IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 663-3600 PERMIT # 2100

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

PIN # 4638-32-~~0222~~ 3548

APPLICANT/OWNER: Kevin Register APPLICANT ADDRESS: 105 Peralta Circle Mooresville, NC 28117

SITE ADDRESS: 619 Normandy Rd. Mooresville, NC 28117 PHONE: Chad 704-230-0890 ALT. PHONE Gary McNaly 704-310-1832

SITE DIRECTIONS: Perth Rd North from Rt 150 → L on Normandy Rd → Lot on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Timber West SECTION: — LOT # 2 LOT AREA: 3.09 acres DESIGN FLOW: 480 GPD L.T.A.R.:

Septic Tank	1000	(gal)	STB	794	Date	1-15-18	☒ 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:	Drip (4800 ft²)			
# Nitrification Fields	1	# Lines	7		Linear Ft	480	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)		19"			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.

INITIAL SITE SKETCH

See attached plans from Michael Athanas + Associates

Dated: 8/29/2017 Michael Athanas LSS # 1252

* Per builder, house being built is a mirror image to the submitted + approved floorplans

AS BUILT SKETCH

Installed Quick 4 as Drawn

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: Kevin Register Date: 9/13/17

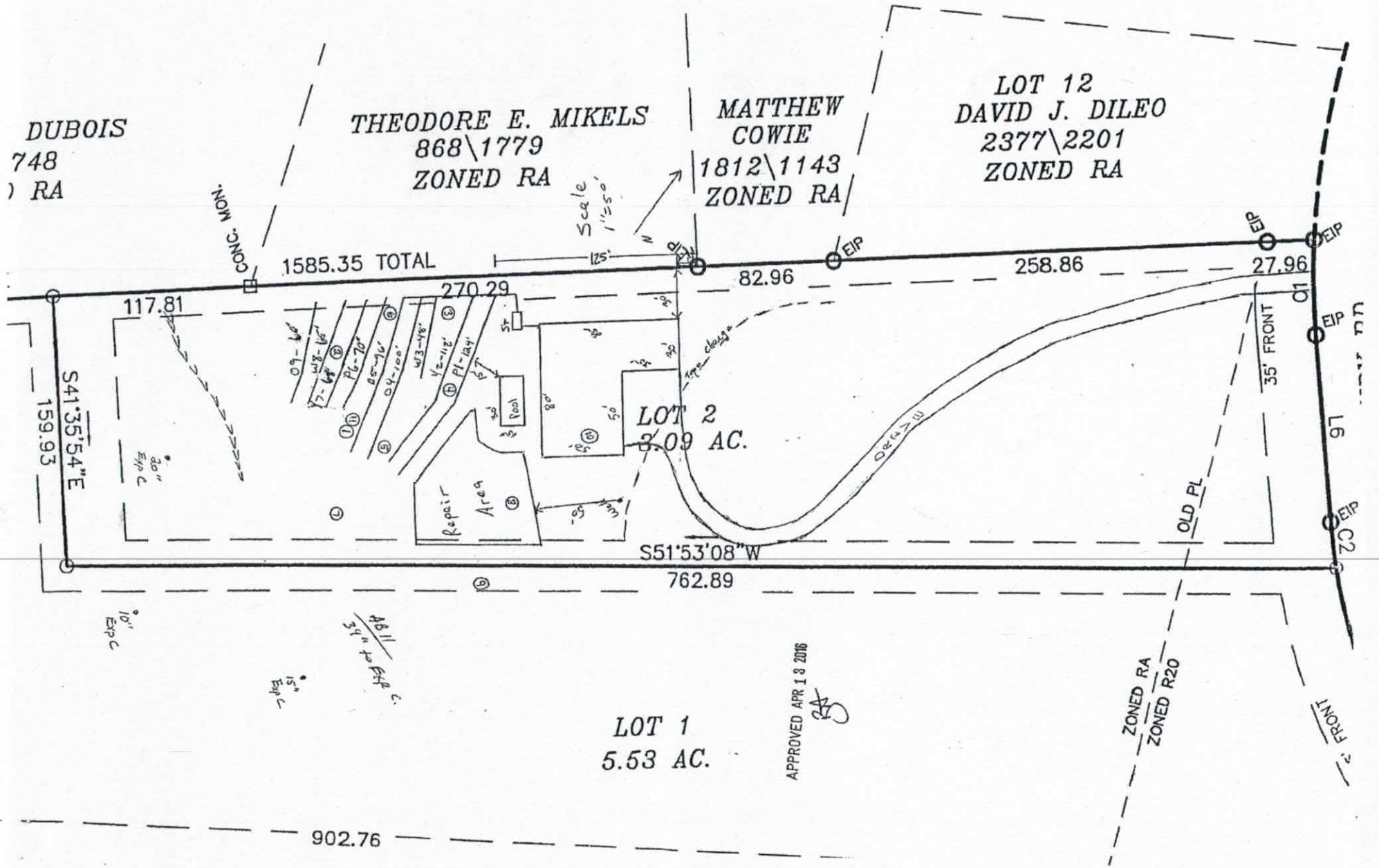
IMPROVEMENT PERMIT by: Thomas Shuck Date: 8/31/2017

