Paid 150.00 5-16-14
(Pulled off list)

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

FT 6-27-14 RM

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:

Applicant Name: Freedom Homes/Jack Ward Address: 1124 Charlotte Hwy, Troutman NC 28166 Phone: 704-883-6148

Owner Name: John Edwards Address: 256 Collingswood Cir. Mooresville Phone: 561.346-9862

Property Information:

Street Address: 256 Collingswood Cir Mooresville NC

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

Driving Directions: Pro th Rad TL on Stumpy Creek the left on Collingswood Go to the end Lot is on Right at end of Coldsac

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) 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: _____ 5-6-14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

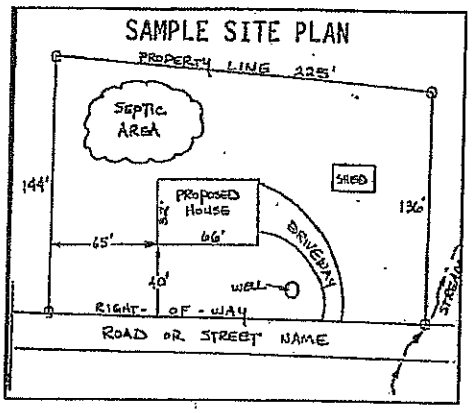
ENVIRONMENTAL HEALTH DIVISION

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
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) 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 Drawing

Signature: _____

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

5-6-14

DATE

IREDELL COUNTY

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

APPLICATION NUMBER
203257
Issue Date: 05/06/2014

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4638672362.000	256 COLLINGSWOOD ROAD, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: EDWARDS JOHN EARL+DONNA L	Applicant: CMH HOMES INC
Address: 1561 KUDZA RD W PALM BEACH, FL 33415	Address: 1124 CHARLOTTE HWY TROUTMAN, NC 28166
Phone:	Phone:

Use Requested	Zone Code
SINGLE WIDE REPLACING A SINGLE WIDE	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.250	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front and rear entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

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.

