IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 217846

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

PIN # ~~4638-32-0222~~ 4638-32-2385

APPLICANT: RICK OTTO | APPLICANT ADDRESS: MOORESVILLE, NC

SITE ADDRESS: 607 NORMANDY RD.-TROUT 28117 | PHONE: | ALT. PHONE:

SITE DIRECTIONS: PERTH, TL NORMANDY, ON L

SUBDIVISION: TIMBER WEST | SECTION: — | LOT # 1 | LOT AREA: 5.53 AC | DESIGN FLOW: 480 | L.T.A.R.: .25 (.1R)

Septic Tank	1000 (gal)	STB	IM1060	Date	infiltrator	☒ 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
Pump Make		Model		Serial #		Repair System Description:	DRIP	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6C80'	Linear Ft:	480'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	—		☒ GRAVITY ☐ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: SYSTEM MUST BE INSTALLED EXACTLY AS SHOWN DUE TO UNSUITABLE SOIL AROUND SYSTEM AREA. ✱ DO NOT ISSUE AC UNTIL ~~#~~ LOTS ARE RECORDED

✱ Floor plans submitted for crawl space → OK to change foundation.

INITIAL SITE SKETCH

SEE PLAN FROM MICHAEL ATHANAS & ASSOCIATES

AS BUILT SKETCH

Installed as shown on site plan.

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**

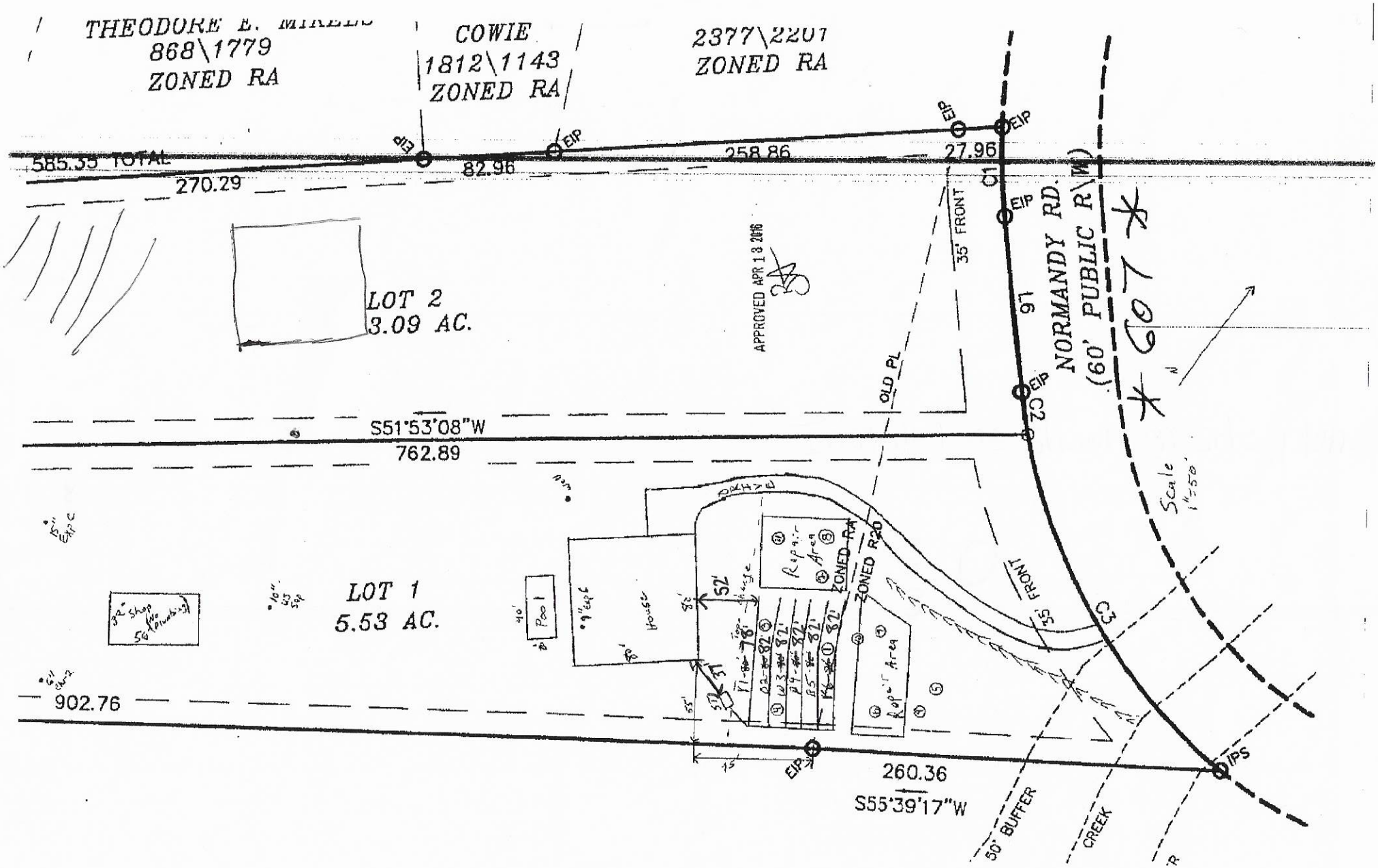
☐ **IMPROVEMENT PERMIT** *with plat* valid without expiration. ☒ **IMPROVEMENT PERMIT** *with site plan* valid for 60 mos. ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: RC Otto | Date: 4-18-16 | Installed by: Specialty Septic

