IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 235.158

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

PIN # 4638479257

APPLICANT/OWNER: Robert Timmons APPLICANT ADDRESS: 176 Folkstone Mooresville, NC

SITE ADDRESS: 176 Folkstone Mooresville NC PHONE: ALT. PHONE Michael 704 576-3887

SITE DIRECTIONS: Hwy 150 W TR Perth Rd TL Stumpy Creek TL Collingswood TL Folkstone SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Troutman SECTION: 14 LOT # 20 LOT AREA: .95 Ac DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB 794.	Date 2-1-19	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II [III] IV V VI	[X] Residence	No. Bedrooms 3	Water Supply
Pump Tank	1000 (gal)	PT 283.	Date 2-5-11	System Description: Pump PM-25% Reduction				[ ] Business	No. Persons 6	[X] Private
Pump Make Liberty	Model		Serial #	Repair System Description: LPPPBPR				[ ] Other	No. Employees	[ ] Public
# Nitrification Fields 1	# Lines 3		Linear Ft 300ft	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[ ] Crawl Space	[ ] Community
Trench Width 36"	Trench Bottom Depth(Low side) 36"		Gravel Depth N/A		[ ] GRAVITY	[X] PRESSURE		[X] Basement w/ plumbing	[ ] Basement w/o plumbing	

Comments / Conditions: * Septic, Drainfield and Repair) located Off Site, (across the street) DOT approval 5/16/18 Easement recorded 5/18/18

* Do Not issue A.C. until Septic Easement is recorded and DOT encroachment easement is approved

INITIAL SITE SKETCH

Sat. attached, approved

Septic plan by

Michael Athanas & Assoc

(dated 4/26/18)

AS BUILT SKETCH

3/28/19 Floor plans reviewed, house is wider but doesn't impact Septic.

	Date	Initials
Drain Lines Checked	3/28	BB
Tanks Checked	3/28	BB
Pressure Manifold or Valve Box Checked	3/28	BB
Pressure Head Set	8.19	
Electrical Checked	8.19	
Floats Set	8-19	
Alarm Checked	8.19	
Maintenance Contract Y (N)		

* Tanks 15+ ft away from house corners.
* House not built time of inspection.
* Supply line checked 5/9 KW

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**

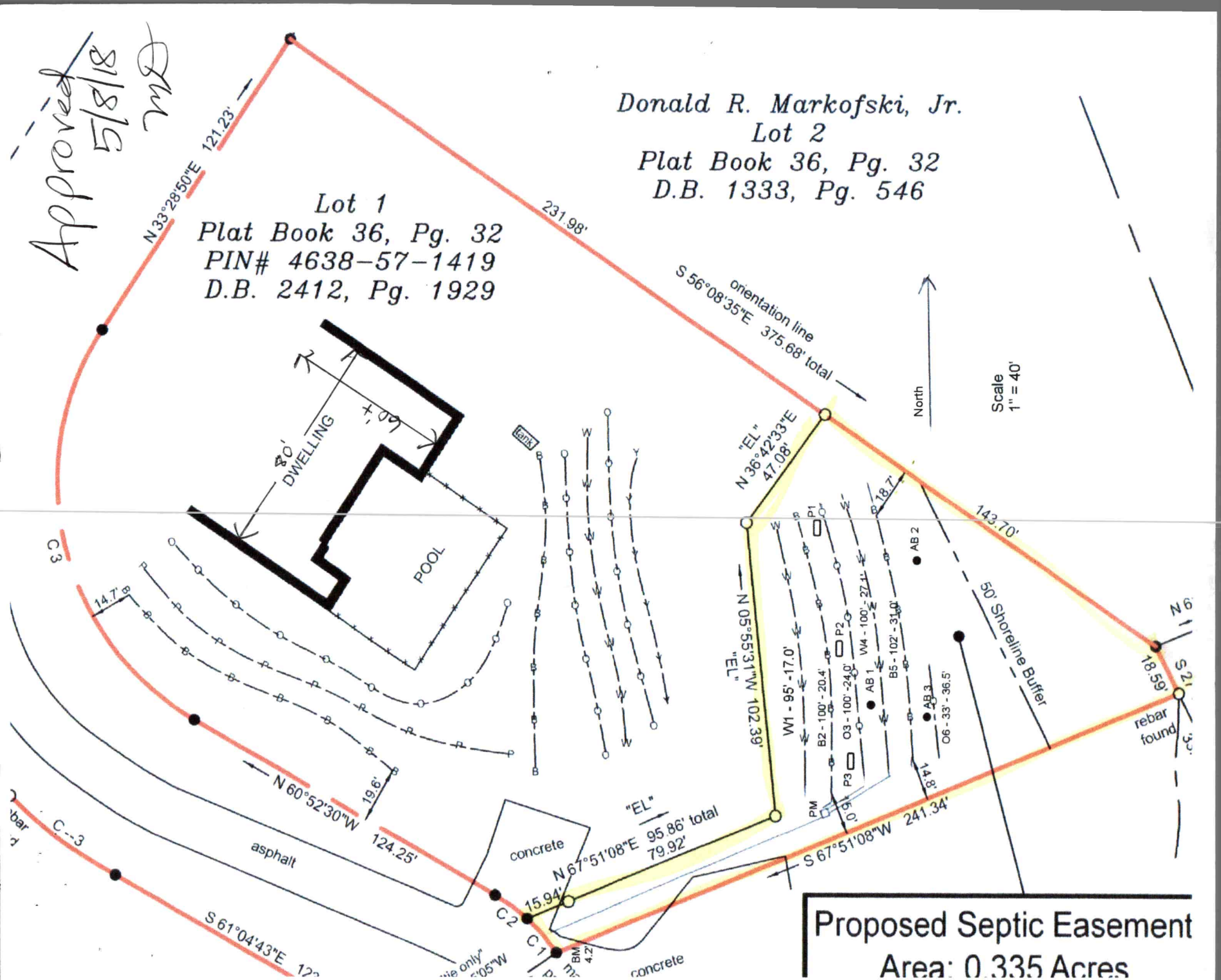
[ ] IMPROVEMENT PERMIT *with plat valid without expiration.* [X] IMPROVEMENT PERMIT *with site plan valid for 60 mos.* [X] AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

