ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 242681

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

PIN # 4638391835

APPLICANT/OWNER: Cornerstone III Properties | APPLICANT ADDRESS: 4509 Faith Church Rd Indian Trail, NC

SITE ADDRESS: 436 Kenway Loop Mooresville, NC | PHONE: 704-301-3229 | ALT. PHONE —

SITE DIRECTIONS: Perth → L on Fern Hill → L on Bagby → R on Kenway Loop → 1st on R | SAP CONTROLLED: ☐ YES ☑ NO

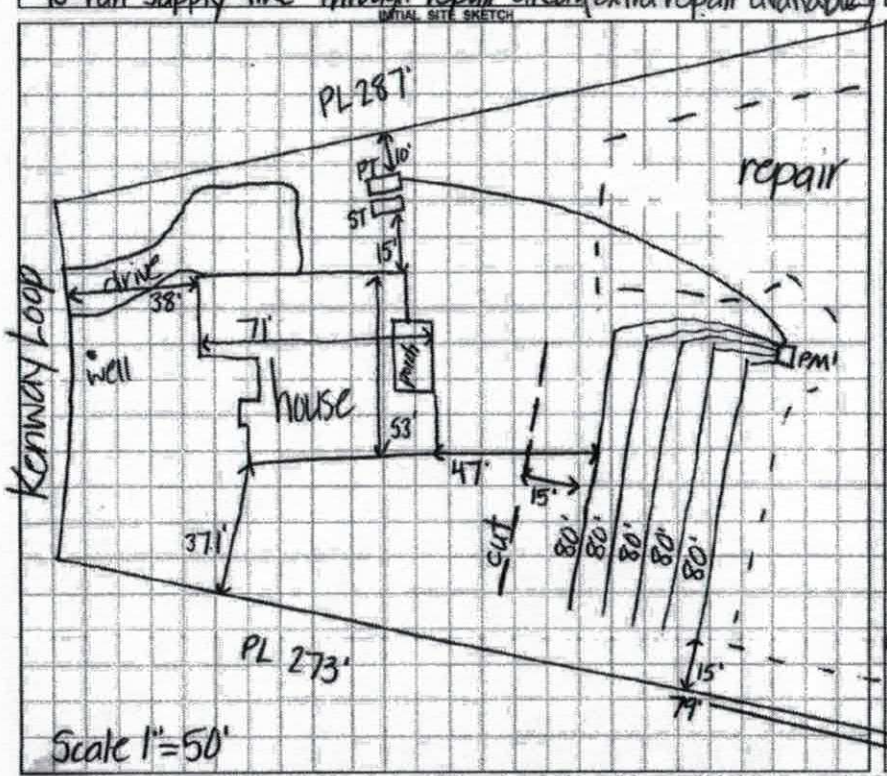
SUBDIVISION: Woodleaf | SECTION: 2 | LOT # 105 | LOT AREA: .963ac | DESIGN FLOW: 480gpd | L.T.A.R.: .3

Septic Tank	1000	(gal)	STB		Date		☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT		Date		System Description:	PM 25% reduction			☐ Business	No. Persons	8	☑ Private
Pump Make			Model		Serial #		Repair System Description:	LP PPBPS			☐ Other	No. Employees		☐ Public
# Nitrification Fields			# Lines	5@80'	Linear Ft	400'	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space		☐ Community
Trench Width	36"		Trench Bottom Depth (Low side)	24"/28" highside			Gravel Depth	—	☐ GRAVITY	☑ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: *Do not exceed max trench depth of 28". Ok to cheat contour of lowest drain line up to 6". Ok to run supply line through repair area. (extra repair available)

Tap Size: 1/2 sch 40 | Supply line: 2"
Dosing volume: 182 | pressure head: 2'
draw down: 8.6

INITIAL SITE SKETCH



AS BUILT SKETCH

	Date	Initials
Drain Lines Checked		
Tanks Checked *		
Pressure Manifold or Valve Box Checked	8/30/19	
Pressure Head Set	8/30/19	
Electrical Checked	10/30/19	CC
Floats Set	8/30/19	
Alarm Checked	8/30/19	
Maintenance Contract Y / N	—	—

* As of 9/3/19, still needs effluent filter checked * CC - 10/30/19

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: Tan Perry | Date: 8/22/19 | Installed by: Logo Vista

IMPROVEMENT PERMIT by: Kayla Watson | Date: 8-21-19 | OPERATION PERMIT by: Carla C. Cave | Date: 10-30-19

AUTHORIZATION TO CONSTRUCT by: Kayla Watson | Date: 8-21-19 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 242681

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

PIN # 4638391835

APPLICANT/OWNER: Cornerstone III Properties APPLICANT ADDRESS: 4509 Faith Church Rd. Indian Trail, NC

SITE ADDRESS: 436 Kenway Loop Mooresville, NC PHONE: 704-301-3229 ALT. PHONE —

SITE DIRECTIONS: Perth → L on Fern Hill → L on Bagby → R on Kenway Loop → lot on R SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Woodleaf SECTION: 2 LOT # 105 LOT AREA: .963ac DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB		Date				
Pump Tank	1000	(gal)	PT		Date				
Pump Make			Model		Serial #				
# Nitrification Fields	1		# Lines	5@80'	Linear Ft	400'			
Trench Width	36"		Trench Bottom Depth(Low side)	24"/28" highside	Gravel Depth	—			

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

System Description: PM 25% reduction

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ YES ☑ NO ☐ GRAVITY ☑ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

