IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223857

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

PIN # 4638727875

APPLICANT: T. Brett & Victoria Sawyer APPLICANT ADDRESS: 417 E. Plaza Dr Mooresville NC 28115

SITE ADDRESS: 2195 Perth Rd Mooresville NC 28117 PHONE: 704-902-7081 ALT. PHONE: N/A

SITE DIRECTIONS: Near Intersection of Perth Rd & Lake Shore School Rd

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 1.150ac DESIGN FLOW: 100 L.T.A.R.: Ex

Septic Tank	Ex	(gal)	STB		Date				
Pump Tank		(gal)	PT		Date				
Pump Make			Model		Serial #				
# Nitrification Fields	Ex	# Lines	Ex	Linear Ft:	Ex				
Trench Width	Ex	Max. Trench Bottom Depth	Ex	Gravel Depth	Ex				

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

System Description: Existing

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☐ Residence ☒ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms: No. Persons: No. Employees: 4 ☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: The purpose of this permit is to change from a residence with 240 gpd system. To an insurance office with 4 employees with a flow of 100 gpd.

Called 12/5/17 & left msg. (ad)

INITIAL SITE SKETCH

1" = 50'

Perth Rd (50')

Talked directly with customer

PERMIT **NEVER** PICKED UP Pulled from CP

OR CALLED FOR

Customer recalled 12/5/17

Message Left " By (ad)

talked directly with customer

(50')

AS BUILT SKETCH

(199') P/L

INC. 20

Ex Bldg

House

5'

Ex SEPTIC LINE

12'

60'

well

(175') P/L

(249') P/L

Bldg. Permit Issued 1/13/17

C/O 1/9/2020

Permit can be suspended or revoked if any false information is supplied toward securing th... 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: Date: Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 01/13/17

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

223857

RECEIVED DEC 16 2016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $250.00

Change of Use #223857

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: T. Brett & Victoria Sawyer **Address:** 417 E. Plaza Dr. Mooresville 28115 **Phone:** 704-902-708

Owner Name: T. Brett & Victoria Sawyer **Address:** 417 E. Plaza Dr. 28115 **Phone:** 704-902-7091

Property Information:

Street Address: 2195 Perth Road Mooresville, NC 28117

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

Driving Directions: Near intersection of Perth Rd & Lakeshore School Rd.

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: Insurance office change of use
Square Footage of Building: 1400
Maximum Number of Employee: 8-4
Maximum Number of Seats/Beds/Other: 3 offices

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: Victoria B. Sawyer
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12/16/16
DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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:

_____ Property Line measurements are clearly identified... **_____ All proposed structures are indicated...**

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

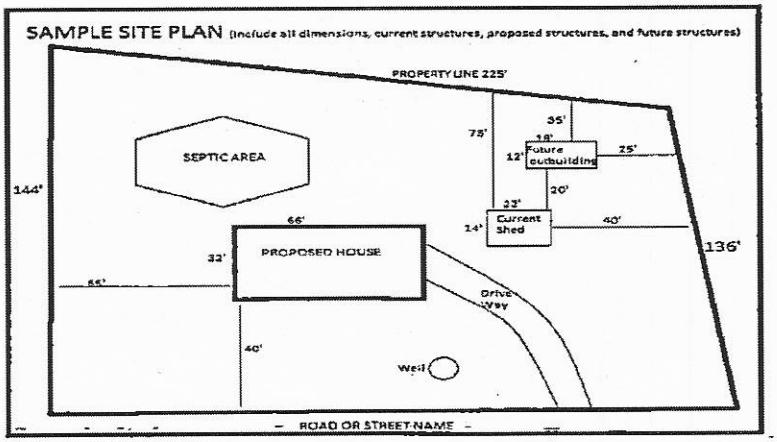
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