IMPROVEMENT PERMIT by: BA-OS | Date: 4-13-16 | OPERATION PERMIT by: Kayla Watson | Date: 1-17-20

AUTHORIZATION TO CONSTRUCT by: Kayla Watson | Date: 5-8-19 | Existing System Inspected by: | Date:

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


THEODORE E. MIKELS
868\1779
ZONED RA
COWIE
1812\1143
ZONED RA
2377\2201
ZONED RA
585.35 TOTAL
270.29
82.96
258.86
27.96
EIP
LOT 2
3.09 AC.
APPROVED APR 18 2016
35' FRONT
OLD PL
NORMANDY RD.
(60' PUBLIC R\W)
S51°53'08"W
762.89
LOT 1
5.53 AC.
ZONED RA
ZONED RA
55' FRONT
902.76
260.36
S55°39'17"W
50' BUFFER
CREEK
IPS
Scale 1"=50'

APPROVED APR 13 2015

BA



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

607 Normandy Rd Timbac West SD

Reference: Data Sheet for Rick Otto Lot 1
House Footprint: 80' x 80'
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.25 GPD/FT2 (initial), 0.1 GPD/FT2 (repair)
Proposed System Type: 25% Reduction
Proposed Repair System Type: Drip irrigation
Distribution: Gravity-End cap/Drop boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36" maximum

Line	Design Length	Actual Length
Yellow 1	80'	80'
Orange 2	80'	80'
White 3	80'	80'
Pink 4	80'	80'
Blue 5	80'	80'
Yellow 6	80'	80'

Initial System: 480' **Repair System:** 5400 FT2

Comments:
This residence will be a basement and the house may move back to use the natural topography. The basement plumbing will be pumped to the main level plumbing and will gravity feed to the septic tank. Only the basement plumbing may be pumped. The house is marked in red flags and the pool in blue flags.

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

PROPERTY ID #: TIMBER WEST lot 1
COUNTY: Iredell

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

APPROVED APR 1 3 2016
RA

OWNER: Rick Otto
ADDRESS:
APPLICATION DATE
DATE EVALUATED:
PROPOSED FACILITY: _4 bdrm_ PROPOSED DESIGN FLOW (.1949): _480 GPD_
PROPERTY SIZE: _5.53 AC_
LOCATION OF SITE: TIMBER WEST Lot 1, 609 Normandy Rd
PROPERTY RECORDED: _2016_
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other
EVALUATION METHOD: Ξ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: Ξ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 15%	0-40	R C SBK	FI S P SEXP	N/A	48"	N/A	N/A	PS 0.3-0.275
		40-48	R CL WSBK	FR SS SP SEXP					
2	LS 15%	0-12	Br CL WSBK	FR SS SP SEXP	Few YB	48"	@ 36" Inc OF SAP/WR	N/A	PS 0.25
		12-48	R C WSBK	FI S P SEXP					
3	LS 15%	0-11	Br CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		11-48	R C SBK	FR SS SP SEXP					
4	LS 15%	0-6	Br CL WSBK	FR SS SP SEXP	N/A	48"		N/A	PS 0.275-0.3
		6-33	R C SBK	FI S P SEXP					
		33-48	R CL WSBK	FR SS SP SEXP			F-C SAP		

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1440 FT2	5400 FT2
System Type(s)	25% Reduction	DRIP
Site LTAR	0.25	0.1

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:

APPROVED APR 13 2016

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: TIMBER WEST LOT 1
DATE OF EVALUATION: _____
COUNTY: IREDELL

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
5	LS 15%	0-6	Br CL WSBK	FR SS SP SEXP	Few Mn	48"	Few Inc SAP/WR	N/A	PS 0.25
		6-48	R C WSBK	FI S P SEXP					
6	LS 15%	0-8	Br CL WSBK	FR SS SP SEXP	N/A	30"	Few SAP	N/A	PS 0.3
		8-30	R C SBK	FI S P SEXP					
		30-36+	SL SAP M	VFR SS SP					
7	LS 15%	0-16	Br CL WSBK	FR SS SP SEXP	Mn	36"	F-C WR	N/A	PS 0.275-0.25
		16-36+	R C WSBK	FI S P SEXP					
8	LS 15%	0-36	YR C ABK	FI S P SEXP	YB'S	48"	N/A	N/A	PS 0.25-0.2
		36-48	R CL WSBK	FR SS SP SEXP					
9		0-40	R C WSBK	FR SS SP SEXP		40"	C-M INCL WR		PREFER NOT TO USE
		40-	SAP						MA&A ICHD

