ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 316588

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

PIN # 4639--13--1855

APPLICANT/OWNER: Coty Smith | APPLICANT ADDRESS: 1077 York Institute Rd Hiddenite NC 28636

SITE ADDRESS: 234 Bull finch Rd Mooresville NC 28117 | PHONE: 828-312-1091 | ALT. PHONE

SITE DIRECTIONS: NC 115 N to L on Connector Rd S on Cornelius Rd, R on Judas Rd, R on Perth Rd, L on Fern Hill, R on Bull Finch Rd, L to on R | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Beacon Pointe | SECTION: M1 | LOT # 7 | LOT AREA: 1 acre | DESIGN FLOW: 360GPD | L.T.A.R.: Existing

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

[ ] New System [ ] Repair [ ] Expansion System Type: I II (III) IV V VI

System Description: Sand lined Infiltrator Pm

Repair System Description: LPPPBPS

Maintenance Agreement Required: [ ] YES [X] NO

[ ] GRAVITY [X] PRESSURE

[X] Residence | No. Bedrooms 3 | Water Supply

[ ] Business | No. Persons 6 | [ ] Private

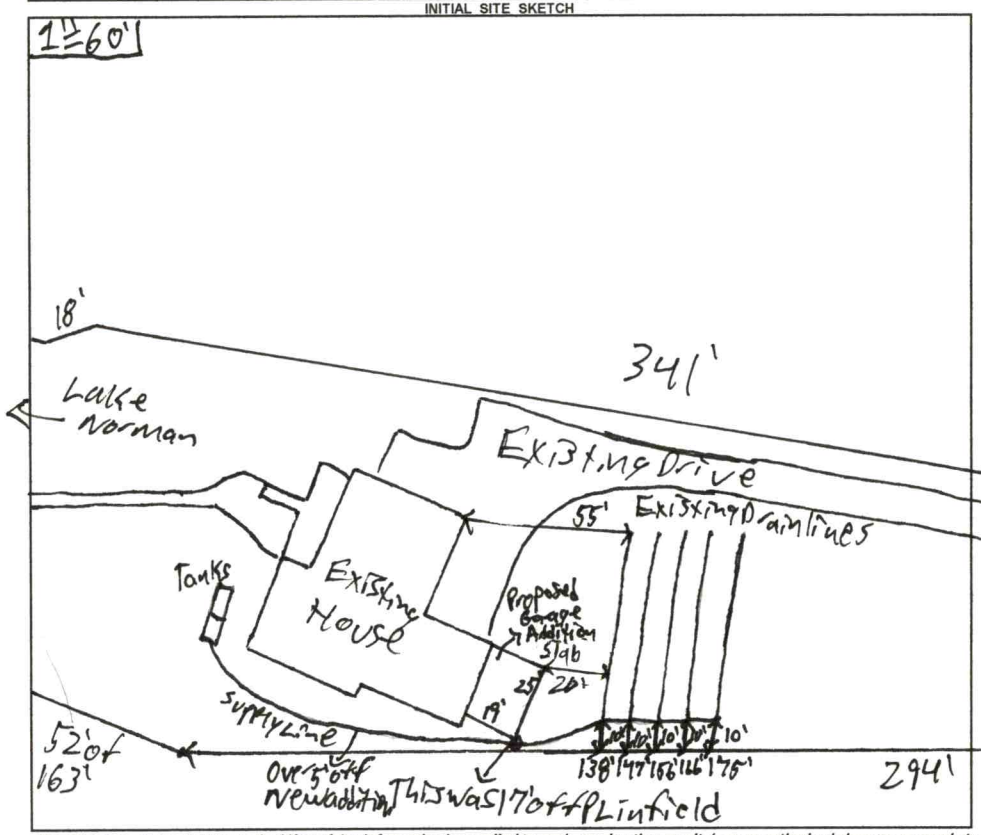
[ ] Other | No. Employees | [X] Public

[ ] Slab | [ ] Crawl Space | [ ] Community

[X] Basement w/plumbing | [ ] Basement w/o plumbing

Comments / Conditions: The purpouse of this permit is to show that the new garage addition doesnot impact the existing system.

