BCH

# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 Mooresville Office (704) 660-3625

PERMIT: AP 32310 7

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

PIN # 4638 - 66[illegible] - 0330

APPLICANT/OWNER: Lawrence Spritz APPLICANT ADDRESS: 222 Collingswood Road Mooresville NC 28117

SITE ADDRESS: 222 Collingswood Road Mooresville 28117 PHONE: 336-260-1749 ALT. PHONE 336-213-1231

SITE DIRECTIONS: Perth Road R on Stumpy Creek L on Collingswood Drive on R SAP CONTROLLED: ☐ YES ☐ NO

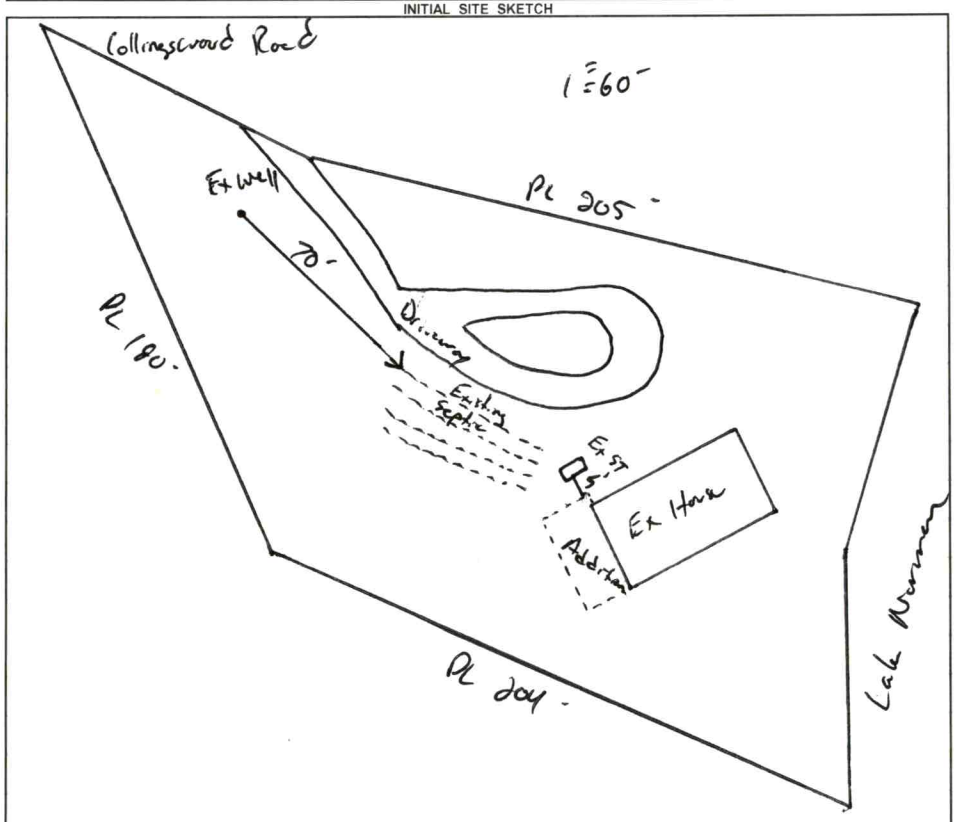
SUBDIVISION: CL&T SECTION: S14 LOT # 65 LOT AREA: 0.75 Acre DESIGN FLOW: 360gpd L.T.A.R.: Ex

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Septic Tank | (gal) | STB | Date | ☐ New System | ☐ Repair | ☐ Expansion | System Type: I II III IV V VI |
| Pump Tank | (gal) | PT | Date | System Description: | | | |
| Pump Make | | Model | Serial # | Repair System Description: | | | |
| # Nitrification Fields | | # Lines | Linear Ft | Maintenance Agreement Required: | ☐ YES | ☐ NO | |
| Trench Width | | Trench Bottom Depth(Low side) | | Gravel Depth | ☐ GRAVITY | ☐ PRESSURE | |

| | | | |
|---|---|---|---|
| ☒ Residence | No. Bedrooms | 3 | Water Supply |
| ☐ Business | No. Persons | 6 | ☒ Private |
| ☐ Other | No. Employees | | ☐ Public |
| ☐ Slab | ☒ Crawl Space | | ☐ Community |
| ☐ Basement w/ plumbing | ☐ Basement w/o plumbing | | |

Comments / Conditions: Existing System functioning properly at time of Inspection. Meets Setbacks for Addition on House

INITIAL SITE SKETCH




AS BUILT SKETCH

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 time.