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 9/11/2017

Installed by: Richard Abernathy Date: 2/22/18

OPERATION PERMIT by: Maria Dotson Date:

Existing System Inspected by:


DUBOIS
748
) RA
THEODORE E. MIKELS
868\1779
ZONED RA
MATTHEW
COWIE
1812\1143
ZONED RA
LOT 12
DAVID J. DILEO
2377\2201
ZONED RA
CONC. MON.
Scale 1"=50'
1585.35 TOTAL
125'
82.96
258.86
27.96
270.29
117.81
S41°35'54"E
159.93
LOT 2
3.09 AC.
Repair Area
Pool
35' FRONT
OLD PL
L6
C1
C2
EIP
S51°53'08"W
762.89
LOT 1
5.53 AC.
APPROVED APR 18 2016
ZONED RA
ZONED R20
FRONT
902.76



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

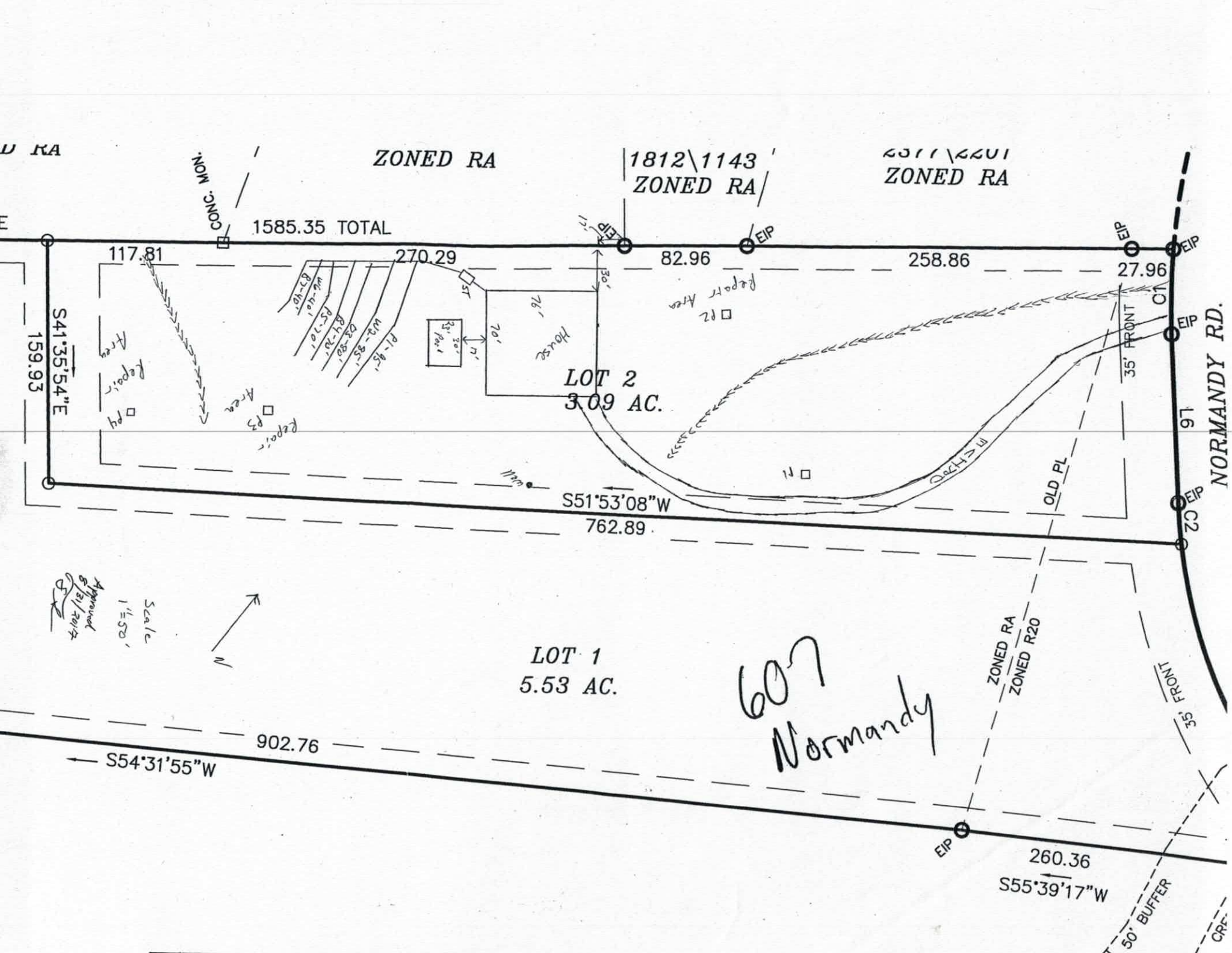
APPROVED APR 13 2016

Reference: Data Sheet for Rick Otto Property Lot 2, Normandy Rd.
House Footprint: See attached
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.25 GPD/FT2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-End cap/Drop boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 22" (initial), 36" (repair)

Line	Design Length	Actual Length
Pink 1	**125'**	**126'**
Yellow 2	**110'**	**115'**
White 3	**50'**	**53'**
Orange 4	**100'**	**100'**
Blue 5	**95'**	**96'**
Pink 6		70'
Yellow 7		68'
White 8		65'
Orange 9		60'

Initial System: 480' **Repair System:** SEE COMMENTS

Comments:
The house is marked in red flags, the pool in blue flags, and the tanks in white flags.
4/12/2016
The flagged repair lines were shortened to avoid the area at AB 11 (see site plan). Additional repair area was marked at AB 8 to make up for the repair area that was removed.


ZONED RA
ZONED RA
1812\1143