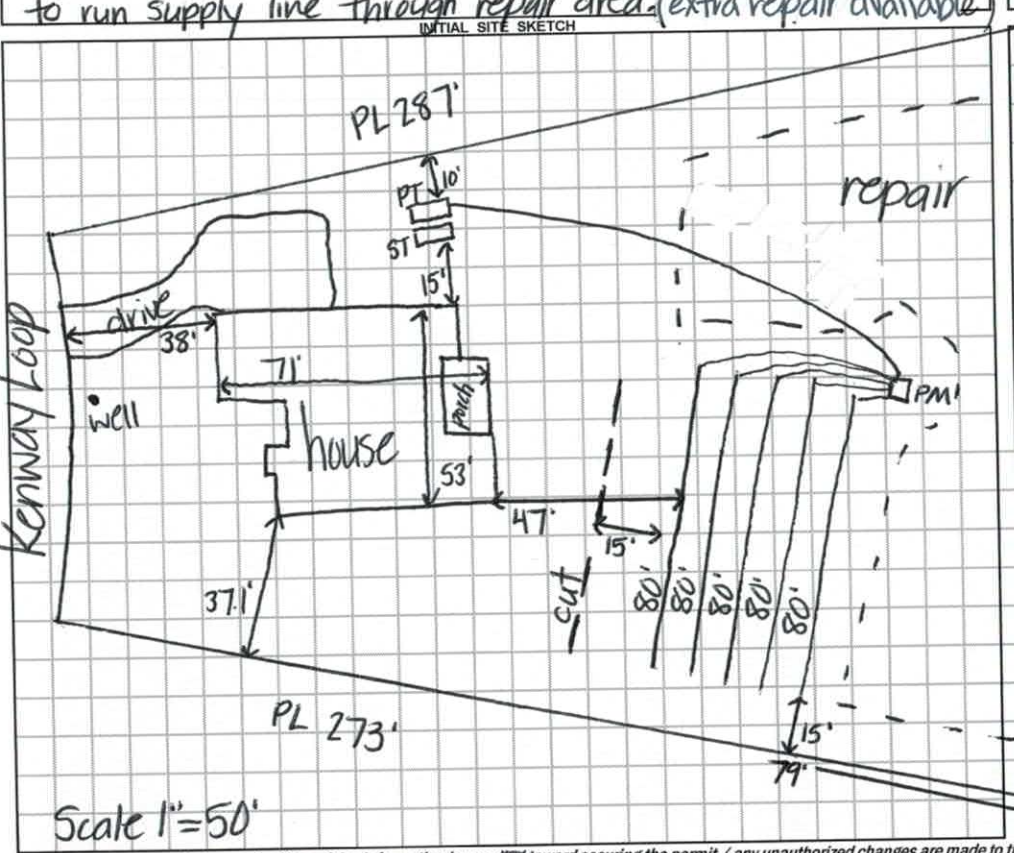
No. Bedrooms 4 No. Persons 8 No. Employees — ☑ Crawl Space

Water Supply: ☑ Private ☐ Public ☐ Community ☐ Basement w/o plumbing

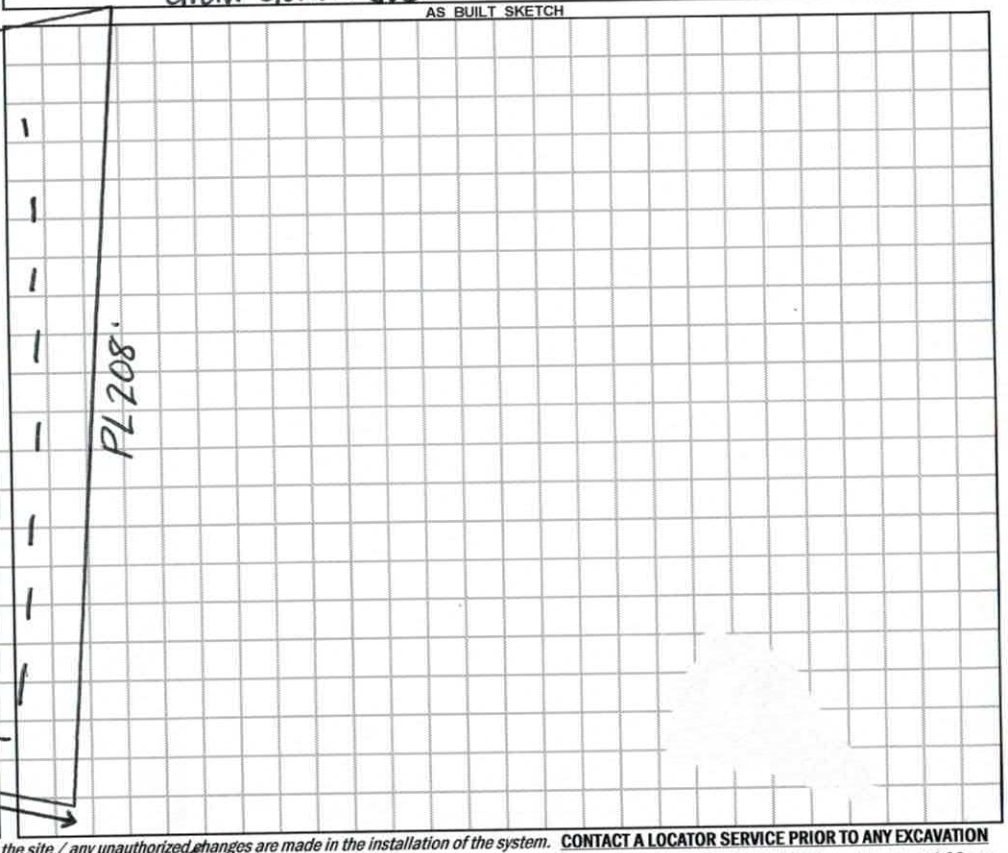
Comments / Conditions: *Do not exceed max trench depth of 28". Ok to cheat contour of lowest drain line up to 6". Ok to run supply line through repair area. (extra repair available)