*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**

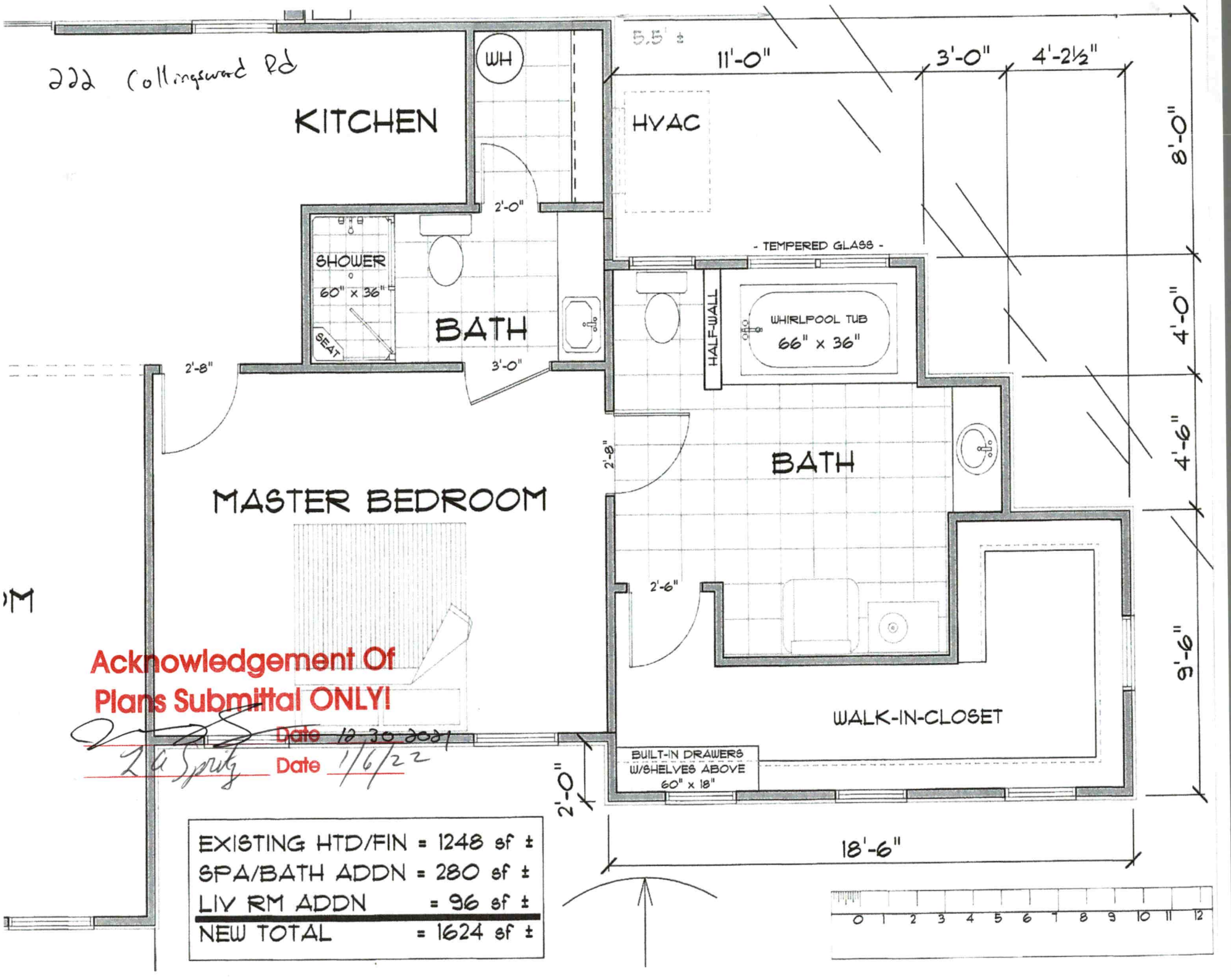
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: LA Spritz Date: 1/6/22 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 12-30-2021

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.