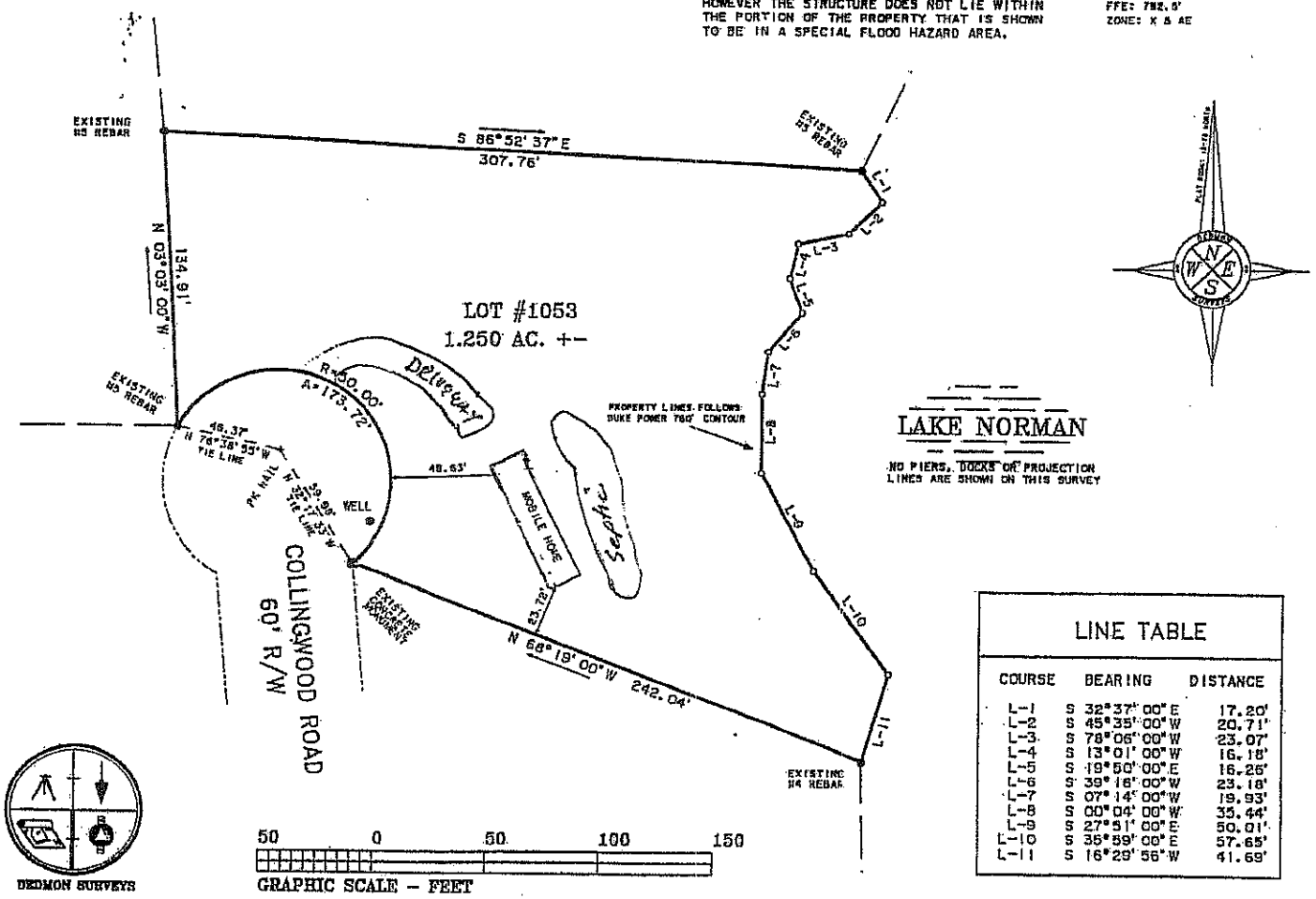
Applicant: _____ Date: _____

Permit Number	11248	TOTAL FEES	$ 77.25

THIS PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS OR EASEMENTS NOT OBSERVED.

A PORTION OF THIS PROPERTY DOES LIE WITHIN A SPECIAL FLOOD HAZARD AREA AS DETERMINED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY, HOWEVER THE STRUCTURE DOES NOT LIE WITHIN THE PORTION OF THE PROPERTY THAT IS SHOWN TO BE IN A SPECIAL FLOOD HAZARD AREA.

FIRM INFORMATION:
COMM. PANEL #: 3700315-0150 C
EFFECT. DATE: 6-22-98
FFE: 782.0'
ZONE: X & AE



50 0 50 100 150
GRAPHIC SCALE – FEET

DEDMON SURVEYS

LINE TABLE

COURSE	BEARING	DISTANCE
L-1	S 32°37' 00" E	17.20'
L-2	S 45°35' 00" W	20.71'
L-3	S 78°06' 00" W	23.07'
L-4	S 13°01' 00" W	16.18'
L-5	S 19°50' 00" E	16.26'
L-6	S 39°16' 00" W	23.18'
L-7	S 07°14' 00" W	19.93'
L-8	S 00°04' 00" W	35.44'
L-9	S 27°51' 00" E	50.01'
L-10	S 35°59' 00" E	57.65'
L-11	S 16°29' 56" W	41.69'

PHYSICAL SURVEY FOR

JOHN EDWARDS

BEING ALL OF LOT #1053/SECTION #14
AS REVISED OF CRESCENT LAND & TIMBER CORP.

OCTOBER 7, 2004	DB: 792	PG: 752
SCALE: 1" = 50'	DB:	PG:
	PB: 18	PG: 78

DAVIDSON TOWNSHIP
IREDELL COUNTY, NORTH CAROLINA

RONNIE DEDMON SURVEYORS – P.A.

RONNIE DEDMON, PLS #1222
CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899
PHILLIP HARRIS, PLS #4164
4837 NC HIGHWAY #16 NORTH
P.O. BOX 494 – DENVER, N.C. 28037
PHONE: (704)-483-4908
FAX: (704)-483-2170

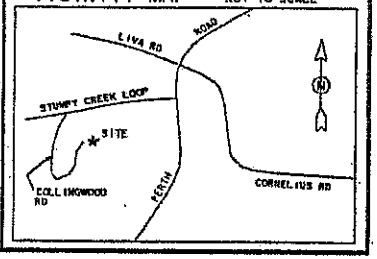
NORTH CAROLINA PROFESSIONAL SEAL L-4164 LAND SURVEYOR PHILLIP A. HARRIS 10-7-04

"I CERTIFY THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY AND IS CORRECT AND TRUE, TO THE BEST OF MY KNOWLEDGE."

Phillip A. Harris — PROFESSIONAL LAND SURVEYOR — L-4164 LICENSE NO.