ZONED RA
ZONED RA
CONC. MON.
1585.35 TOTAL
117.81
270.29
82.96
258.86
27.96
EIP
EIP
EIP
EIP
EIP
EIP
S41°35'54"E
159.93
LOT 2
3.09 AC.
House
Well
Orchard
OLD PL
35' FRONT
C1
C2
L6
NORMANDY RD.
S51°53'08"W
762.89
LOT 1
5.53 AC.
ZONED RA
ZONED R20
35' FRONT
607
Normandy
902.76
S54°31'55"W
EIP
260.36
S55°39'17"W
50' BUFFER
Approved
8/13/2024
Scale
1"=50'
N

PROPERTY ID #: 4638323548
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Kevin Register
APPLICATION DATE
ADDRESS: 105 Peralta Cir, Mooresville, NC 28117
DATE EVALUATED: 8/31/17
PROPOSED FACILITY: 4 bdrm PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 3.09 AC
LOCATION OF SITE: 619 Normandy Rd, Timber West SD Lot 2
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)		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	
PIT 1	LS 10%	0-4	Br SCL WSBK	FR SS SP SEXP	N/A	22"	US	N/A	DRIP 0.1-0.15
		4-9	RBr CL WSBK	FR SS SP SEXP					
		9-22	BrR C SBK	FR SS SP SEXP					
		22-	L SAP RC	FI SS SP SEXP					
PIT 2	LS 10%	0-28	R C SBK	FR SS SP SEXP	N/A	58"	F-C SAP	N/A	PS 0.3
		28-58	R CL WSBK	FR SS SP SEXP					
PIT 3	LS 10%	0-6	Br SL GR	FR SS SP SEXP	Mn COM YB	55"	N/A	N/A	PS 0.25 TO 36"
		6-20	RBR SCL WSBK	FR SS SP SEXP					
		20-36	RY C WSBK	FR SS SP SEXP					
		36-55	YR C ABK	FI S P SEXP					
PIT 4	LS 10%	0-5	Br SCL WSBK	FR SS SP SEXP	Mn	28"	US	N/A	DRIP O.1-0.125
		5-28	YR C SBK	~~FR SS SP SEXP~~ F. SIP SEXP					
		28-	L SAP RC	FI SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1440 FT2	4800+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: Tom Shuck 8/30/2017
Approved 8/31/2017 SL