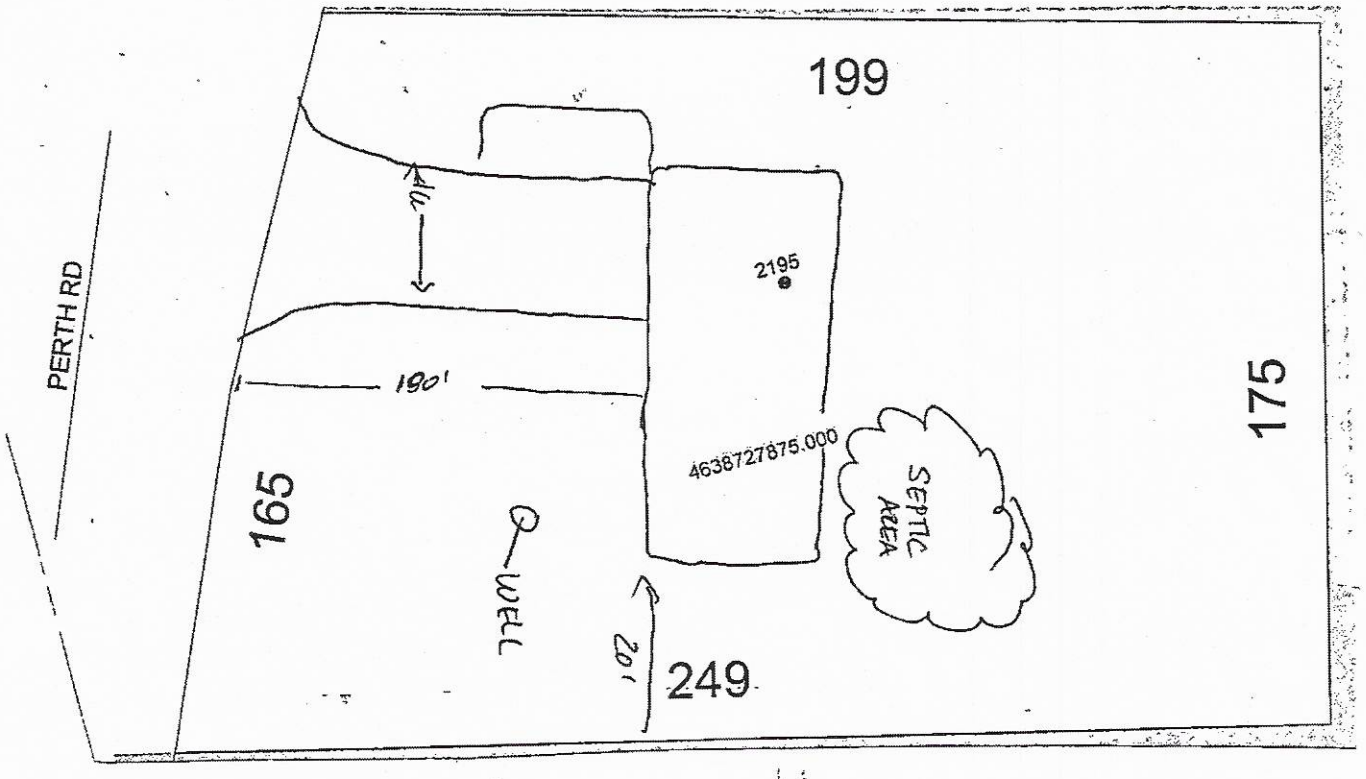
_____ Area you prefer your septic system to be placed... **_____ North arrow, or other sufficient indicator of direction...**

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**





Signature: Victoria Faulkner

REQUIRED property owner or owner's legal representative signature.

12/10/14

DATE

IREDELL COUNTY

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

APPLICATION NUMBER
223857
Issue Date: 12/16/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4638727875.000	2195 PERTH ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SAWYER THOMAS BRETT+VICTORIA	Applicant: SAWYER THOMAS BRETT+VI
Address: 417 EAST PLAZA DR MOORESVILLE, NC 28115	Address: 417 EAST PLAZA DR MOORESVILLE, NC 28115
Phone:	Phone:

Use Requested	Zone Code
CHANGING FROM SF HOME TO OFFICE	ROCU

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.150					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	88530	TOTAL FEES:	$ 177.25