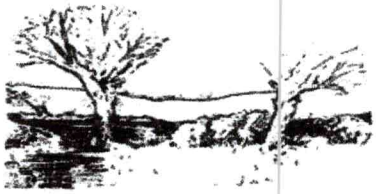
Owner / Applicant Signature: Robert Timmons Date: 5-9-18 Installed by: Lago Vista Septic

IMPROVEMENT PERMIT by: Date: 5/8/18 OPERATION PERMIT by: Date: 8-19-2020

AUTHORIZATION TO CONSTRUCT by: Date: 3/28/19 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 inspector to confirm your inspection time.


Approved
5/8/18
Donald R. Markofski, Jr.
Lot 2
Plat Book 36, Pg. 32
D.B. 1333, Pg. 546
Lot 1
Plat Book 36, Pg. 32
PIN# 4638-57-1419
D.B. 2412, Pg. 1929
N 33°28'50"E 121.23'
231.98'
orientation line
S 56°08'35"E 375.68' total
North
Scale
1" = 40'
80'
DWELLING
± 60'
POOL
tank
"EL"
N 36°42'33"E
47.08'
143.70'
50' Shoreline Buffer
N 055°31"W 102.39'
"EL"
W1 - 95' - 17.0'
B2 - 100' - 20.4'
O3 - 100' - 24.0'
W4 - 100' - 27.1'
B5 - 102' - 31.0'
O6 - 33' - 36.5'
AB 1
AB 2
AB 3
P1
P2
P3
PM
18.7'
14.8'
10.5'
18.59'
rebar found
N 6
S 2
C 3
14.7'
19.6'
N 60°52'30"W
124.25'
C--3
S 61°04'43"E
asphalt
concrete
15.94'
C 2
C 1
BM
4.2'
"EL"
N 67°51'08"E 95.86' total
79.92'
S 67°51'08"W 241.34'
concrete
Proposed Septic Easement
Area: 0.335 Acres



Approved
MD
5/8/18

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

Reference: Data Sheet 176 Folkstone Rd, CL&T Sec 14 lot 2 (SFE)
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 3/360 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Pressure Manifold
Flow per Tap: 7.11 GPM
Tap Size and Material: ½" SCH 40
System Flow: 21.33 GPM
Dosing Volume: 131.3 gallons
Pump Run Time: 6.2 minutes
Elevation Head: 10.0'
Friction Head: 3.2'
Pressure Head: 2'
Total Dynamic Head: 15.2'
Supply Line Length: 240' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36"