COMMENTS:

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

PROPERTY ID #: Otto lot 2
COUNTY: Iredell

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

APPROVED APR 13 2016
3A

OWNER: Rick Otto
ADDRESS:
APPLICATION DATE
DATE EVALUATED:
PROPOSED FACILITY: 4 bdrm
PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 3.09 AC
LOCATION OF SITE: Rick Otto Prop. Lot 2 Normandy Rd
PROPERTY RECORDED: 2016
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)		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 8%	0-9	Br SCL WSBK	FR SS SP SEXP	N/A	48"	Few Incl SAP @ 34"	N/A	PS 0.25
		9-48	RY C SBK	FR SS SP SEXP					
2	LS 8%	0-5	Br CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		5-48	R C SBK	FR SS SP SEXP					
3	LS 8%	0-4	Br CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		4-42	R C SBK	FR SS SP SEXP					
		42-48	R CL WSBK	FR SS SP SEXP					
4	LS 8%	0-4	Br CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		4-36	R C SBK	FR SS SP SEXP					
		36-48	R CL WSBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1440 FT2	984 FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.25	0.25

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

COMMENTS:

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

APPROVED APR 13 2016

PROPERTY ID #: _OTTO LOT 2___
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 8%	0-5	Br CL WSBK	FR SS SP SEXP	Few Mn	48"	N/A	N/A	PS 0.275-0.3
		6-48	R C SBK	FR SS SP SEXP					
6	LS 8%	0-4	Br CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		4-40	R C SBK	FR SS SP SEXP					
		40-48	R CL WSBK	FR SS SP SEXP					
7	LS 12%	0-18	YBr SCL GR	FR SS SP SEXP	Com Redox Colors	48"	N/A	N/A	PS 0.2 NOT IN SEPTIC AREA
		18-48	YR C WSBK	FI S P SEXP					
8	LS 8%	0-11	Br SCL GR	FR SS SP SEXP	N/A	48"	Few SAP/WR	N/A	PS 0.3 NOT IN SEPTIC AREA
		11-38	R C SBK	FR SS SP SEXP					
		38-48	R CL WSBK	FR SS SP SEXP					
9	LS 8%	0-7	Br CL WSBK	FR SS SP SEXP	N/A	48"	Few SAP/WR	N/A	PS 0.3 NOT IN SEPTIC AREA
		7-36	R C SBK	FR SS SP SEXP					
		36-48	R CL WSBK	FR SS SP SEXP					

COMMENTS: _____

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 #: OTTO LOT 2
DATE OF EVALUATION:
COUNTY: IREDELL

APPROVED APR 13 2016 BA

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
10	LS 5%	0-34	R C SBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3 NOT IN SEPTIC AREA
		34-48	R CL WSBK	FR SS SP SEXP					
11	LS 8%	0-34	R1C WSBK	SS	✓	34"	—	34"	.25 (U) C 34"
		34+	EXPANSIVE						

COMMENTS:

RECEIVED AUG 2 9 2017

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#217844

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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 Paid $350.00

The following optional attachments may also be submitted: (X) 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: Kevin Register **Address:** 105 Peralta Cir., Mooresville, NC **Zip:** 28117

Applicant Email: _____ **Phone:** Chad Goodin 704-230-0890 **Alt. Phone:** Gary McNeely 704-310-1832

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 619 Normandy Rd

Subdivision Name: Timber West **Section/Phase:** _____ **Lot Number:** 2

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — (X) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

(X) 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 (X) Other: Accepted

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: _____ 8/29/2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED JUL 3 1 2017

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Chad Goodin Signature **Address:** Homes 915 River Hwy, Mooresville 28117 **Phone:** 704-363-7302