222 Collingswood Rd
KITCHEN
WH
HVAC
5.5' ±
11'-0"
3'-0"
4'-2½"
8'-0"
4'-0"
4'-6"
9'-6"
2'-0"
SHOWER
60" x 36"
SEAT
BATH
2'-8"
3'-0"
- TEMPERED GLASS -
HALF-WALL
WHIRLPOOL TUB
66" x 36"
BATH
2'-8"
MASTER BEDROOM
2'-6"
WALK-IN-CLOSET
BUILT-IN DRAWERS
W/SHELVES ABOVE
60" x 18"
2'-0"
18'-6"
Acknowledgement Of
Plans Submittal ONLY!
Date 12,30 2021
Date 1/6/22
EXISTING HTD/FIN = 1248 sf ±
SPA/BATH ADDN = 280 sf ±
LIV RM ADDN = 96 sf ±
NEW TOTAL = 1624 sf ±
0 1 2 3 4 5 6 7 8 9 10 11 12

RECEIVED NOV 19 2021

**APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED**

# Iredell County Health Department – Environmental Health Division

**PAGE 1: *APPLICATION FORM*** AP-323107 $250.00

**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:** (PRINT CLEARLY)

Applicant Name: Lawrence A Spritz Address: 222 Collingswood rd Zip: 28117
Applicant Email: spritzl@triad.rr.com Phone: 336 260 1749 Alt. Phone: _____
Owner Name: Barbara Ellen Spritz Address: 222 Collingswood Rd Zip: 28117
Owner Email: spritzl@triad.rr.com Phone: 336 213-1231 Alt. Phone: _____

**Property Information:**

Street Address: 222 Collingswood Rd, Mooresville 28117

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: Turn on Stumpy Creek Rd off Perth Rd, left on Collingswood Rd

**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: 2 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — (✓) Other Addition/Structure: shed — ( ) 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: 1 Number of Persons: 2

( ) 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: 1976
( ) 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.*

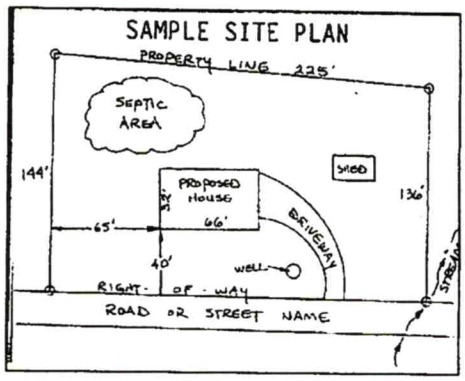
**Signature:** Lawrence A. Spritz 11/15/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

# IREDELL COUNTY HEALTH DEPARTMENT

## *ENVIRONMENTAL HEALTH DIVISION*

**PAGE 2: *SITE PLAN WORKSHEET***

**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 PERMIT!!!***




**Place an (X) beside each item as you complete the site plan:**

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator of direction

**Circle N/A on the following if appropriate:**

| | |
|---|---|
| Location of septic systems and wells within 100' of your property | N/A |
| Location of easements and rights of ways on your property | N/A |
| Location of any designated wetlands on the property | (N/A) |