COMMENTS: _____

SOIL/SITE EVALUATION APPROVED APR 13 2016

(Continuation Sheet-Complete all field in full)

Sheet 3 of 3

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

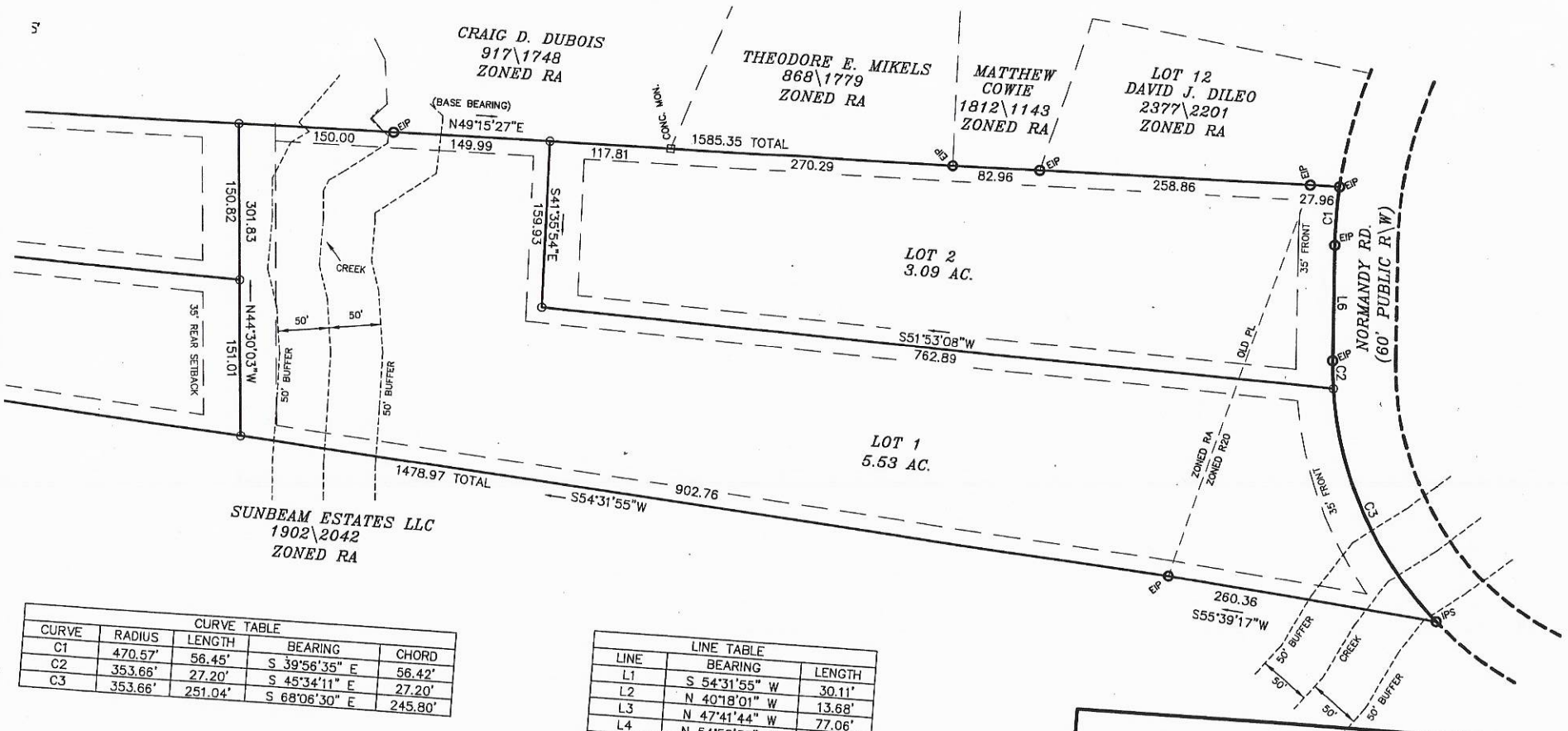
38

PROPERTY ID #: TIMBER WEST LOT 1
DATE OF EVALUATION: _____
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
10		0-10	Br SCL WSBK	FR SS SP SEXP	N/A	40+"	N/A	N/A	PS 0.3 MA&A ICHD
		10-40	R C SBK	FR SS SP SEXP					
11		0-8	Br SL/SCL WSBK	FR SS SP SEXP	N/A	18"	N/A	N/A	PS 0.1 DRIP MA&A ICHD
		8-18	YR C WSBK	FI SS SP SEXP					
		18-	WR						

COMMENTS: _____

Updated February 2014



CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	470.57'	56.45'	S 39°56'35" E	56.42'
C2	353.66'	27.20'	S 45°34'11" E	27.20'
C3	353.66'	251.04'	S 68°06'30" E	245.80'