Tap size: 1/2 sch 40 Supply line: 2"
Dosing volume: 182 pressure head: 2'
draw down: 8.6

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 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: Tan Crenly Date: 8/22/19 Installed by: _____

IMPROVEMENT PERMIT by: Kayla Watson Date: 8-21-19 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 8-21-19 Existing System Inspected by: _____ Date: _____

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Woodleaf Ph 2 — APPLICATION DATE: _____
ADDRESS: _____ — DATE EVALUATED: _____
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE: _____
LOCATION OF SITE: Lot 105 — 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	
1	L	0-4	Mo GR L	FR SS/SP	Br				.03
		4-22	Mo SBK C	FR SS/SP	Red				
		22-40	Mo/WK SBK CL	FR SS/SP	Red				
		40-48	MA L SAP	FR SS/NP	Red Br				
2	10 0 20	0-6	wk sbk scl	fr ss sp	Lt Br				.3
		6-32	mo sbk c	fr ss sp	Red		c-m sap		
		32-56	wk sbk cl	fr ss sp	Red				
3		0-12	wk sbk scl	fr ss sp	Lt Br		f sap		.3
		12-40	mo sbk c	fr ss sp	Red		com sap		
		32-60	mo-wk sbk cl	fr ss sp	Red				
4		0-5	wk sbk scl	fr ss sp	Br				.3
		5-31	mo sbk c	fr ss sp	Red		c sap		
		31-57	wk/sbk cl	fr ss sp	Red				
			/mo						

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: _____

339.75'
100.67'
16.44'
328.16'
207.86'
100
#3
#2
#1
#4
289.50'
273.07'
287.44'
41,960 SF
0.96 AC
105
39,328 SF
0.90 AC
NO ACCESS
29'
74.85'
100.13'
well
Drive
C9
117.96'
S28°48'01"E
163.56'
110.0'
134.2
C8
Ken
60'

Lot 105

Int. Relay

Septic AP 8/19/19

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)

$300 pd

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

242681

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 #
CORNERSTONE III PROPERTIES	4509 FAITH CH ROAD	IRON TRAIL LLC 704 301 3229	
OWNER NAME: BULLER RIVER DEVELOPMENT	725 CHERRY RD. ROCK HILL SC 29732	803 325 1925	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
436 KENWAY LOOP	WOODLEAF	LOT-105

Driving Directions: FERN HILL RD. NORTH/ RIGHT TO KENWAY LOOP ROAD

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

✓NEW SINGLE FAMILY
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to
( ) Other

Maximum Number BEDROOMS 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

✓CRAWL
( ) 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: Stan Crumley 8/19/19

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

#242681
AC w/site visit

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
CORNERSTONE III PROPERTIES	4509 FAITH CH ROAD	IRON TRAIL, NC	7043013229
OWNER NAME: BUFFER RIVER DEVELOPMENT	725 CHERRY RD.	ROCK HILL SC 29732	803 325 1925

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
436 KENWAY LOOP	WOODLEAF	LOT-105

Driving Directions: FERN HILL RD. NORTH/ RIGHT TO KENWAY LOOP ROAD

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

✓NEW SINGLE FAMILY
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ___
( ) Other ___

4 BEDROOM
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

✓CRAWL
( ) 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~~ ___

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?

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9. Signature: Stan Crumley
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3/5/19
DATE

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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:** X **Improvement Permit** ___**Authorization To Construct** ___**BOTH** ___**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**
   ___ **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**
   Place check ( ) beside whichever is submitted if applicable

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
WOODBRIDGE PARTNERS, LLC	P.O. BOX 3608 MOORESVILLE, NC 28117		Kathleen Saunders (ST ME) 704-942-1250
Same			
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Woodleaf	Ph 2, Lot 105

Driving Directions: Perth Rd, L Fern Hill Rd, L Bagby, R Kenway Loop, Lot on right

****

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

- (X) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) Repair To Failing Septic System

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
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 ___
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)***

(4) Alternative (1) Conventional (2) Innovative (3) Modified Conventional ( ) Other_____ ( ) No Preference

****

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:** Kathleen Saunders — 3/9/07
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.

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, TOM HARKINS, am the legal owner(s) of the property located at 436 KENWAY LOOP LOT-105, identified as PIN (Parcel Identification Number) 4638 39 1835, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) STAN PRESSLEY CORNERSTONE III PROPERTIES, 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
	8/5/19		

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

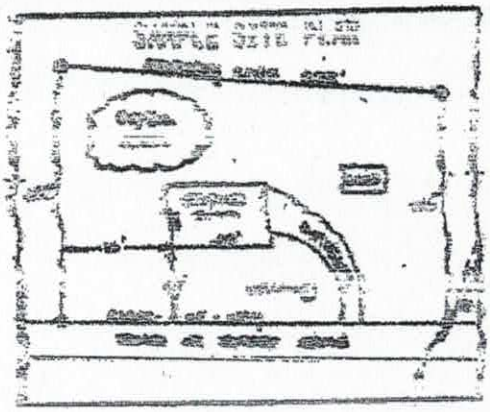
[redacted] COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

[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(S).

