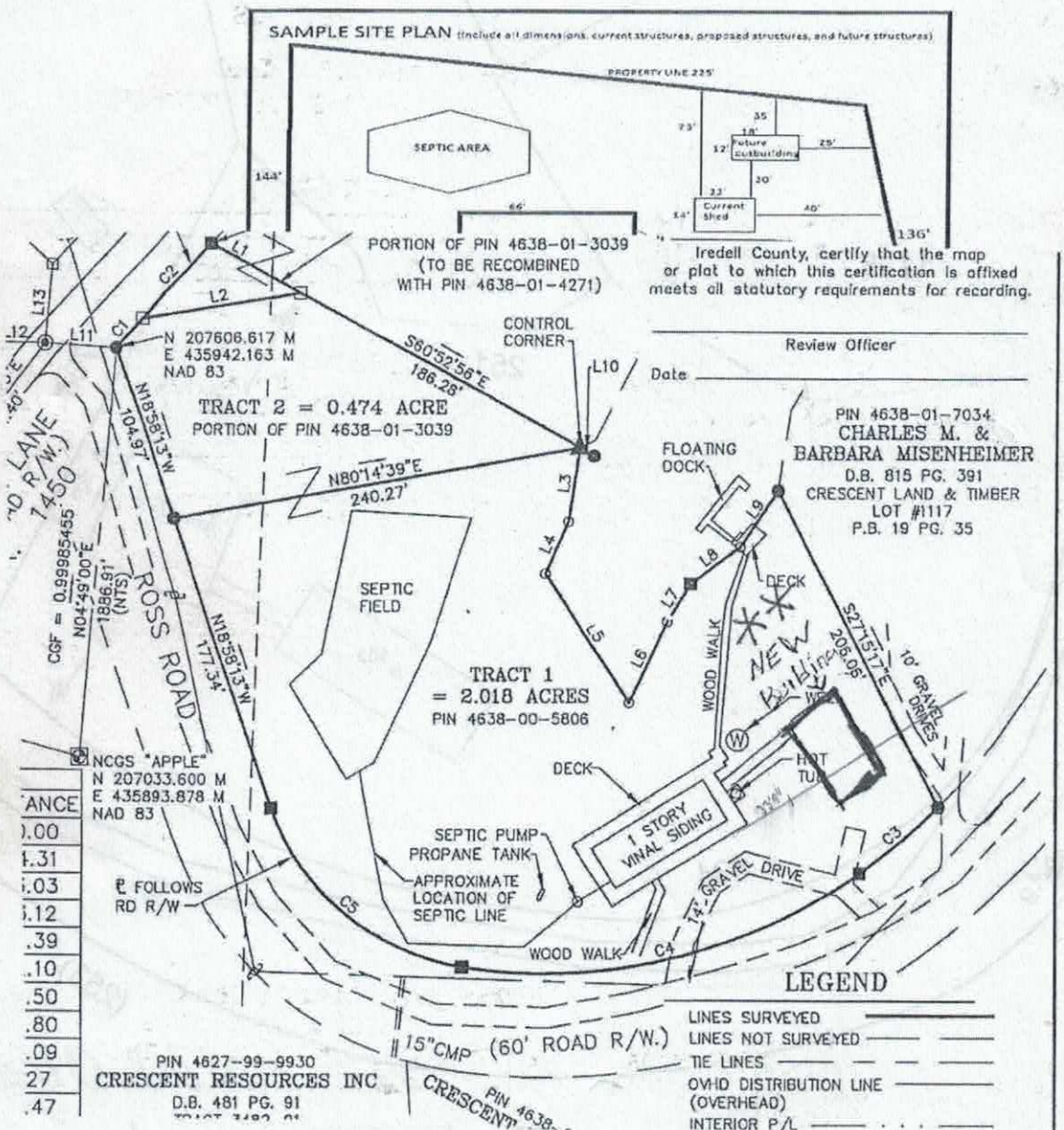
_____ Front and side setbacks from property line... _____ Preferred driveway location and configuration, preferred well location...

_____ 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:

_____ 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



Signature: _____

REQUIRED property owner or owner's legal representative signature.

8/25/15

DATE

IREDELL COUNTY

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

APPLICATION NUMBER
213112
Issue Date: 08/25/2015

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4638004987.000	133 ROSS ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: WANDER JESSICA MICHELLE	Applicant: UNGER, CHRIS
Address: 115 SMOKEY HOLLOW RD MOORESVILLE, NY 13027	Address: 133 ROSS ROAD MOORESVILLE, NC 28117
Phone:	Phone: 315-675-3197

Use Requested	Zone Code
ACC BLDG	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.533	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

STRUCTURE IS PERMITTED USE AT THE SETBACKS ENTERED IF ATTACHED TO HOUSE. PER WILLIAM ALLISON. MRB, 08/25/2015

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: 8/25/15

Permit Number	47552	TOTAL FEES:	$ 77.25