LINE TABLE		
LINE	BEARING	LENGTH
L1	S 54°31'55" W	30.11'
L2	N 40°18'01" W	13.68'
L3	N 47°41'44" W	77.06'
L4	N 54°50'35" W	76.54'
L5	S 87°48'46" E	55.72'
L6	N 43°21'30" W	111.49'
L7	N 40°18'01" W	18.15'
L8	N 47°41'44" W	80.87'
L9	N 54°15'33" W	6.67'
L10	N 54°15'33" W	25.00'
L11	N 36°03'15" E	71.14'

NOTES:

PRELIMINARY

RECORD PLAT
OF

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

SEPTIC

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: SHEA BUILDERS **Address:** 8008 CORPORATE CENTER **Phone:** 704 391 3229

Owner Name: SAME **Address:** = = **Phone:** =

Property Information:

Street Address: 607 NORMANDY DRIVE

Subdivision Name: TIMBER WEST **Section/Phase:** _____ **Lot Number:** 1

Driving Directions: NORTH ON RIVER HWY / LEFT ON PERTH / LEFT ON NORMANDY RD.

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: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

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

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: Stan W. Pressley 4/9/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED APR 7 2016

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 $350.00

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

#217846

2. **Page 2: *Site Plan Worksheet* Form MUST Accompany This Application**

The following optional attachments may also be submitted: X **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 #
Rick Otto	rick@bcipolymers.com Mooresville NC	704 506 8640	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Hugh McKay	6009 S Hwy 16 Maiden NC		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
607 Normendy	Timber West	Lot 1

Driving Directions: 150 W, TR Perth, TL Normendy, on Ct

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

(X) New, Single Family Residence — Maximum Number of Bedrooms 4 — ( ) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — (X) Basement w/Plumbing?
( ) Repair To Failing Septic System due to ___ — ( ) Basement w/out Plumbing?
( ) Other ___

IF Non-Residential Site Development: Type of Business ___ Square Footage of Building ___ Maximum Number of Employees ___ Maximum Number of Seats ___

6. Proposed Water Supply:

(X) 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 (X) Innovative ( ) Modified Conventional ( ) Other ___

8. 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. 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: ___ 4/7/2016
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

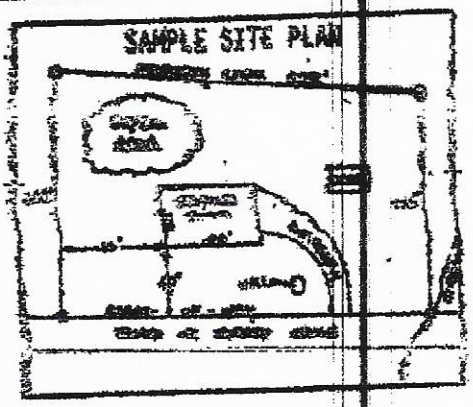
(9) 0-39 CL MANY ROCK
39-48 SAP MANY ROCK

(10) 0-10 SCL
10-39 CMSBK, FEW LMC WROCK

(11) ~~0-8~~ 0-8 SCLW
W/ROCK 8-18 Y/RC W/

[redacted]

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!!!



Show on the sketch below as you complete the site plan:

( ) Property lines and easements and clearly identified
( ) All proposed structures and buildings
( ) Front and side setbacks from property line
( ) Preferred delivery location
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction

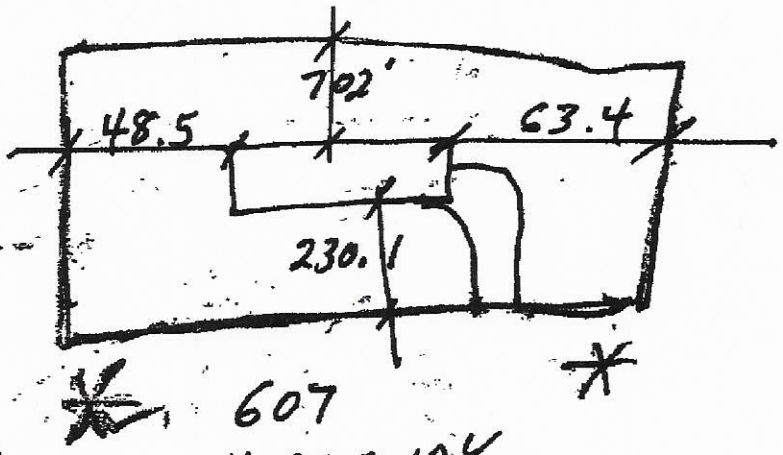
Circle N/A on the following if not applicable

Location of septic system and wells within 100' of your property N/A
Location of easements and rights of ways on your property N/A
Location of any abandoned wells 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 Plot *