Owner Name: Kevin + Stacey Register **Address:** 619 Normandy, Mooresville **Phone:** 904-304-7393

Property Information:

Street Address: 619 Normandy Rd. Mooresville

Subdivision Name: N/A **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: 150 W to Perth N. to Normandy

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: 4
(✓) Swimming Pool
( ) Other Addition/Structure: _____

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

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

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: _____ 7/31/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

lisa@chadgoodin.com

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. 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, KEVIN & STACEY REGISTER, am the legal owner(s) of the property located at 619 NORMANDY ROAD, MOORESVILLE NC 28117, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Chad Goodin Signature Homes, Inc., 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: 8/1/2017

Signature of Witness — Date: 8/1/17

8/1/2017

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

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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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 619 Normandy Rd Timber West Lot 2, 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.

Signature of Owner(s)	Date	Signature of Witness	Date
RO Bate	3-31-16		3/31/16

Please return this signed form to the appropriate office:

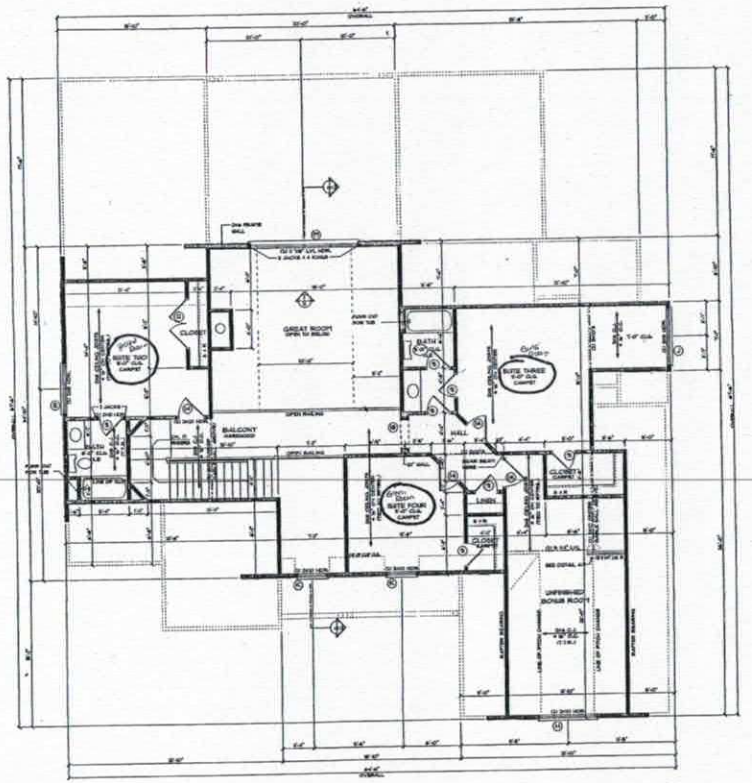
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

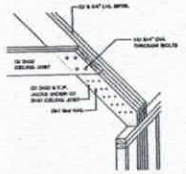
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement of
Plans Submittal ONLY!

Date 8/29/2017

Date 9/11/2017





A/1 BENT BEAM DETAIL

SECOND FLOOR NOTES

- ALL ANGLED WALLS ARE 45 DEGREES OR SO DEGREES UNLESS NOTED OTHERWISE
- ALL INTERIOR DOORS ARE 6" FROM WALL UNLESS OTHERWISE NOTED
- INSTALL A PORTION OF (1) 2x4 STUDS UNDER ALL BEAMS, I.E. ON SLOPE, AT THE SECOND FLOOR, UNLESS NOTED OTHERWISE
- INSTALL A PORTION OF (2) 2x4 STUDS UNDER ALL ROOF BEAMS THAT BEAR ON WALLS, UNLESS NOTED OTHERWISE
- ALL LVL BEAMS ARE 1 3/4" WIDE UNLESS NOTED OTHERWISE
- ALL CEILING JOISTS TO BE 2x6'S @ 16" ON CENTER UNLESS NOTED OTHERWISE
- PROVIDE ATTIC ACCESS TO ALL ATTIC SPACES ACCORDING TO CODE.
- ALL SECOND FLOOR HEADERS TO BE (2) 2x10'S UNLESS NOTED OTHERWISE

SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0"

DATE: January 23, 2009
REVISION NOTES:

SCALE: 1/4"=1'-0"
DESIGNED: J.J. BARILA
DRAWN: DEREK TUCKMAN, BILL ELLIOTT

PLAN REVISION:

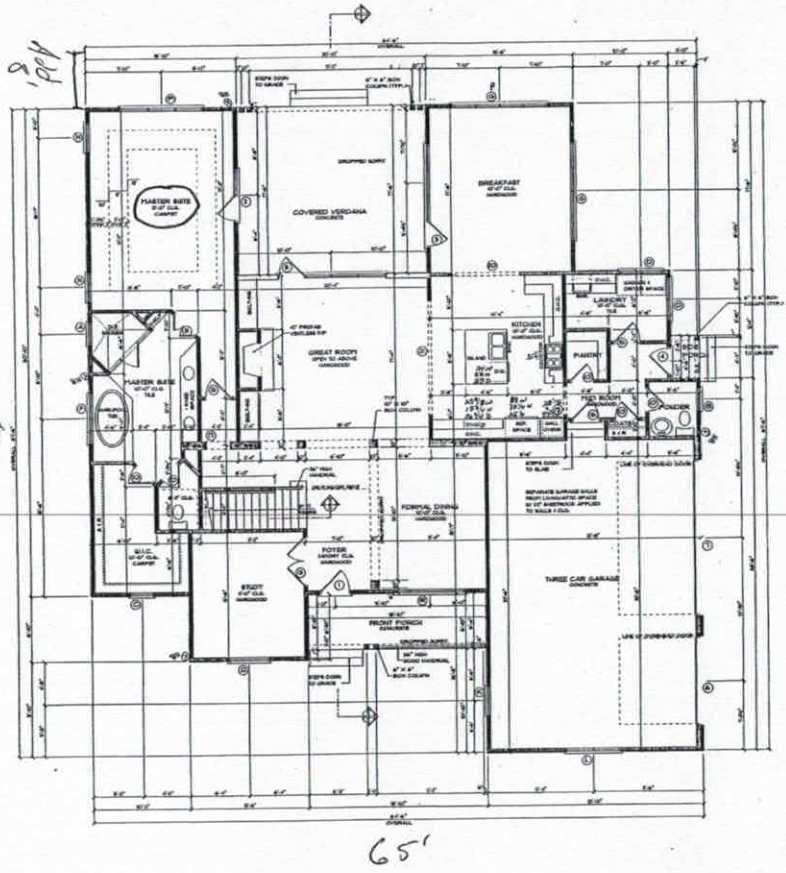
AVID
A Vision In Design
avidmanagement.com
121 San Matteo Street Matthews, North Carolina 28105
P 704-846-3111 F 704-846-3175

Second Floor Plan
Avery Plan

Sheet
7

Acknowledgement of
Plans Submittal ONLY!

Date 8/29/2017
Date 9/11/2017



FIRST FLOOR NOTES

- ALL EXPOSED WALLS ARE 7/8 STUCCO ON 30 ENGINEER UNLESS NOTED OTHERWISE
- ALL WINDOW CENTERS ARE 6" FROM WALL UNLESS OTHERWISE DIMENSIONED
- SEE SECOND FLOOR FRAMING PLAN FOR ALL SECOND FLOOR BEAM / FIRST FLOOR HEADER SIZES

SQUARE FOOTAGE

FIRST FLOOR HEATED	2753
SECOND FLOOR HEATED	653
TOTAL HEATED AREA	3535
FRONT PORCH	62
THREE CAR GARAGE	745
SIDE PORCH	0
COVERED VERANDA	350
UNFINISHED BONUS ROOM	371
TOTAL UNDER ROOF	5064

FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"