Line	Design Length	Actual Length	Elevation
White 1		95'	17.0'
Blue 2	**100'**	**103'**	**20.4'**
Orange 3	**100'**	**103'**	**24.0'**
White 4	**100'**	**103'**	**27.1'**
Blue 5		102'	31.0'
Orange 6		33'	36.5'

Initial System: 300'
Repair System: 230'
Pump Tank: 9.2'
House Corner: 6.5'
Benchmark: 4.2'

Approved MD 5/8/18

Comments: MA&A is proposing the use of an offsite septic area located on 153 Folkstone Drive to accommodate CL&T Lot 2 Section 14. MA&A has pulled the existing permit for 153 Folkstone Drive and it appears after performing an existing system evaluation that the initial and the repair system seem to be compliant and match the existing permit. After this evaluation we observed there was additional area not being used, MA&A is proposing the utilization of this additional area located on 153 Folkstone Drive to serve as a septic easement for Lot 2 Section 14 of CL&T (refer to site plan). Please note a DOT encroachment agreement will be necessary in order to cross the road with the supply line; at this point in the permitting process we are currently **only** seeking an IP.

PROPERTY ID #: 4638479257
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Approved MD 5/8/18

OWNER: Ray Jackson
ADDRESS: 177 Folkstone Rd, Mooresville, NC 28117
PROPOSED FACILITY: 3 BDRM PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: SFE

APPLICATION DATE
DATE EVALUATED:
PROPERTY SIZE: 0.95 AC
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 40%	0-8	Br CL WSBK	FR SS SP SXP	N/A	46"		N/A	PS 0.3+
		8-30	R C SBK	FR SS SP SXP					
		30-46	R CL WSBK	FR SS SP SXP			F-C SAP		
		46-65	VER SL SAP M	VFR SS SP SXP			PS		
PIT 2	LS 40%	0-4	Br CL WSBK	FR SS SP SXP	N/A	39"		N/A	PS 0.3+
		4-20	R C SBK	FR SS SP SXP					
		20-39	R CL WSBK	FR SS SP SXP			F-C SAP		
		39-67	VER SL SAP M	VFR SS SP SXP			PS		
PIT 3	LS 40%	0-4	Br CL WSBK	FR SS SP SXP	N/A	40"		N/A	PS 0.3+
		4-22	R C SBK	FR SS SP SXP					
		22-40	R CL WSBK	FR SS SP SXP			F-C SAP		
		40-70	VER SL SAP M	FR SS SP SXP			PS		
AB 1	LS 40%	0-24	R C SBK	FR SS SP SXP	N/A	36"		N/A	PS 0.3+
		24-36	R CL WSBK	FR SS SP SXP					
		36-48	VER SL SAP M	VFR SS SP SXP			F-C SAP		
							PS		

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	900 FT2	690 FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

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

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

Approved 5/18/18 MD

PROPERTY ID #: 4638479257

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
AB 2	LS 40%	0-4	Br CL WSBK	FR SS SP SXP	N/A	40"		N/A	PS 0.3+
		4-30	R C SBK	FR SS SP SXP					
		30-40	R CL WSBK	FR SS SP SXP			F-C SAP		
		40-50	VER SL SAP M	VFR SS SP SXP			PS		
AB 3	LS 40%	0-4	Br CL WSBK	FR SS SP SXP	N/A	34"		N/A	PS 0.3+
		4-20	R C SBK	FR SS SP SXP					
		20-34	R CL WSBK	FR SS SP SXP			F-C SAP		
		34-60	VER SL SAP M	VFR SS SP SXP			PS		

COMMENTS:

AC 3/25/19

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) ~~New Well Permit~~ ( ) Well Repair Permit ( ) Well Abandonment
( ) 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

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: (PRINT CLEARLY) 209 GARNETT Rd MOORESVILLE

Applicant Name: ROBERT TIMMINS Address: ~~176 FOLKSTONE Rd~~ Zip: 28117
Applicant Email: SEVENTEES LLC@AOL.COM Phone: 704-4005287 Alt. Phone: 704 400 5291
Owner Name: ROBERT TIMMINS Address: 209 GARNETT Rd MOORESVILL Zip: 28117
Owner Email: SEVENTEES LLC@AOL.COM Phone: 704 4005287 Alt. Phone: 704-400 5291