* 607 NORMANDY ROAD *

Signature: Steve Powell 4/9/19

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

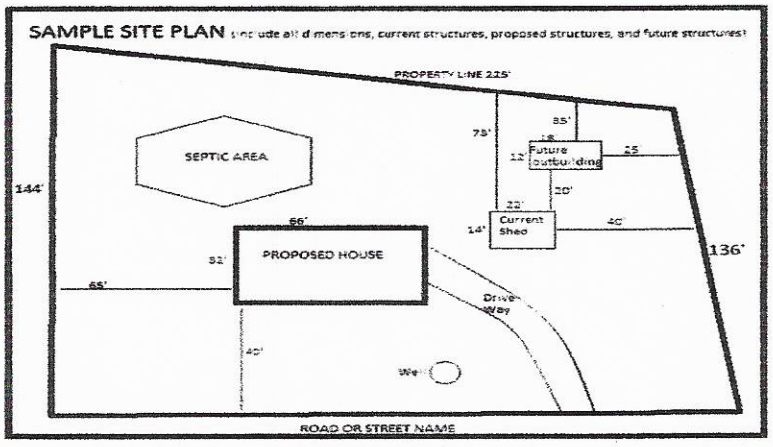
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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**



USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached Plan

Signature: _____

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

4/7/2016

DATE

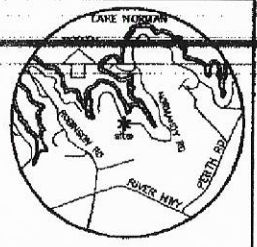
CURVE TABLE					
CURVE	RADIUS	LENGTH	CHORD	BEARING	DELTA

PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES

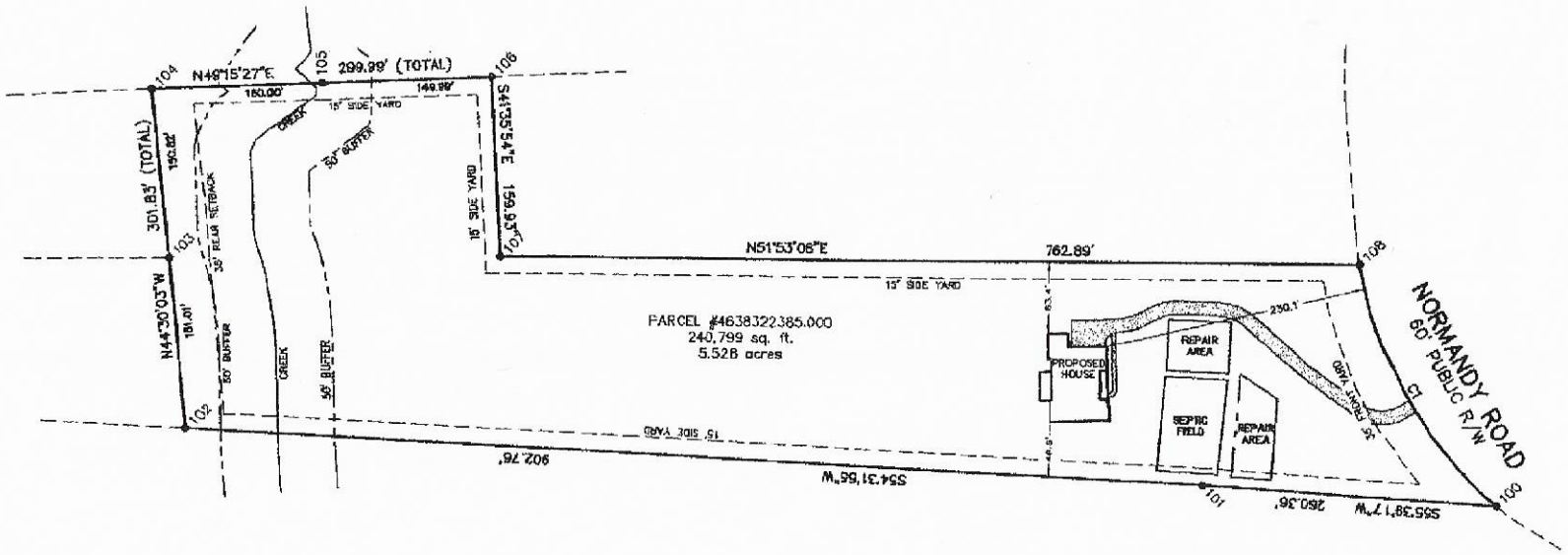
SUPERINTENDENT VERIFY ALL DIMENSIONS PRIOR TO CONSTRUCTION!

F.E.M.A.– F.I.R.M. INFORMATION
COMMUNITY NUMBER: 370313 MAP NUMBER: 3721048380J
EFFECTIVE DATE: 03/18/2008 ZONE: X (DIT)

REQUESTS
03/14/19
CRAWL SPACE
DRIVE RIGHT SIDE LOAD
COVERED DECK
1200AA–RH HADLEY
SIDING



VICINITY MAP
n.t.s.



REFERENCE SURVEY BY WILLIAM M ALLEN (L-3489) DATED 01/07/2019
THIS PROPERTY MAY BE SUBJECT TO EASEMENTS AND/OR RIGHTS-OF-WAY EITHER RECORDED OR IMPLIED.