[redacted] complete the site plan:

- [redacted]
- [redacted]
- [redacted] property line
- [redacted]
- Preferred well location
- Preferred septic system location
- [redacted]



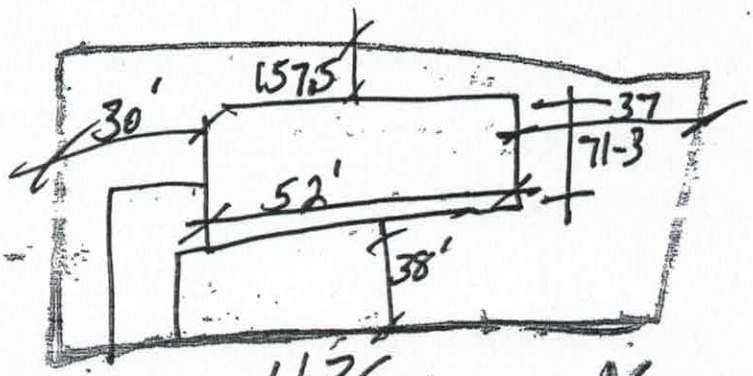
Check N/A on the following if not applicable

- [redacted] N/A
- Location of easements and rights of ways on your property N/A
- Location of any [redacted] on the property N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show proposed homes or businesses, [redacted], water lines, poles, roads and ditches, and any other item that will occupy space on the site

* See attached Plot *



436

*

*

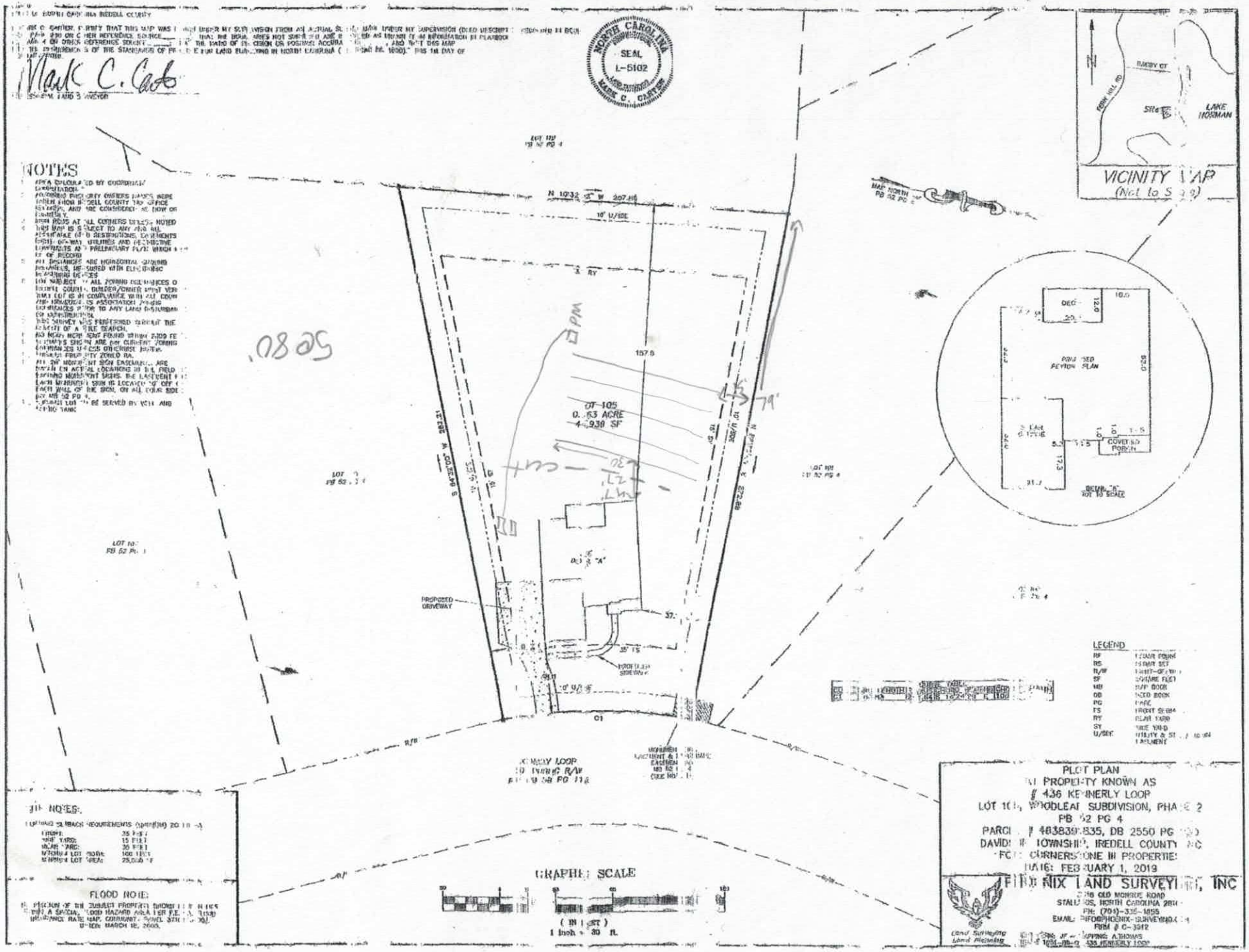
KENWAY loop

LOT - 105

[redacted]