SURV. BY: PHIL	DRAWN BY: PHIL	JOB: PH71053

VICINITY MAP NOT TO SCALE



Attn: Gary

704.528.7960 phone
704.528.7355 fax

FREEDOM HOMES

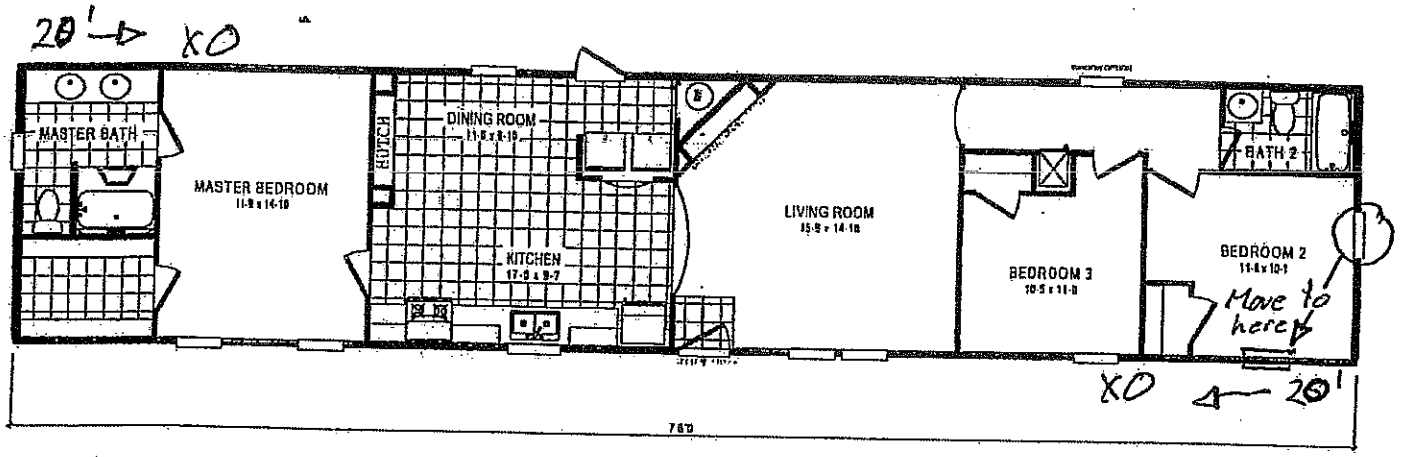
1124 Charlotte Highway
Troutman, NC 28166
freedomhomestroutman.com

THE ENTERTAINER

X = Hose bib
O = Outlet

Customer John Edwards

1,178 sq. ft. | 16x76 | 3 Bedroom/2 Bath



Change sink to 7" stainless steel sink

John Edwards

04/26/2014

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 15152R PIN # 4623-26-7236 DATE 7-27-09

OWNER or APPLICANT Jason Edwards PHONE: Business 561 309 2350 Home: 561 317 8816

OWNER or APPLICANT ADDRESS 257 Hunsucker Rd Mooresville NC 28117

LOCATION / DIRECTIONS Exit 42 Rt Shaw Dairy Rd to Cashwell at end turn Rt 258

SUBDIVISION Lost BLOCK / SECTION 14 LOT # 105 LOT AREA 1.254 DESIGN FLOW 240gpd L.T.A.R. 1.3

Septic Tank 1000 Gallons: STB Date

Pump Tank Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields 4 No Lines 4 Linear Feet 240

Trench Width 24" Max. Trench Bottom Depth 30" Gravel Depth N/A

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

System Description: Conv. 3 Bdrm Res.

Repair System Description:

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: 257 Hunsucker Rd Mooresville NC 28117 Property Corners Marked Property Boundaries Marked Property Accessible Driveway Installed Driveway Not Installed Public Water Supply Well Private Water Supply Well Water Supply Well Not Installed Septic Tank Installed Septic Tank Not Installed Pump Tank Installed Pump Tank Not Installed Pump Installed Pump Not Installed Distribution Box Installed Distribution Box Not Installed Lines Installed Lines Not Installed Repair Area Marked Repair Area Not Marked Repair Area Accessible Repair Area Not Accessible Repair Area Protected Repair Area Not Protected Repair Area Not Encroached Upon Repair Area Encroached Upon Repair Area Not Covered Repair Area Covered Repair Area Not Compacted Repair Area Compacted Repair Area Not Graded Repair Area Graded Repair Area Not Seeded Repair Area Seeded Repair Area Not Mulched Repair Area Mulched

Comments / Conditions: Must Stay 15ft from Property Lines & Structures 5ft from Trench Must Stay 10ft from Pump Keep Soil Cover at Least 12in Deep

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.