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.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Coty Smith | Date: 7/6/2021 | Installed by: Coty Smith | 7/15/2021

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

AUTHORIZATION TO CONSTRUCT by: Patrick J Boyle III | Date: 6/23/2021 | Existing System Inspected by: Patrick J Boyle III | Date: 6/23/2021

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

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 OR WELL PERMIT!!!*

RECEIVED MAY C 6 2021 AP-316588 $250.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Coty Smith Address: 1077 York Ind. Rd Hiddenite Zip: 28636
Applicant Email: Coty Smith Construction@gmail.com Phone: 828-312-1091 Alt. Phone:
Owner Name: Greer Lackey Address: 92 Hillcrest Rd Hiddenite Zip: 28636
Owner Email: Phone: 828-302-9771 Alt. Phone:

Property Information:

Street Address: 234 Bullfinch Rd
Subdivision Name: Beacon Pointe Section/Phase: Lot Number: 87
Driving Directions:

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(✓) Repair to failing septic system ___ Tank ✓ Drain lines Describe Problem: Need to move Line For addition and all Tank
Maximum Number of Bedrooms: 3
Maximum Number of Occupants:
( ) Swimming Pool
( ) Other Addition/Structure:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

CHECK FOUNDATION TYPE

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
(✓) Basement with Plumbing
( ) Basement without Plumbing

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

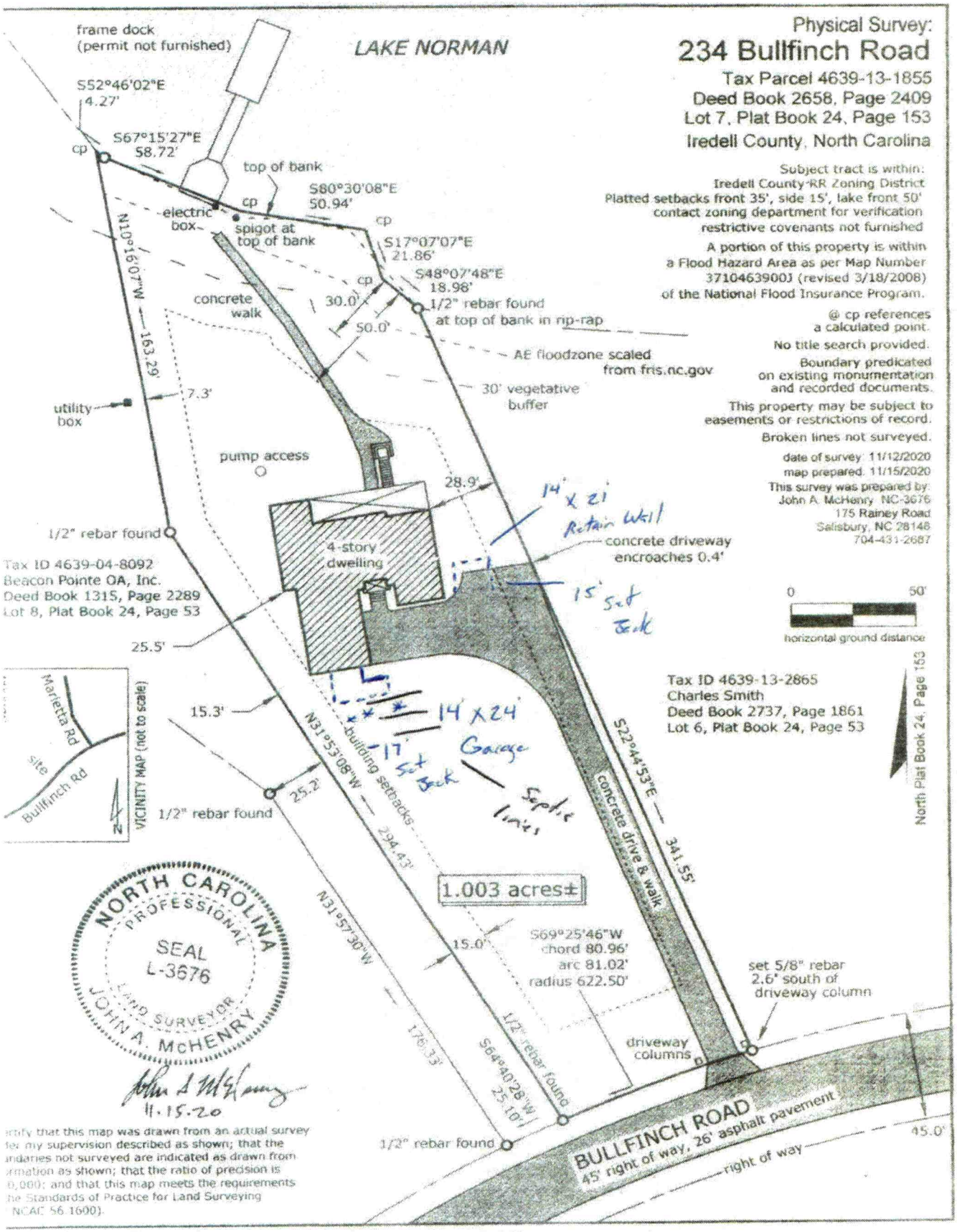
Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

