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Paid $40.00 Statesville

Paid $110.00 7-2-14

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: ( ) 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: Gerald Neel — Please call before site visit → 704-507-3272

Applicant Name: Caroline Contracting Services IN Address: 452 Patterson St. Troutman NC 28166 Phone: 704-507-3272

Owner Name: Steve & Pat Clontz Address: 1791 Perth RD Mooresville NC 28117 Phone: 704-528-6186

Property Information:

Street Address: 114 Seneca Place Mooresville NC 28117

Subdivision Name: CLST Section/Phase: 14 Lot Number: 106

Driving Directions: Perth RD, Stumpy Creek, Seneca Place

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(✓) ~~Bedroom(s)~~ Addition — Extending Bedroom + Kitchen Adding Beam
Maximum Number of Bedrooms: 1
Maximum Number of Occupants: 2
( ) 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

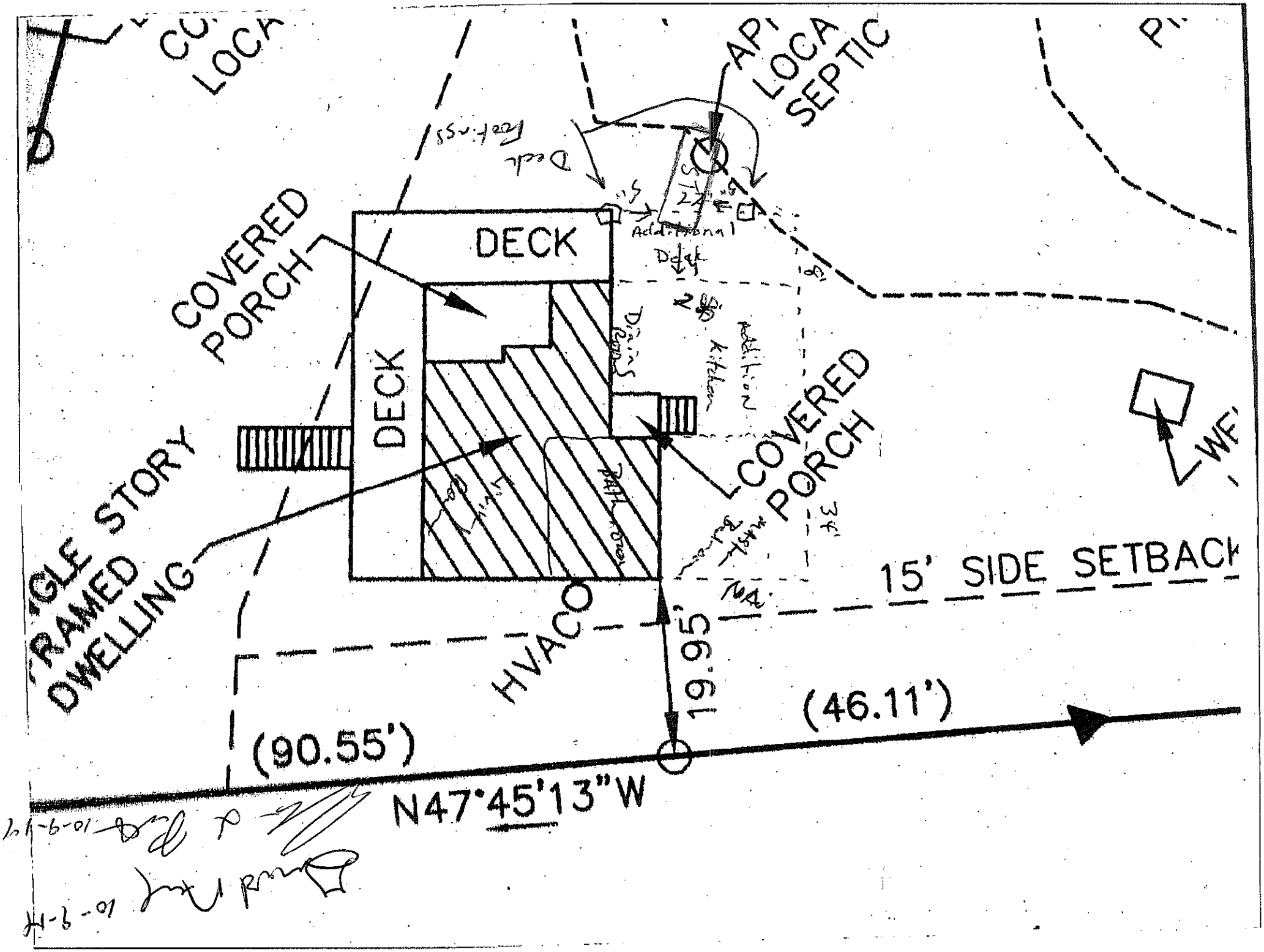
Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

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: [signature] 6-13-14

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


DECK
COVERED PORCH
DECK
COVERED PORCH
Additional Deck
addition
kitchen
Drains
Path
HVAC
15' SIDE SETBACK
19.95'
(46.11')
(90.55')
N47°45'13"W
SINGLE STORY FRAMED DWELLING

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

204051

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? 1 and stories?___

If an addition, please describe project: Expand kitchen and bedroom, Add bathroom

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 798

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 Steve & Pat Clonts Phone # 704-528-6186

Owner's Current Address 1791 Perth Road Mooresville NC 28117

Property Information

Property Address 114 Seneca Place Mooresville NC 28117 Parcel # _____

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

Directions to property (from a MAIN ROAD) Perth, stumpy creek, Seneca

Application Information

Applicant's Name or Company Carolina Contracting Services Inc Applicant's Phone # 704-507-3272

Applicant's Address 452 Patterson St Troutman NC 28166

If Company, Representative's Name and Title Gerald Neel (owner)

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 _____ DATE 6-13-14