DATE: January 23, 2009
REVISION DATES:
FILE NAME: AVERY BLUFFS

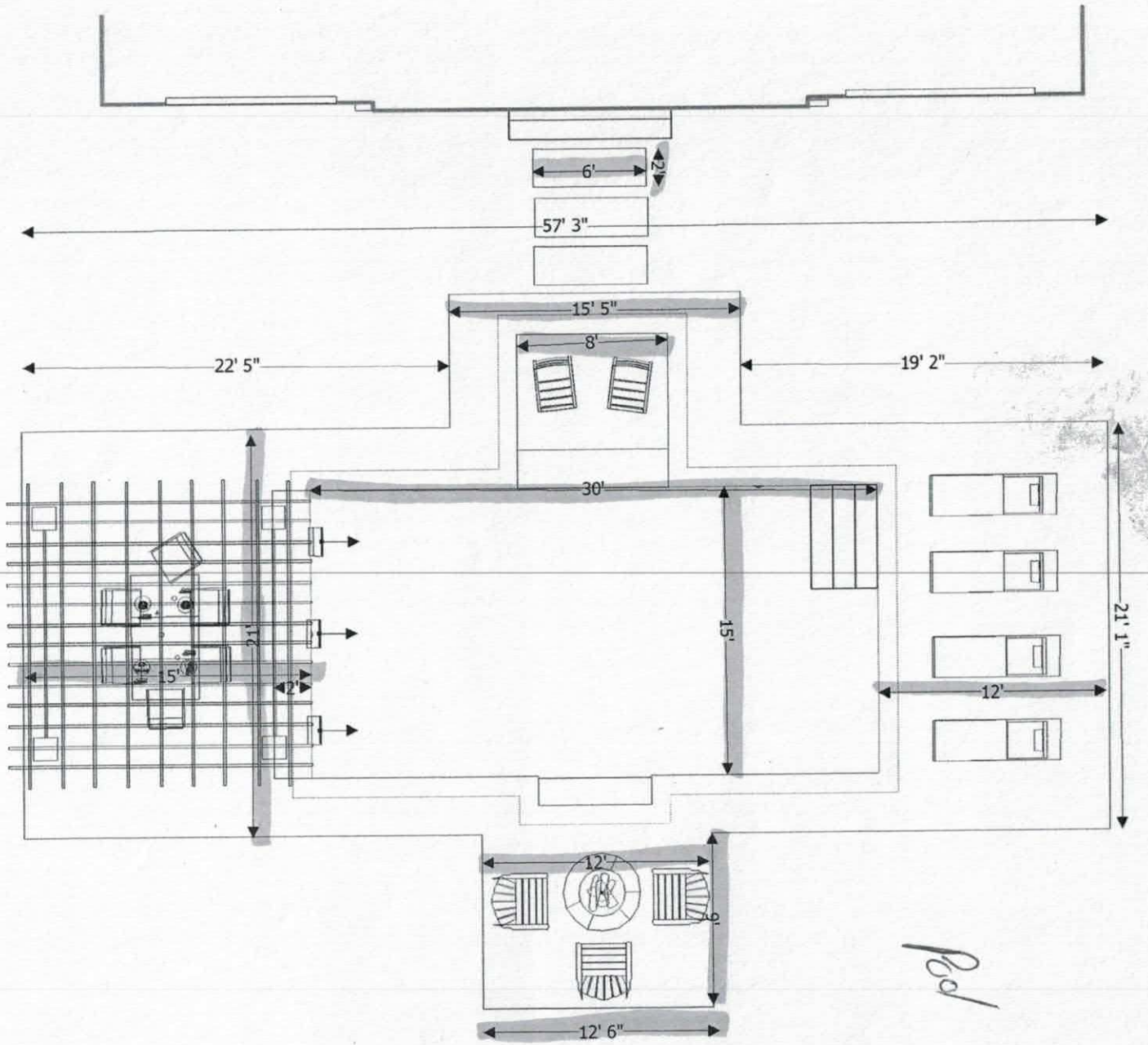
SCALE: 1/4"=1'-0"
DESIGNER: AL BARGA
DRAWN MANAGER: BILL BLUFFS

PLAN NUMBER:

AVID
A VISION IN DESIGN
avidhomedesign.com
101 Bent Meadows Road, Piedmont, North Carolina 29676
P: 704-846-3711 F: 704-846-8676

First Floor Plan
Avery Plan

Sheet
5



Scale: 1/8 in. per ft.

IREDELL COUNTY

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

APPLICATION NUMBER
217846
Issue Date: 04/06/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4638320222.000	607 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	64861	TOTAL FEES:	$ 77.25