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: Coty Smith 3/31/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE



rtify that this map was drawn from an actual survey
er my supervision described as shown; that the
ndaries not surveyed are indicated as drawn from
rmation as shown; that the ratio of precision is
0,000; and that this map meets the requirements
he Standards of Practice for Land Surveying
NCAC 56.1600).

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*) Shirley A Lankey

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, Shirley A Lankey, am the legal owner(s) of the property located at 234 Bullfinch Rd, identified as

PIN (Parcel Identification Number) 4639-13-1855, located in Iredell County, North Carolina.
I do hereby authorize (**print legal representative/company name**) ~~Coty Construction~~ Coty Smith Construction C
_____, to act as an agent on my behalf in applying for/signing/obtaining any cc
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.

Shirley A Lankey
Signature of Owner(s)

3/31/2021
Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

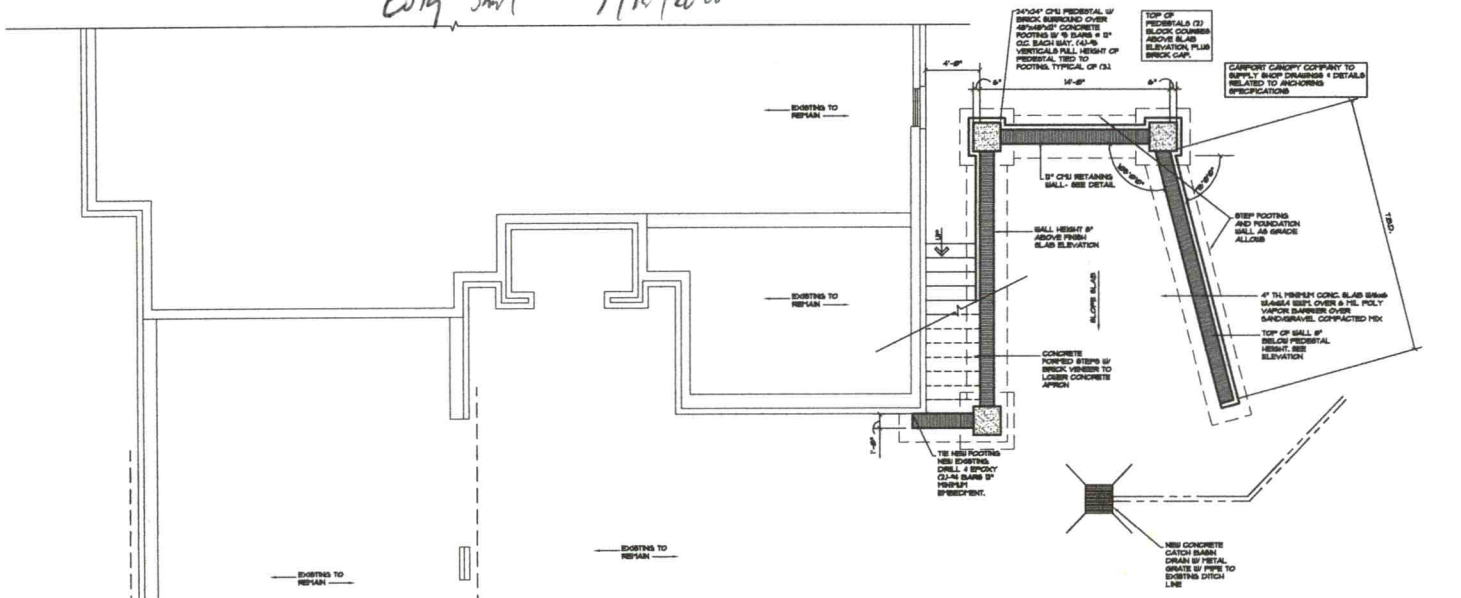
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement Of
Plans Submittal ONLY!