## USE THIS SPACE TO DRAW YOUR SITE PLAN

***Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site***

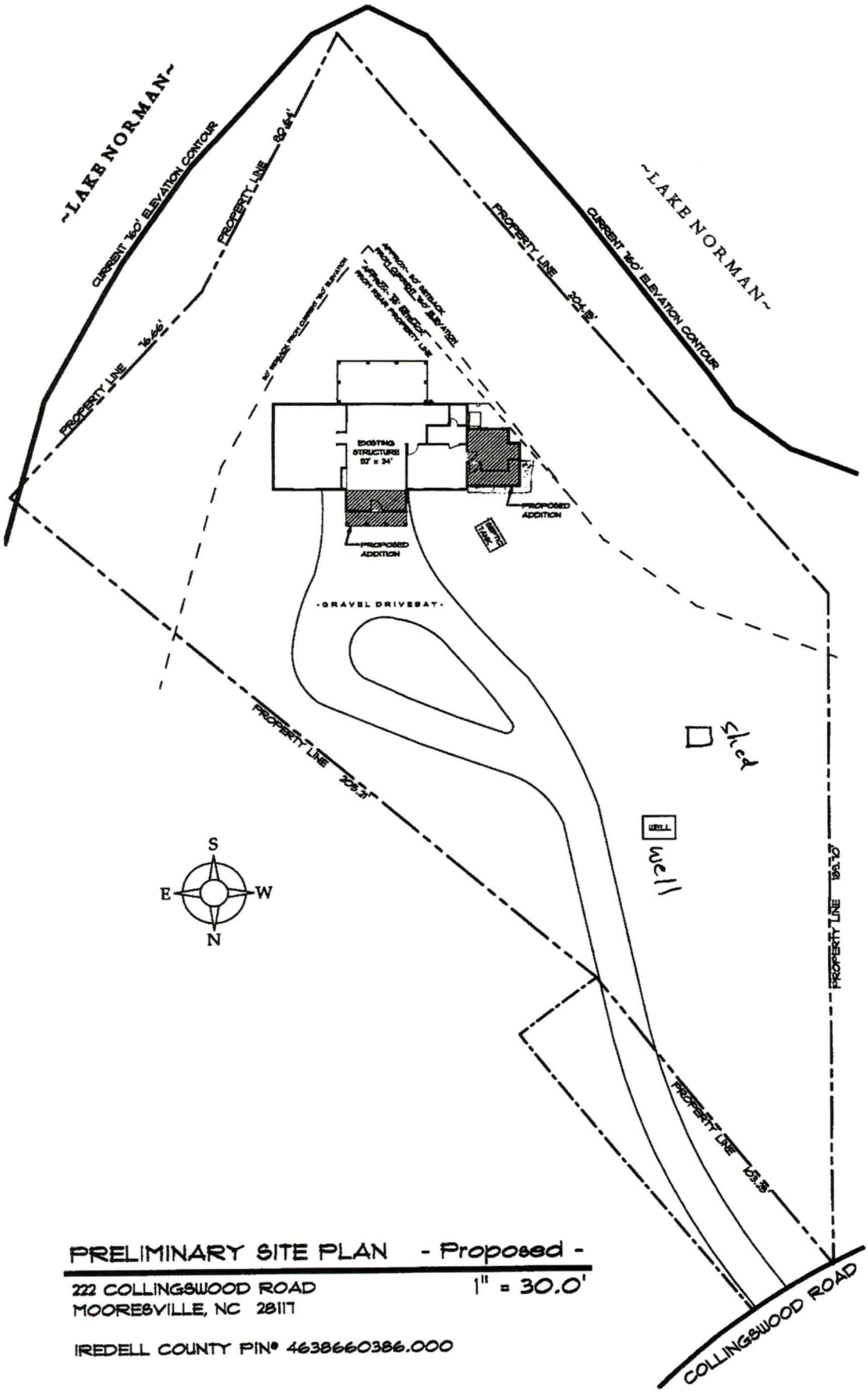
see attached site plan

**Signature:** Lawrence A. Spirk

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

11/15/21

**DATE**




# PRELIMINARY SITE PLAN - Proposed -

222 COLLINGSWOOD ROAD
MOORESVILLE, NC 28117

1" = 30.0'

IREDELL COUNTY PIN# 4638660386.000

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

## 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*) _____

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, Lawrence A. Spritz, am the legal owner(s) of the property located at 222 Collingswood Rd, Mooresville 28117, identified as PIN (Parcel Identification Number) 4638660386, 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.

Lawrence A. Spritz
Signature of Owner(s)

11/15/21
Date

**Mooresville - Environmental Health**
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

323607

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

# Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

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)
shed

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? 3 and stories? 1

Please describe project (Details, Purpose, or Use): increase living rm and add bathroom

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 379

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 Barbara Ellen Spritz Phone # 336-213-1231

Owner's Current Address 222 Collingswood Rd, Mooresville 28117

**Property Information**

Property Address 222 Collingswood Rd, Mooresville Parcel # 4638660386

Subdivision:_____ Lot:____ Zoning:____ Watershed: Y / N Flood Plain: Y / N Township:_____

Directions to property (from a MAIN ROAD) rt on Stumpy Creek rd off Perth rd, Left on Collingswood Rd