8/9/19

Page 2 of 4


NOTES
VICINITY MAP
(Not to Scale)
LAKE NORMAN
PROPOSED DRIVEWAY
PROPOSED SIDEWALK
LOT 105
0.63 ACRE
4,930 SF
N 10°32'W 207.16'
S 82°48'E 202.52'
N 82°48'W 202.52'
S 10°32'E 207.16'
157.6
10' U/SE
3' RY
PROPOSED PLAN
COVERED PORCH
DECK
SCALE: 1" = 30'
LEGEND
SETBACK
PLOT PLAN
PROPERTY KNOWN AS
436 KENNERLY LOOP
LOT 105, WOODLEAF SUBDIVISION, PHASE 2
PB 52 PG 4
PARCEL # 4638391835, DB 2550 PG 330
DAVIDSON TOWNSHIP, IREDELL COUNTY, NC
FOR: CORNERSTONE III PROPERTIES
DATED: FEBRUARY 1, 2019
PHOENIX LAND SURVEYING, INC
2216 OLD MONROE ROAD
STALLINGS, NORTH CAROLINA 28104
PH: (704)-336-1855
EMAIL: PHOENIX-SURVEYING@...
FIRM # C-3912
Land Surveying
Land Planning
SURVEYED BY: ... DRAWING: A.THOMAS
JOB #: ... 436 KENNERLY LOOP
GRAPHIC SCALE
1 inch = 30 ft.
FLOOD NOTE:
SETBACK REQUIREMENTS (per R-20 zoning)
FRONT: 35 FEET
SIDE YARD: 15 FEET
REAR YARD: 35 FEET
MINIMUM LOT WIDTH: 100 FEET
MINIMUM LOT AREA: 25,000 SF
KENNERLY LOOP
50' PUBLIC R/W
MB 52 PG 4
DB 2550 PG 330
MORNING MIST DRIVE
EASEMENT & R/W
MB 52 PG 4
DEED REF.
NORTH CAROLINA
SEAL
L-5102
MARK C. CAIN
Mark C. Cain

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.

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, Tim Fleming, am the legal owner(s) of the property located at 436 Kenway Loop Lot-105, identified as PIN (Parcel Identification Number) 4638 39 1835, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** STAN PRESSLEY CORNERSTONE III PROPERTIES, 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

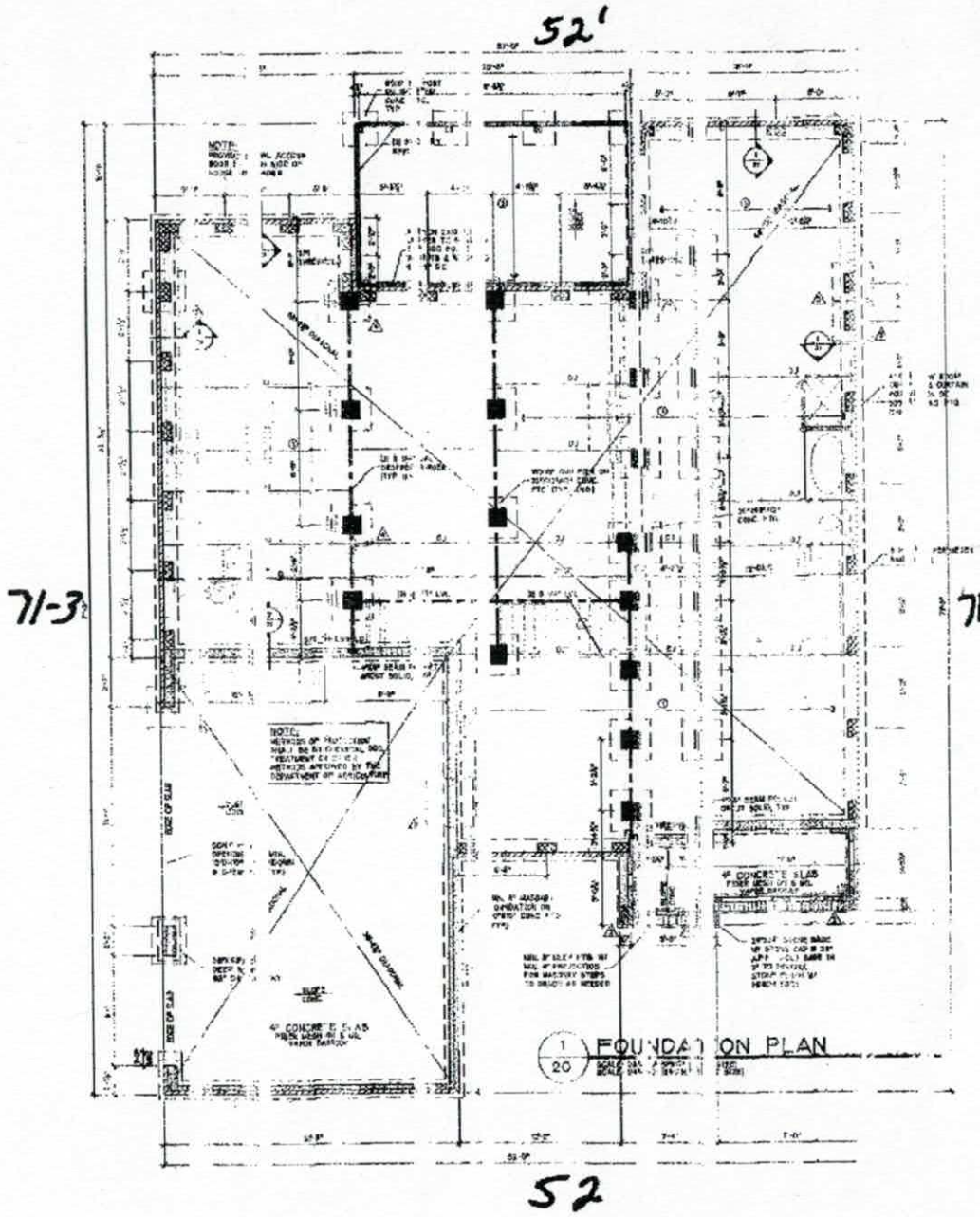
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

