203649

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DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built___ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool ✓

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? ___ and stories?___

If an addition, please describe project: installing 12'x25' fiberglass pool

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? Yes No If yes, please list who provides it: _____

Does the property have community sewer? Yes No If yes, please list who provides it: _____

Owner Information

Property Owner's Name Lani Barnes Phone # 704 906-5202

Owner's Current Address 432 Normandy Road, Mooresville, NC 28117

Property Information

Property Address 432 Normandy Rd, Mooresville, NC 28117 Parcel # 1094

Subdivision: Ridgewood Lot:___ Zoning:___ Watershed: Y or N Flood Plain: Y or N Township:___

Directions to property (from a MAIN ROAD) _____

Application Information

Applicant's Name or Company Hatteras Pools Applicant's Phone # 704 567-9309

Applicant's Address 3900 N. Sharon Amity, Charlotte, NC 28205

If Company, Representative's Name and Title Joseph L. Biron, Dealer

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT Joseph L. Biron DATE 5/21/14

PERMITS/INSP PAYMENT RECEIPT# 332788
COUNTY OF IREDELL
PO BOX 788
200 SOUTH CENTER STREET
STATESVILLE NC 28687

DATE: 05/23/14 TIME: 16:04
CLERK: dwilliams
PAID BY: HATTERAS POOLS

APPLICATION #: 203649

PERMIT ALLOCATION:

1	104563 472223 PZOI	75.00	Zoning Permits
1	104563 460450 PZOI	2.25	Technology Fee - Planning
1	10492751 447004 47472 PEHSA	40.00	In Office Septic Rev & Plan Ap

TOTAL RECEIPT AMOUNT: 117.25

AMOUNT PAID: 117.25
PAID BY: HATTERAS POOLS
PAYMENT METHOD: CHECK 1137
APPLICATION #: 203649

AMT TENDERED: 117.25
AMT APPLIED: 117.25
CHANGE: .00

ENVIRONMENTAL HEALTH REQUIREMENTS
for SEPTIC PERMITS

The following numbered items MUST BE COMPLETED PRIOR TO THE SUBMITTAL of the Improvement Permit (IP) / Authorization to Construct (AC) / Existing System application packet. **Questions?** Call Iredell County Environmental Health between 8:00-9:00a.m., Monday-Friday to speak with a Registered Environmental Health Specialist.

Statesville Office (704)871-3456 (8:30-12:30 M-F)
Mooresville Office (704)660-3625

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1. **Complete all Environmental Health forms**: septic system application, site plan, new well water application (if applicable), and sign this green sheet **after** you completed all items. **Include in submittal a copy of the site information Zoning Permit.** A Zoning Permit is not required for septic system repairs or expansion where no addition is being made to an existing structure.
2. Clearly **mark all property corners**. Flag side lines every twenty-five feet if rear corners are not visible when standing on front corners.
3. **Stake or flag the footprint of the building structure**.
4. Where an **Authorization to Construct (AC) is desired**, submit a recorded copy of the **plat for the subdivision lot** (if not already on file at Environmental Health) and **include two(2) legible copies of the basic floor plan** not larger than 11" x 17" for each floor in the structure.
5. **Any site not having adequate visibility**(50' in any direction) **must be cleared of "undergrowth"** to allow access and provide good visibility.
6. All completed paperwork must be submitted to the Environmental Health Division of the Iredell County Health Department for review before any name will be placed on the service request (appointment) list. **Only properly completed applications will be placed on the service request list on a first come, first serve basis. Incomplete applications will be returned to the applicant.**

Completed permits must be picked up promptly. If it becomes necessary to send a certified letter (return receipt), postage will be charged and **any permit not picked up by the deadline in the letter will be voided. All monies paid to that point are non-refundable.**

Any site not ready when staff arrive for the evaluation will result in the applicant being charged a site revisit fee and the request being returned to the bottom of the service request list.

By signing below I am acknowledging the above specifications have been met and the site is ready to be evaluated.

Signature _____ **Date** 5/21/14