LEGEND

○	PROPERTY CORNER
(S)	FOUND
(S)	SET
#5	NO. 4 REBAR
#5s	NO. 5 REBAR
MAG	SURVEY NAIL
CM	CONCRETE MONUMENT
R/W	RIGHT OF WAY

SCALE: 1" = 100'

Lucas-Forman Incorporated
Land Surveying
Planning & Engineering
N.C. License C-1815
4701 Stuart Andrew Boulevard
Charlotte, North Carolina 28217
P.O. Box 11386 28220-1386
(704) 527-6626 Fax 527-9640

PLOT PLAN
of
607 NORMANDY ROAD
DAVIDSON TOWNSHIP, IREDELL COUNTY, N.C.

LOT 1 BLOCK — MAPBOOK 64 PAGE 141
SUBDIVISION TIMBER WEST
DEED REFERENCE: DB 2560 PG 1995
SHEA CUSTOM
REVIEWED: J.V.EASTERWOOD DATE: 04/03/19 REV.
DRAWN: G.VANDER PLOEG JOB# CUS0273

ENVELOPE

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, Christopher Wright, am the legal owner(s) of the property located at 607 Nantwich Road, identified as

PIN (Parcel Identification Number) 4638322385, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) SJAW Pressley / SHEA, _____, 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.

Christopher Wright
Signature of Owner(s)

4/9/19
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

Public Health
Protect. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Protect. Promote. Protect.
Iredell County Health Department

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, Rick Otto, am the legal owner(s) of the property located at 607 Normandy Rd Timber West Lot 1, identified as PIN (Parcel Identification Number) 4638 32 0222, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Michael Athanas + Associates, 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.

RO Bott 3-31-16 _____ 3/31/16

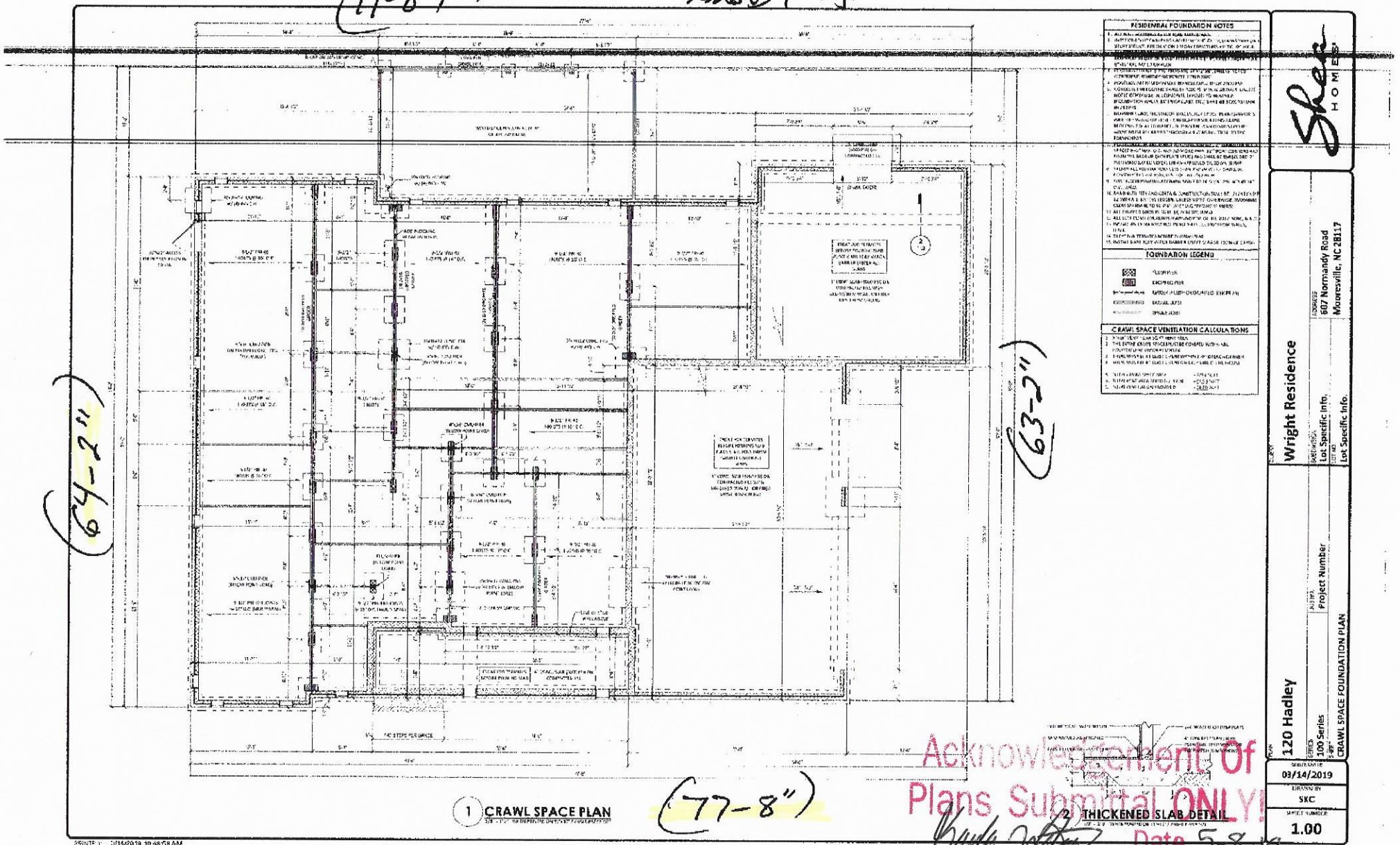
Signature of Owner(s) Date Signature of Witness Date

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

(47-8") * 607 Normandy *



Shaf HOMES

Wright Residence

607 Normandy Road
Mooresville, NC 28117

Lot Specific Info.