**Application Information**

Applicant's Name or Company Lawrence Spritz Applicant's Phone # 336 260 1749

Applicant's Address 222 Collingswood Rd 28117

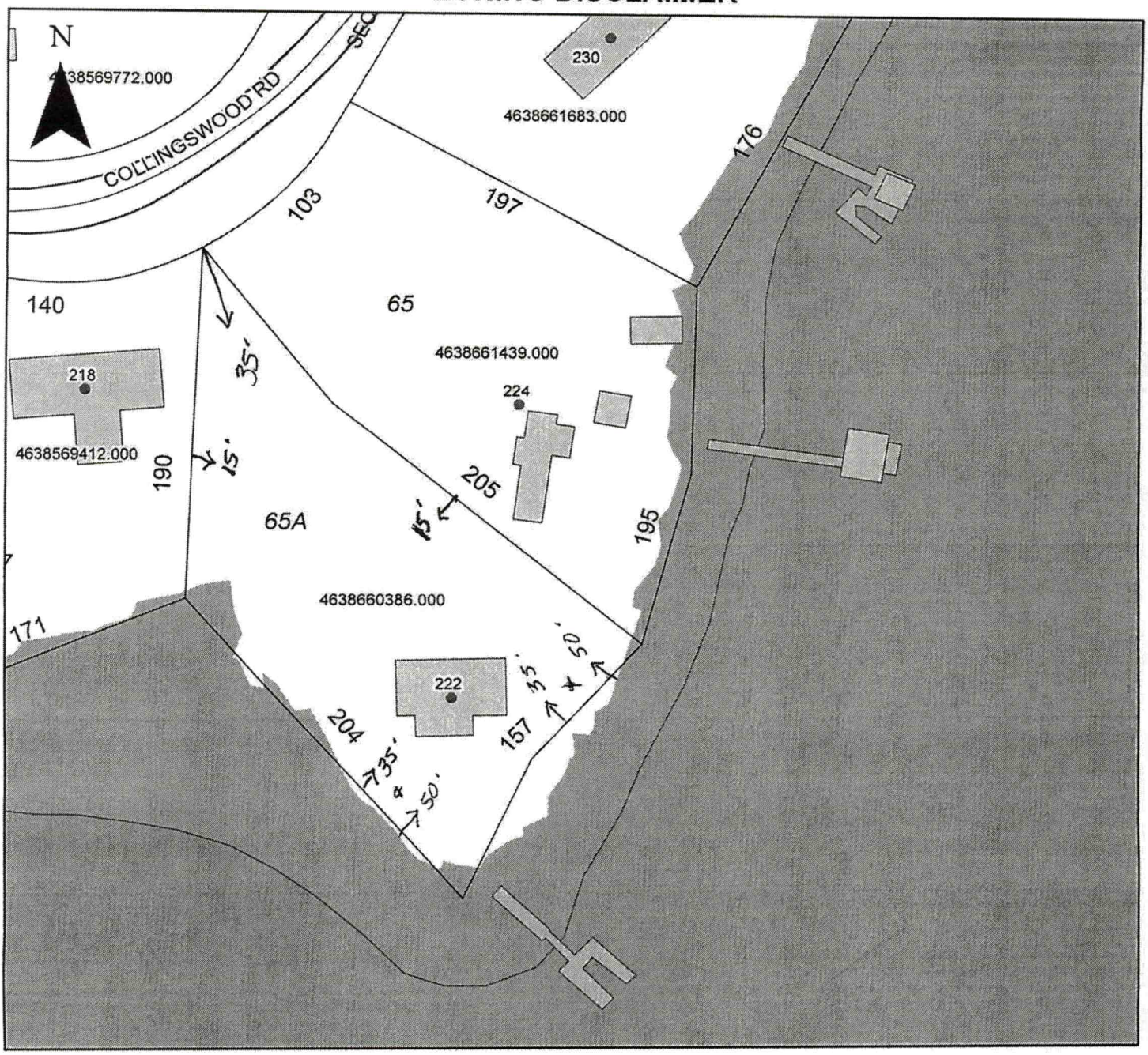
If Company, Representative's Name and Title_____

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 PLANNING & DEVELOPMENT 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 Lawrence A. Spritz DATE 11/15/21

acres .75
Iredell RR Catawba/Rocky WS-IV.CA Flood.FL

# ZONING DISCLAIMER




Property Address 222 Collingswood Rd.

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. Applicant further acknowledges that the 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.

Lavonna A. Spratt
Applicant

11/15/21
Date

IREDELL COUNTY · NC

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

| APPLICATION NUMBER |
|---|
| **323107**<br>Issue Date: |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4638660386.000 | 222 COLLINGSWOOD RD | Iredell County |

| Owner Information | Applicant Information |
|---|---|
| Name: SPRITZ BARBARA E C | Name: SPRITZ BARBARA E C |
| Address:<br>,<br>Phone: | Address:<br>,<br>Phone: |

| Use Requested | Zone Code |
|---|---|
| Addition | RR |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 0.75 | 35 | 50 | 50 | 15 | WSIV-CA Catawba/Lake Norman | YES |

| Remarks |
|---|
| ADDITION |

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.

**Date:** 11/15/2021

Signature of Owner/Contractor

| Permit Number | 323107 | TOTAL FEES: | $77.25 |
|---|---|---|---|