Property Information:

Street Address: 176 FOLKSTONE Rd MOORESVILLE N.C 28117
Subdivision Name: CLNT. Section/Phase: 14 Lot Number: 2
Driving Directions: HWY 150 TO PENTH Rd

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

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:
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

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: Robert Timmins 3-25-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

3:00

RECEIVED APR 27 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $350.00 #235158

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

Paid $500.00 5-9-18

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: **(PRINT CLEARLY)**

Applicant Name: Robert Timmons **Address:** Mooresville, NC **Zip:** _____

Applicant Email: seventeesllc@aol.com **Phone:** _____ **Alt. Phone:** _____

Owner Name: Ray Jackson **Address:** 177 Folkstone Rd, Mooresville, NC **Zip:** 28117

Owner Email: _____ **Phone:** 704-664-4426 **Alt. Phone:** _____

****

Property Information:

Street Address: 176 Folkstone Rd

Subdivision Name: CL&T **Section/Phase:** 14 **Lot Number:** 2

Driving Directions: _____

****

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) 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:** _____

(✓) 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: Accepted

****

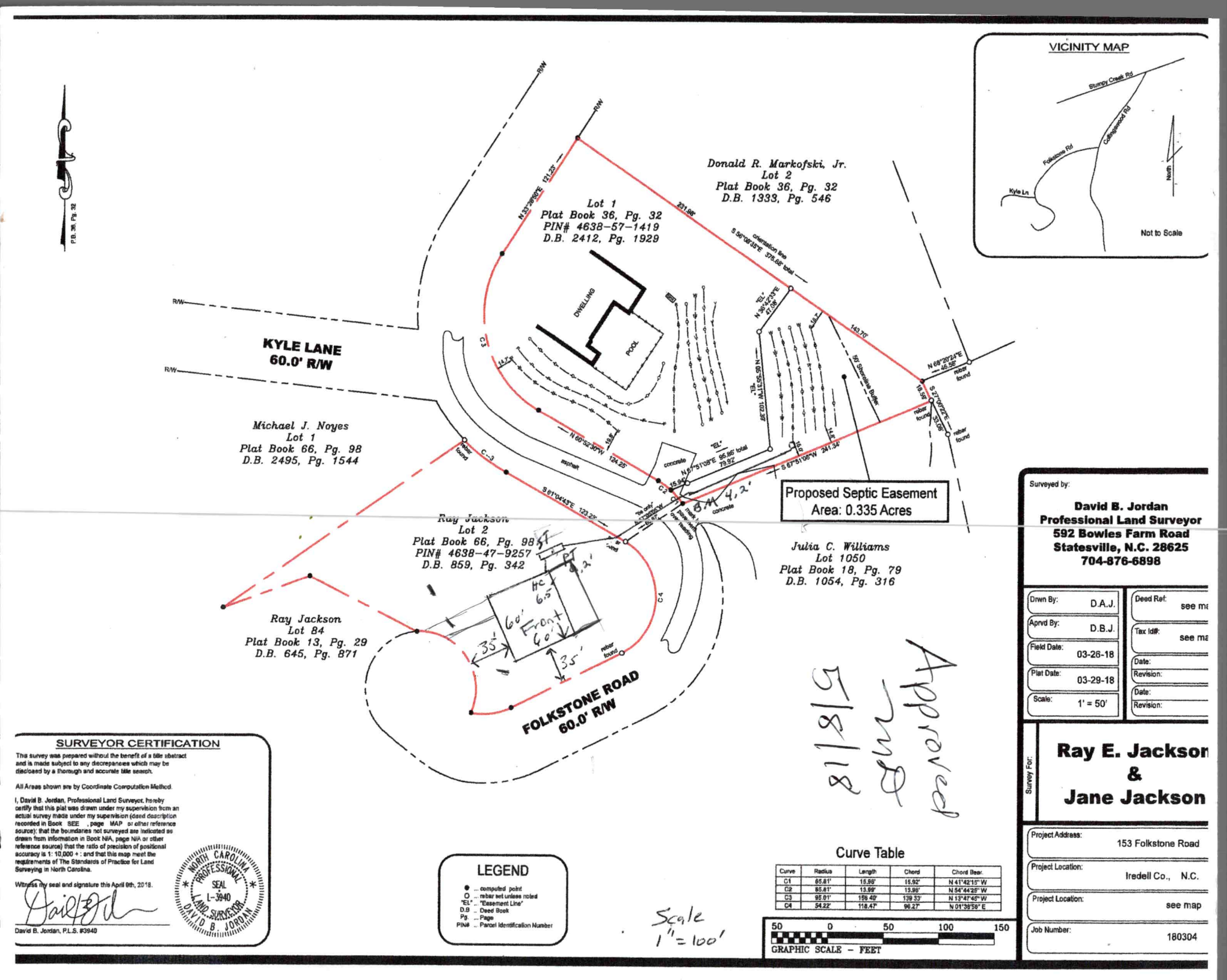
Please answer the following to the best of your ability:

( ) 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: _____ 4/26/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**



SURVEYOR CERTIFICATION

This survey was prepared without the benefit of a title abstract and is made subject to any discrepancies which may be disclosed by a thorough and accurate title search.

All Areas shown are by Coordinate Computation Method.

I, David B. Jordan, Professional Land Surveyor, hereby certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book SEE , page MAP or other reference source); that the boundaries not surveyed are indicated as drawn from information in Book N/A, page N/A or other reference source) that the ratio of precision of positional accuracy is 1: 10,000 + ; and that this map meet the requirements of The Standards of Practice for Land Surveying in North Carolina.

Witness my seal and signature this April 9th, 2018.

NORTH CAROLINA PROFESSIONAL SEAL L-3940 LAND SURVEYOR DAVID B. JORDAN

David B. Jordan, P.L.S. #3940

LEGEND

- ● ... computed point
- O ... rebar set unless noted
- "EL" ... "Easement Line"
- D.B ... Deed Book
- Pg ... Page
- PIN# ... Parcel Identification Number

Curve Table

Curve	Radius	Length	Chord	Chord Bear.
C1	65.61'	15.98'	15.92'	N 41°42'15" W
C2	65.61'	13.99'	13.96'	N 54°44'25" W
C3	95.01'	159.40'	139.33'	N 13°47'46" W
C4	54.22'	118.47'	96.27'	N 01°38'59" E

Scale 1" = 100'

50 0 50 100 150
GRAPHIC SCALE – FEET

8/18/18 Approved

Surveyed by:

David B. Jordan
Professional Land Surveyor
592 Bowles Farm Road
Statesville, N.C. 28625
704-876-6898

Drwn By:	D.A.J.
Aprvd By:	D.B.J.
Field Date:	03-26-18
Plat Date:	03-29-18
Scale:	1' = 50'

Deed Ref: see ma
Tax Id#: see ma
Date:
Revision:
Date:
Revision:

Survey For:

Ray E. Jackson & Jane Jackson

Project Address: 153 Folkstone Road
Project Location: Iredell Co., N.C.
Project Location: see map
Job Number: 180304

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

(Check and sign only ONE of the options below)

1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here*) Robert J T

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, ROBERT J TIMMINS, am the legal owner(s) of the property located at 176 FOLKSTONE RD MOORESVILLE N.C, identified as

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

I do hereby authorize (**print legal representative/company name**) _____,

_____, 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.

Robert J T

Signature of Owner(s)

3-25-19

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

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, Ray Jackson, am the legal owner(s) of the property located at 176 Folkstone Rd, identified as PIN (Parcel Identification Number) 4638 47 9257, located in Iredell County, North Carolina.