Lot Specific Info.

120 Hadley

100 Series

Project Number

CRAWL SPACE FOUNDATION PLAN

03/14/2019

SKC

1.00

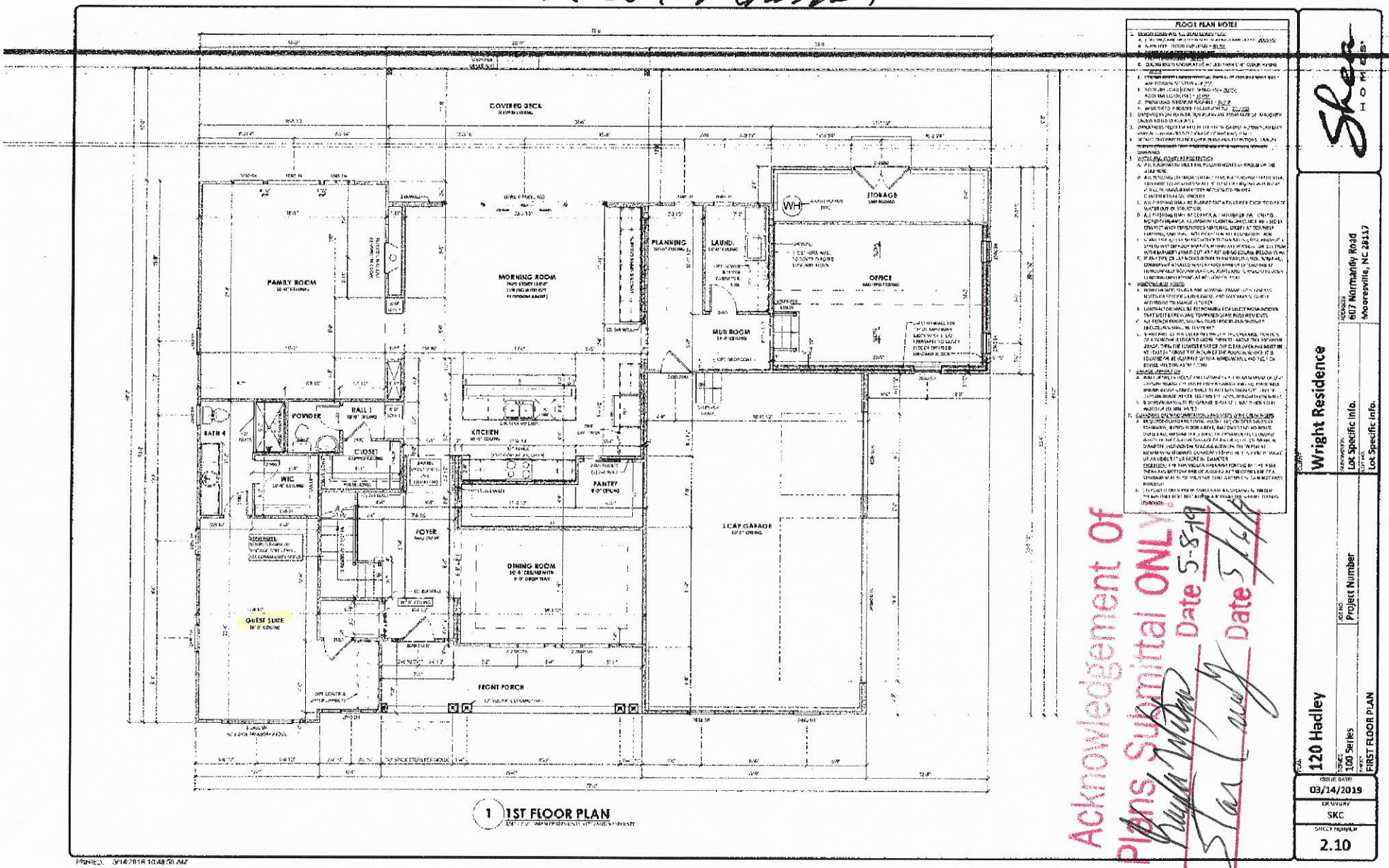
Acknowledgement Of Plans Submittal ONLY!