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

Owner / Applicant Signature: Date 7-27-09

Improvement Permit by: Date 7-27-09

Authorzation to Construct by: Date 7-27-09

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by:

Operation Permit by: Date:

Existing System Inspected by: Date:

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

RECEIVED MAY 16 2014 DH
Paid $150.00 Statesville

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

Application For:

( ) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit (✓) Existing System Inspection ( ) Well Abandonment ( ) 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:
Place an (X) beside whichever is submitted if applicable

(✓) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Freedom Homes/GCK WATER Address: 1124 Charlotte Hwy, Troutman NC 28166 Phone: 704-883-6148

Owner Name: JOHN Edwards Address: 256 Collingswood Cir. Mooresville Phone: 561.346-9862

Property Information:

Street Address: 256 Collingswood Cir Mooresville NC

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

Driving Directions: Perth Road TL on Stoney Creek the left on Collingswood Go to the end Lot is on Right at end of Coldsac

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) 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)*

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

Year existing system installed: _____

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

PAID 393

5-6-14
DATE

5-6-14

IREDELL COUNTY HEALTH DEPARTMENT

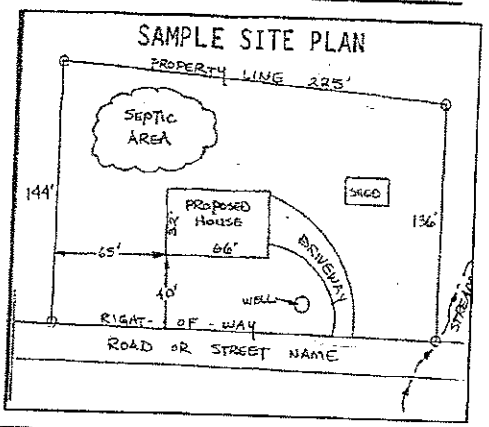
ENVIRONMENTAL HEALTH DIVISION

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
(X) Preferred driveway location and well location
(X) Area you prefer your septic system to be placed
(X) 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 Drawing

Signature: _____ 5-6-14

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

IREDELL COUNTY

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

APPLICATION NUMBER
203257
Issue Date: 05/06/2014

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4638672362.000	256 COLLINGSWOOD ROAD, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: EDWARDS JOHN EARL+DONNA L	Applicant: CMH HOMES INC
Address: 1561 KUDZA RD W PALM BEACH, FL 33415	Address: 1124 CHARLOTTE HWY TROUTMAN, NC 28166
Phone:	Phone:

Use Requested	Zone Code
SINGLE WIDE REPLACING A SINGLE WIDE	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.250	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front and rear entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

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	11248	TOTAL FEES:	$ 77.25

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

---

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** 5-5-14

Attn: Gary

704.528.7960 phone
704.528.7355 fax

FREEDOM HOMES

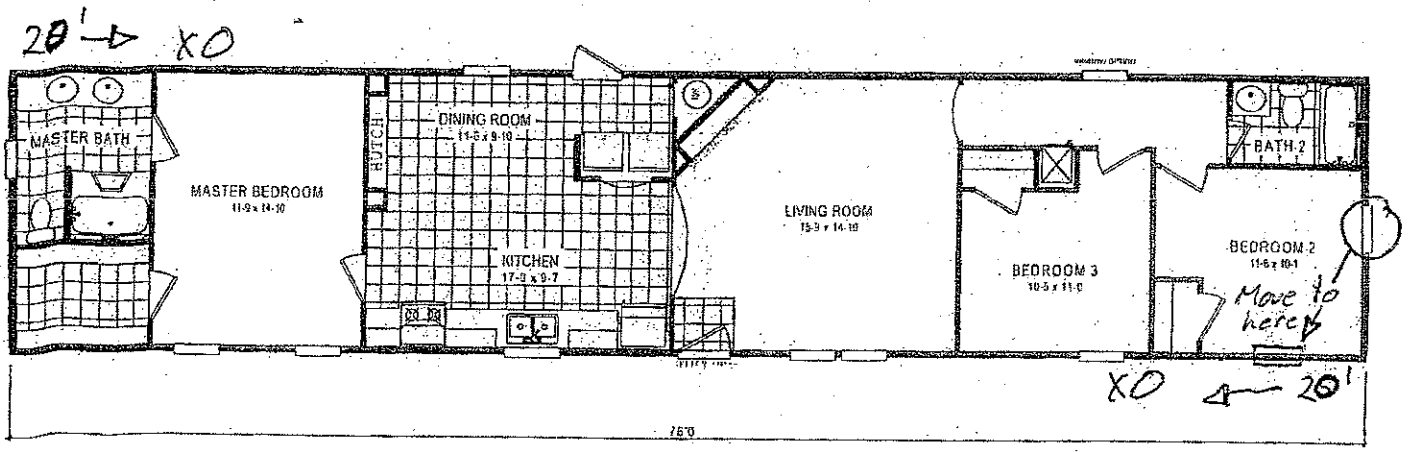
THE ENTERTAINER

1124 Charlotte Highway
Troutman, NC 28166
freedomhomestroutman.com

X = Hose bib
O = Outlet

Customer John Edwards

1,178 sq. ft. | 16x76 | 3 Bedroom/2 Bath



Change sink to 7" stainless steel sink

John Edwards
04/26/2014