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

Ray E. Jackson 4-27-18 — 4/27/2018

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

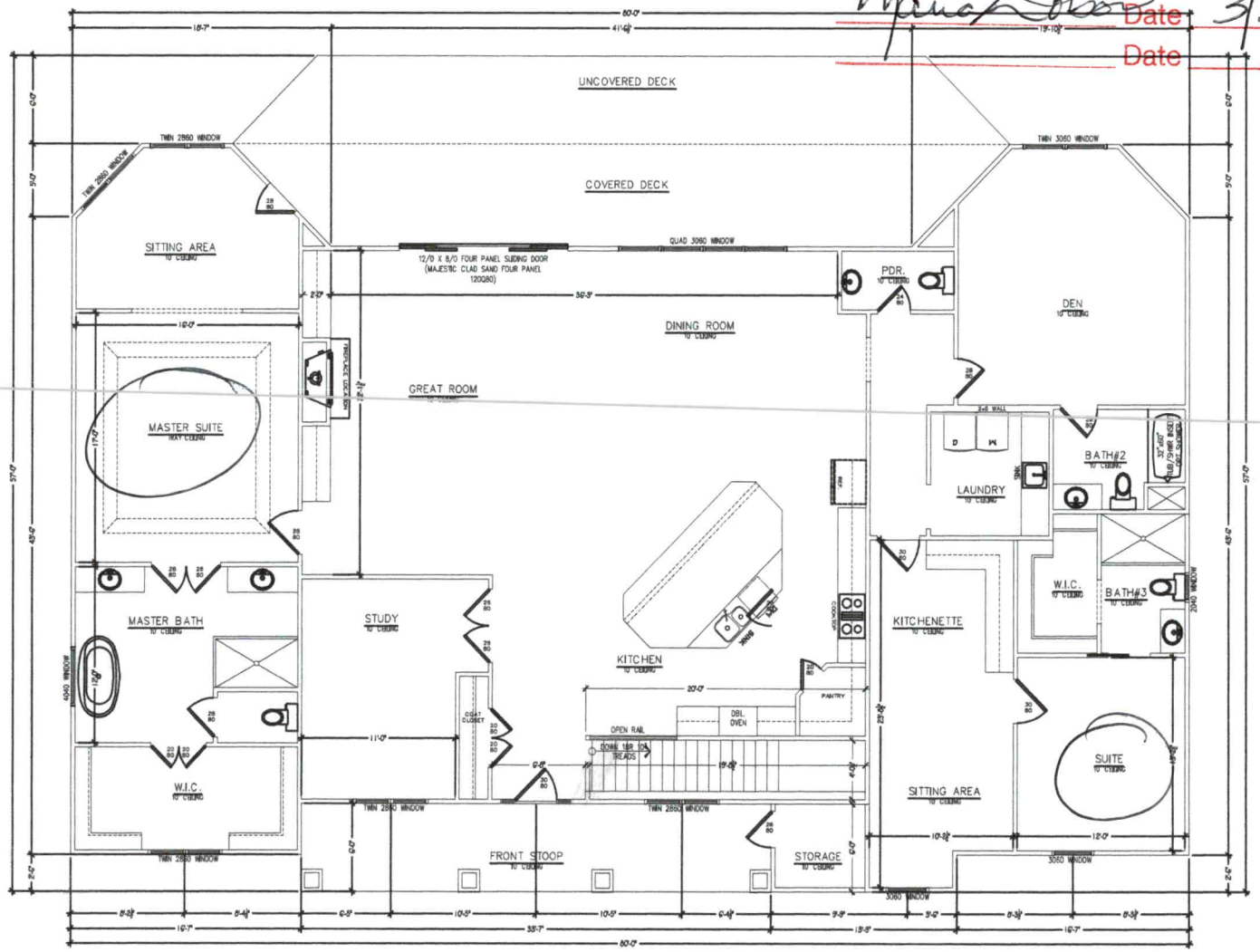
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

80 w

Acknowledgement of
Plans Submittal ONLY!

Date 3/27/19

Date



FIRST FLOOR PLAN

SCALE: 1/8" = 1'-0"

57

Copyright Designtime Residential, LLC 2018

MEMBER AIBD
AMERICAN INSTITUTE OF BUILDING DESIGN

DESIGNTIME RESIDENTIAL
CHARLOTTE - NORTH CAROLINA 704-877-3641
www.dthomeplans.com

TIMMINS RESIDENCE
MOORESVILLE NC

CDMA NO.	
JOB NO.	2018-56
DRAWN BY:	MWH
CHECKED BY:	CAD

REVISIONS:

DATE: 9.4.18

SHEET NO.
2.0

NSPOUTS NOT SHOWN FOR CLARITY.
TRACTOR TO VERIFY LOCATIONS
OWNER

CONSTRUCTION TO COMPLY WITH
IRC & SC 2015 RESIDENTIAL CODE

gner will not be responsable for
ter construction begins and assumes no liability
sidential Designer.
ations made to these plans by others
t not to reproduced without the written consent

ACTOR ASSUMES FULL RESPONSIBILITY
ORRECT INSTALLATION OF ALL EXTERIOR
S AND WEATHERPROOFING.