[signature]	3/5/19	[signature]	
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



Acknowledgement of Plans Submittal ONLY!
Date 3-21-19
Date 3/28/19

CORNERSTONE III PROPERTIES
4508 CHURCH RD
INDIAN NC 28079
(704) 4002

PREVIOUS PLAN

DATE

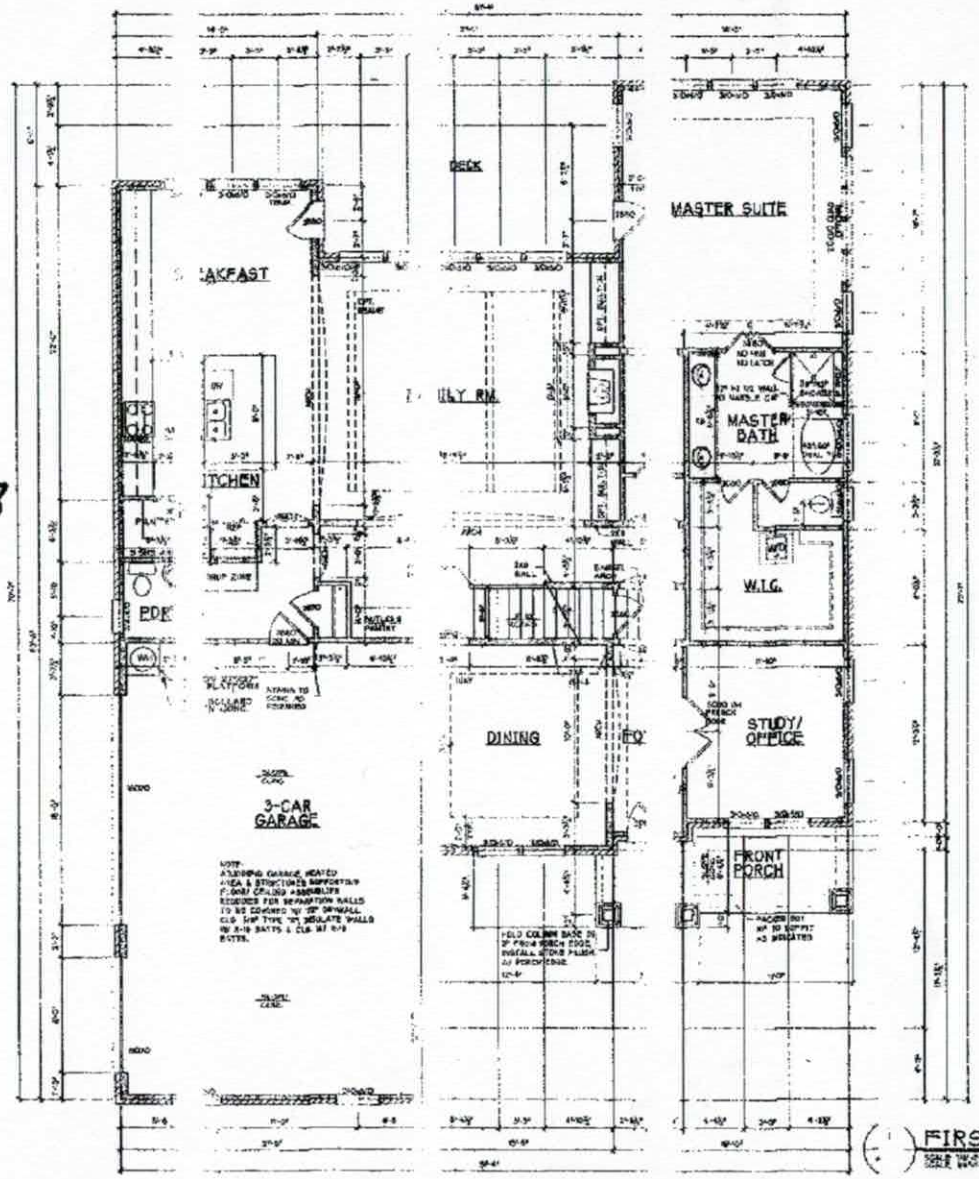
DRAWING DATA

FOUNDATION PLAN

SHEET NUMBER
2

52'

71-3



71-3

52'

FIRST FLOOR PLAN

FIRST FLOOR NOTES:

Acknowledgement of Plans Submittal ONLY
Date 3-21-19
Date 3/28/19

S	RE FOOTAGE:
TOTAL	
PROJECT	
TOTAL	
TOTAL	

CORN RSTONE III
PROP TIES
4503 P CHURCH RD
INDIAN IL, NC 28079
(704) 5 4002

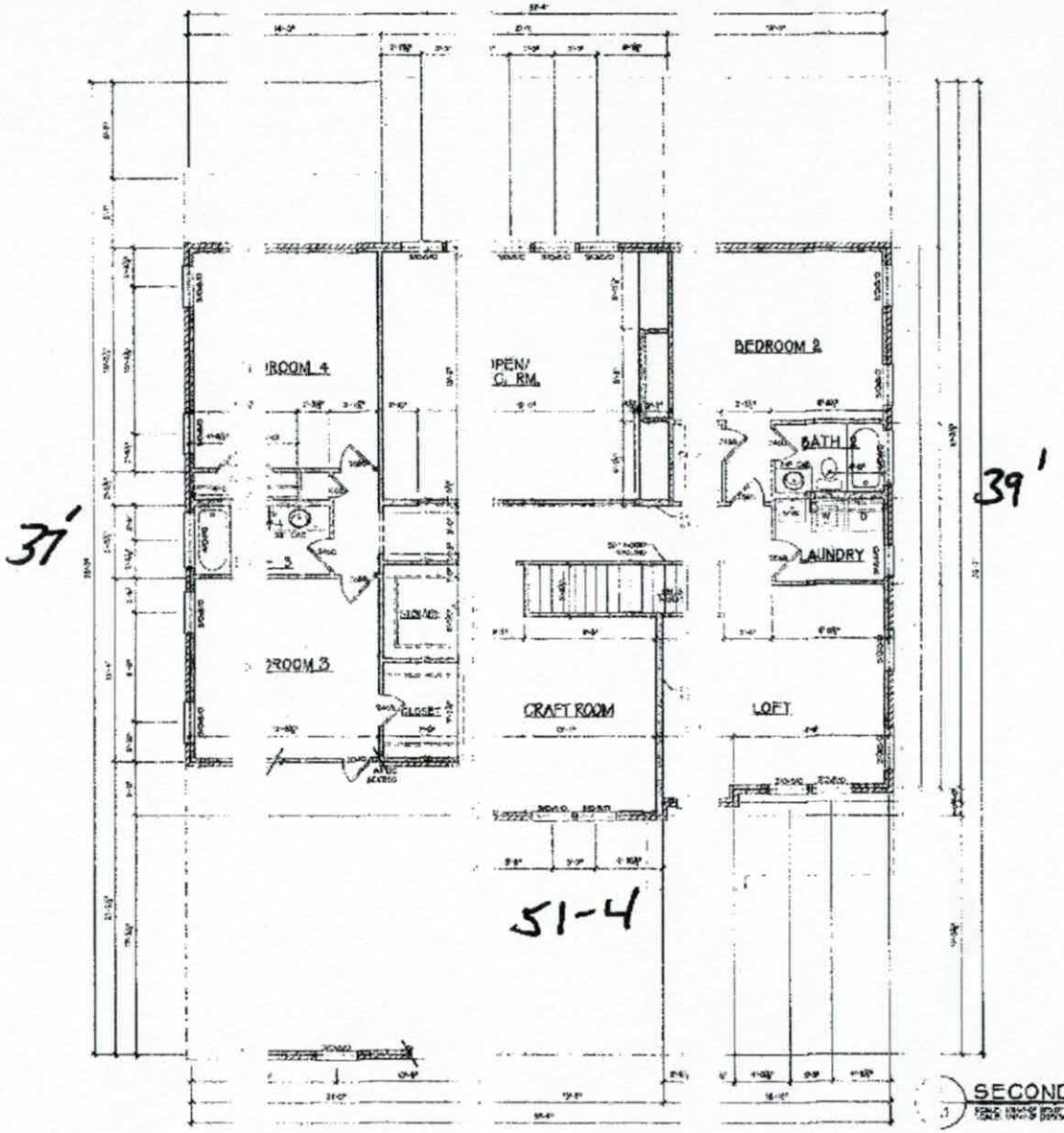
PEY ON
PLA

DRA NG DATA

FLO R PLAN

4

51-4



SECOND FLOOR PLAN

SECOND FLOOR NOTES:

- CONTRACTOR TO VERIFY ALL DIMENSIONS
- DO NOT SCALE DRAWING FOR PERMIT, BID OR CONSTRUCTION PURPOSES. USE DIMENSIONS ONLY
- ALL 4" CMU & 6" CONCRETE WALLS NOTED ON PLANS
- PROVIDE MIN. 10 SHT ALL WALL LAYOUTS FROM ARCHITECT
- ALL INTERIOR WALLS ARE 4" STUDS OR AS NOTED
- ALL EXTERIOR DOORS ARE 6" FROM WALL UNLESS NOTED
- ALL WINDOW OPENINGS ARE TO BE MARKED BY ARCHITECT
- ATTIC ACCESS TO BE AS SHOWN ON PLANS
- ATTIC ACCESS TO ALL ATTIC SPACES ADJACENT TO HEATED SPACES SHALL BE INSULATED TO MATCH ADJACENT WALLS
- ALL CLOSET SHELVING SHALL BE PROVIDED TO THE CEILING
- ALL CLOSETS SHALL BE HIGH HAT OR AS NOTED
- PROVIDE REVERSIBLE DOOR SWING AT LAUNDRY AND DRYER VENT TO OUTSIDE
- PROVIDE CLOTHES HANGER AT LAUNDRY ROOM
- PROVIDE CLOTHES HANGER AT ALL BEDROOMS
- PROVIDE CLOTHES HANGER AT ALL CLOSETS
- PROVIDE CLOTHES HANGER AT ALL LINEN CLOSETS
- PROVIDE CLOTHES HANGER AT ALL PANTRIES
- PROVIDE CLOTHES HANGER AT ALL MUDROOMS
- PROVIDE CLOTHES HANGER AT ALL GARAGES
- PROVIDE CLOTHES HANGER AT ALL BASEMENTS
- PROVIDE CLOTHES HANGER AT ALL ATTICS
- PROVIDE CLOTHES HANGER AT ALL CRAWL SPACES
- PROVIDE CLOTHES HANGER AT ALL PORCHES
- PROVIDE CLOTHES HANGER AT ALL DECKS
- PROVIDE CLOTHES HANGER AT ALL PATIOS
- PROVIDE CLOTHES HANGER AT ALL BALCONIES
- PROVIDE CLOTHES HANGER AT ALL ROOFS
- PROVIDE CLOTHES HANGER AT ALL CHIMNEYS
- PROVIDE CLOTHES HANGER AT ALL FIREPLACES
- PROVIDE CLOTHES HANGER AT ALL STAIRS
- PROVIDE CLOTHES HANGER AT ALL RAILINGS
- PROVIDE CLOTHES HANGER AT ALL GUARDRAILS
- PROVIDE CLOTHES HANGER AT ALL HANDRAILS
- PROVIDE CLOTHES HANGER AT ALL SKYLIGHTS
- PROVIDE CLOTHES HANGER AT ALL WINDOWS
- PROVIDE CLOTHES HANGER AT ALL DOORS
- PROVIDE CLOTHES HANGER AT ALL TRIM
- PROVIDE CLOTHES HANGER AT ALL MOLDING
- PROVIDE CLOTHES HANGER AT ALL BASEBOARD
- PROVIDE CLOTHES HANGER AT ALL CROWN MOLDING
- PROVIDE CLOTHES HANGER AT ALL CHAIR RAIL
- PROVIDE CLOTHES HANGER AT ALL WAINSCOT
- PROVIDE CLOTHES HANGER AT ALL PANELING
- PROVIDE CLOTHES HANGER AT ALL WALLPAPER
- PROVIDE CLOTHES HANGER AT ALL PAINT
- PROVIDE CLOTHES HANGER AT ALL STAIN
- PROVIDE CLOTHES HANGER AT ALL VARNISH
- PROVIDE CLOTHES HANGER AT ALL LACQUER
- PROVIDE CLOTHES HANGER AT ALL SHELLAC
- PROVIDE CLOTHES HANGER AT ALL WAX
- PROVIDE CLOTHES HANGER AT ALL POLISH
- PROVIDE CLOTHES HANGER AT ALL CLEANING
- PROVIDE CLOTHES HANGER AT ALL MAINTENANCE
- PROVIDE CLOTHES HANGER AT ALL REPAIR
- PROVIDE CLOTHES HANGER AT ALL REPLACEMENT
- PROVIDE CLOTHES HANGER AT ALL INSTALLATION
- PROVIDE CLOTHES HANGER AT ALL REMOVAL
- PROVIDE CLOTHES HANGER AT ALL DISPOSAL
- PROVIDE CLOTHES HANGER AT ALL RECYCLING
- PROVIDE CLOTHES HANGER AT ALL COMPOSTING
- PROVIDE CLOTHES HANGER AT ALL LANDSCAPING
- PROVIDE CLOTHES HANGER AT ALL IRRIGATION
- PROVIDE CLOTHES HANGER AT ALL DRAINAGE
- PROVIDE CLOTHES HANGER AT ALL GRADING
- PROVIDE CLOTHES HANGER AT ALL EXCAVATION
- PROVIDE CLOTHES HANGER AT ALL FILL
- PROVIDE CLOTHES HANGER AT ALL COMPACTION
- PROVIDE CLOTHES HANGER AT ALL TESTING
- PROVIDE CLOTHES HANGER AT ALL INSPECTION
- PROVIDE CLOTHES HANGER AT ALL APPROVAL
- PROVIDE CLOTHES HANGER AT ALL PERMIT
- PROVIDE CLOTHES HANGER AT ALL FEE
- PROVIDE CLOTHES HANGER AT ALL BOND
- PROVIDE CLOTHES HANGER AT ALL INSURANCE
- PROVIDE CLOTHES HANGER AT ALL WARRANTY
- PROVIDE CLOTHES HANGER AT ALL GUARANTEE
- PROVIDE CLOTHES HANGER AT ALL CERTIFICATE
- PROVIDE CLOTHES HANGER AT ALL AS-BUILT
- PROVIDE CLOTHES HANGER AT ALL RECORD DRAWING
- PROVIDE CLOTHES HANGER AT ALL SHOP DRAWING
- PROVIDE CLOTHES HANGER AT ALL SUBMITTAL
- PROVIDE CLOTHES HANGER AT ALL RFI
- PROVIDE CLOTHES HANGER AT ALL CHANGE ORDER
- PROVIDE CLOTHES HANGER AT ALL PUNCH LIST
- PROVIDE CLOTHES HANGER AT ALL FINAL INSPECTION
- PROVIDE CLOTHES HANGER AT ALL CERTIFICATE OF OCCUPANCY
- PROVIDE CLOTHES HANGER AT ALL TEMPORARY CERTIFICATE OF OCCUPANCY
- PROVIDE CLOTHES HANGER AT ALL FINAL CERTIFICATE OF OCCUPANCY

Acknowledgement of Plans Submittal ONLY!
Date 3-21-19
Date 3/28/19

CORNERSTONE III PROPERTIES
4509 FAITH ... JRCH RD
INDIAN TRAIL, NC 28079
(704) 57... 2

PROJECT TITLE
PEYTON PLACE

REVISIONS DATE

DRAWING DATA

SHEET TITLE
SECOND FLOOR PLAN

SHEET NUMBER
4.1

IREDELL COUNTY

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

APPLICATION NUMBER
242681
Issue Date: 03/06/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4638391835.000	436 KENWAY LOOP, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: BULLER RIVER DEV PARTNERS LP	Applicant: CORNERSTONE III PROPER
Address: 725 CHERRY RD # 3234	Address: 4509 FAITH CHURCH RD
ROCK HILL, SC 29732	INDIAN TRAIL, NC 28079
Phone:	Phone:

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.963	35.00	35.00	15.00	15.00	CACL	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	169593	TOTAL FEES:	$ 77.25