Date 5-8-19

Date 5/16/19

3/14/2019 10:48:58 AM

X 607 Normandy



1 1ST FLOOR PLAN

FLOOR PLAN NOTES

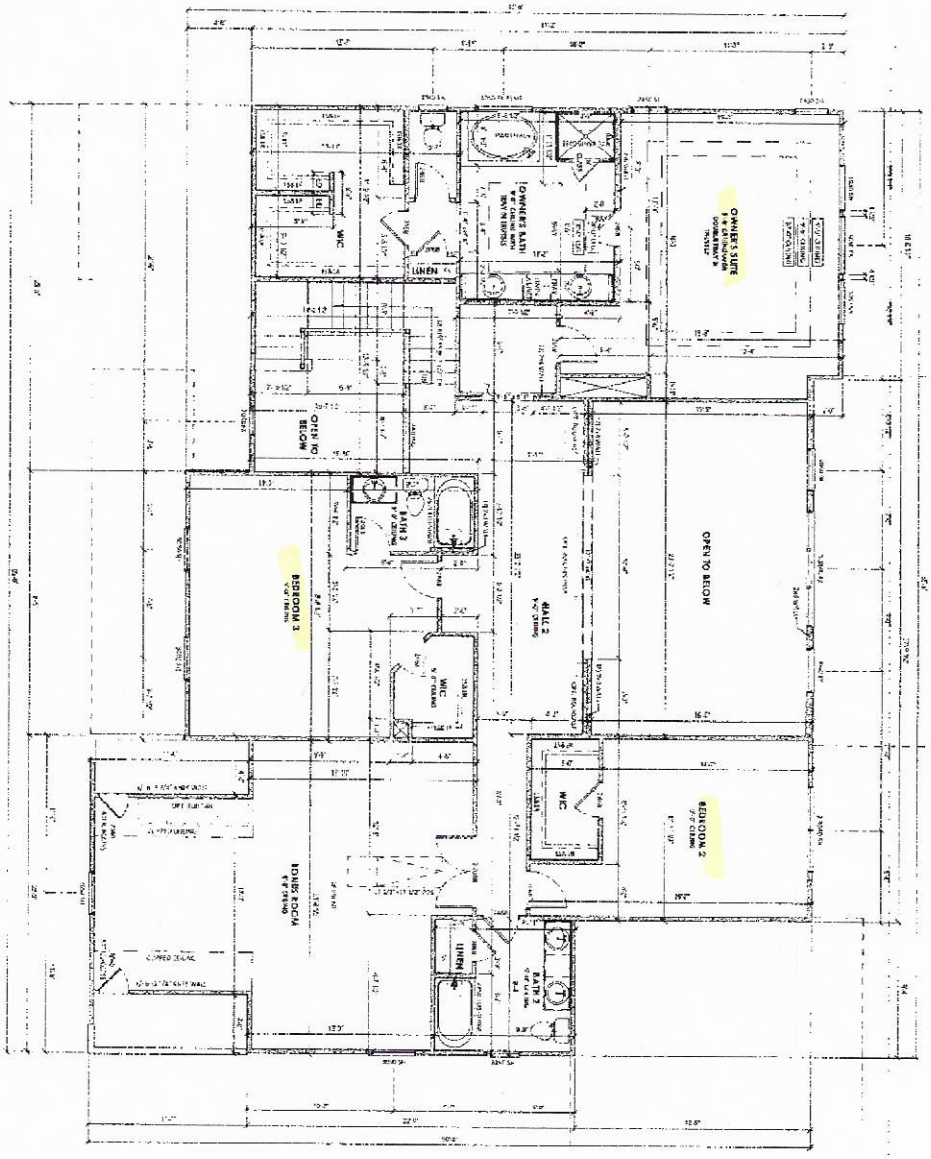
Acknowledgement Of Plans Submittal ONLY
Date 5-8-19
Date 5-8-19

Wright Residence
ADDRESS: 607 Normanby Road, Mooresville, NC 28117
CONTACT: Lot Specific Info.
CONTACT: Lot Specific Info.

120 Hadley
SERIES: 100 Series
JOB NO: Project Number
SHEET: FIRST FLOOR PLAN

ISSUE DATE: 03/14/2019
DRAWN BY: SKC
SHEET NUMBER: 2.10

PRINTED: 3/14/2019 10:48:58 AM



1 2ND FLOOR PLAN

* 607 Normandy *

Acknowledgement Of Plans Submittal ONLY!
Kayla Whitaker Date 5-8-19
Stan Crowley Date 5/16/19

PLAN: 120 Hadley		Wright Residence	
SERIES: 100 Series	ADDRESS: Project Number	BRUNSWICK: Lot Specific Info.	ADDRESS: 607 Normandy Road Mooresville, NC 28117
SHEET: SECOND FLOOR PLAN		LOT NO: Lot Specific Info.	

DRAWN BY: SKC
03/14/2019
SHEET NUMBER: 2.20

Shea HOMES

IREDELL COUNTY

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

APPLICATION NUMBER
217844
Issue Date: 04/06/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4638320222.000	619 NORMANDY ROAD, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: MCKAY HUGH G III	Applicant: MICHAEL ATHANAS & ASSO
Address: 181 IREDELL CO, NC 28625	Address: 561 ENNIS RD WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
11.100	35.00	35.00	15.00	15.00	CA	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	64860	TOTAL FEES:	$ 77.25