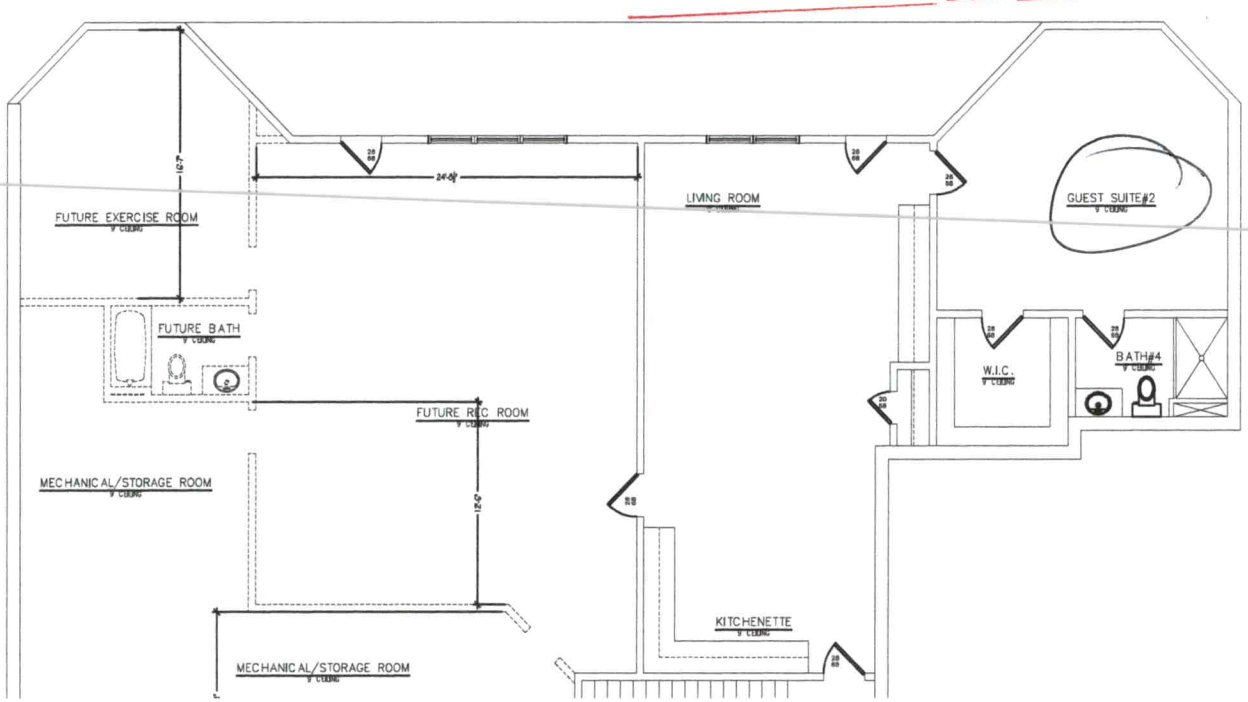


FRONT ELEVATION
SCALE: 1/8" = 1'-0"

Acknowledgement of
Plans Submittal ONLY!

Date _____

Date _____



MEMBER
AIBD
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DESIGNTIME RESIDENTIAL
CHARLOTTE - NORTH CAROLINA 704-877-3641
www.dthomeplans.com

TIMMINS RESIDENCE
MOORESVILLE NC

COMM. NO.
JOB NO. 2018-56
DRAWN BY: MWH
CHECKED BY: CAD
REVISIONS:
DATE: 9.4.18

SHEET NO.
S1

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IREDELL COUNTY

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

APPLICATION NUMBER
235158
Issue Date: 04/25/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4638479257.000	176 FOLKSTONE ROAD, MOORESVILLE, NC 28117	

Owner Information		Applicant Information	
Owner:	JACKSON RAY E+JANE	Applicant:	MICHAEL ATHANAS & ASSO
Address:	177 FOLKSTONE RD	Address:	561 ENNIS RD
	MOORESVILLE, NC 28117		WEDDINGTON, NC 28173
Phone:		Phone:	704-576-3887

Use Requested	Zone Code

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	35.00	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	136809	TOTAL FEES:	$ 77.25