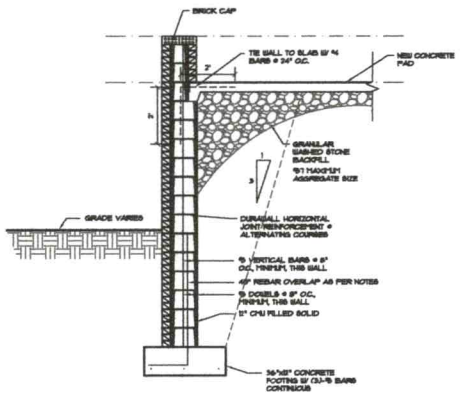
Date

Patrick J Byle III Date 6/23/2021

City Staff 7/12/2021



BASEMENT/
FOUNDATION PLAN
NOTE: BUILDER TO VERIFY ALL DIMENSIONS
SCALE: 1/4" = 1'-0"



CARefully FILL COMPLETED WALL W/ CONCRETE GROUT MIN. 3000# PSI MIX WALL SHALL CURE 7 DAYS MINIMUM PRIOR TO PLACING BACKFILL NEXT TO WALL	NOTES: 1. 3000# PSF MINIMUM SOIL BEARING CAPACITY 2. CONCRETE MIX = 3000# PSI (1:2:4) 3. GRADE 60 REINFORCING BARS

RETAINING WALL DETAIL
NOTE: BUILDER TO VERIFY ALL DIMENSIONS
SCALE: 1/2" = 1'-0"

CORNERSTONE HOME DESIGNS, LLC.
JOEL L. DAVIS, DESIGNER
PHONE: 828-606-3996
EMAIL: CHDLLC@GMAIL.COM
WWW.HOMEDESIGN.COM

IT SHALL BE THE CONTRACTORS RESPONSIBILITY TO CAREFULLY REVIEW THESE PLANS FOR COMPLIANCE WITH ALL BUILDING CODES, ZONING & OTHER REGULATORY AGENCIES & FOLLOW SPECIFICATIONS OF DESIGNER AND ENGINEERS WHERE USED.

THESE CONSTRUCTION DOCUMENTS HAVE BEEN DEVELOPED FOR THE EXPLICIT ONE TIME USE FOR CLIENT LISTED. THESE DOCUMENTS MAY NOT BE REPRODUCED BY ANY METHOD, NOR MAY THEY BE USED BY ANYONE FOR REPEAT CONSTRUCTION WITHOUT WRITTEN CONSENT OF DESIGNER, CORNERSTONE HOME DESIGNS, LLC.

ADDITIONS TO:

LACKEY RESIDENCE

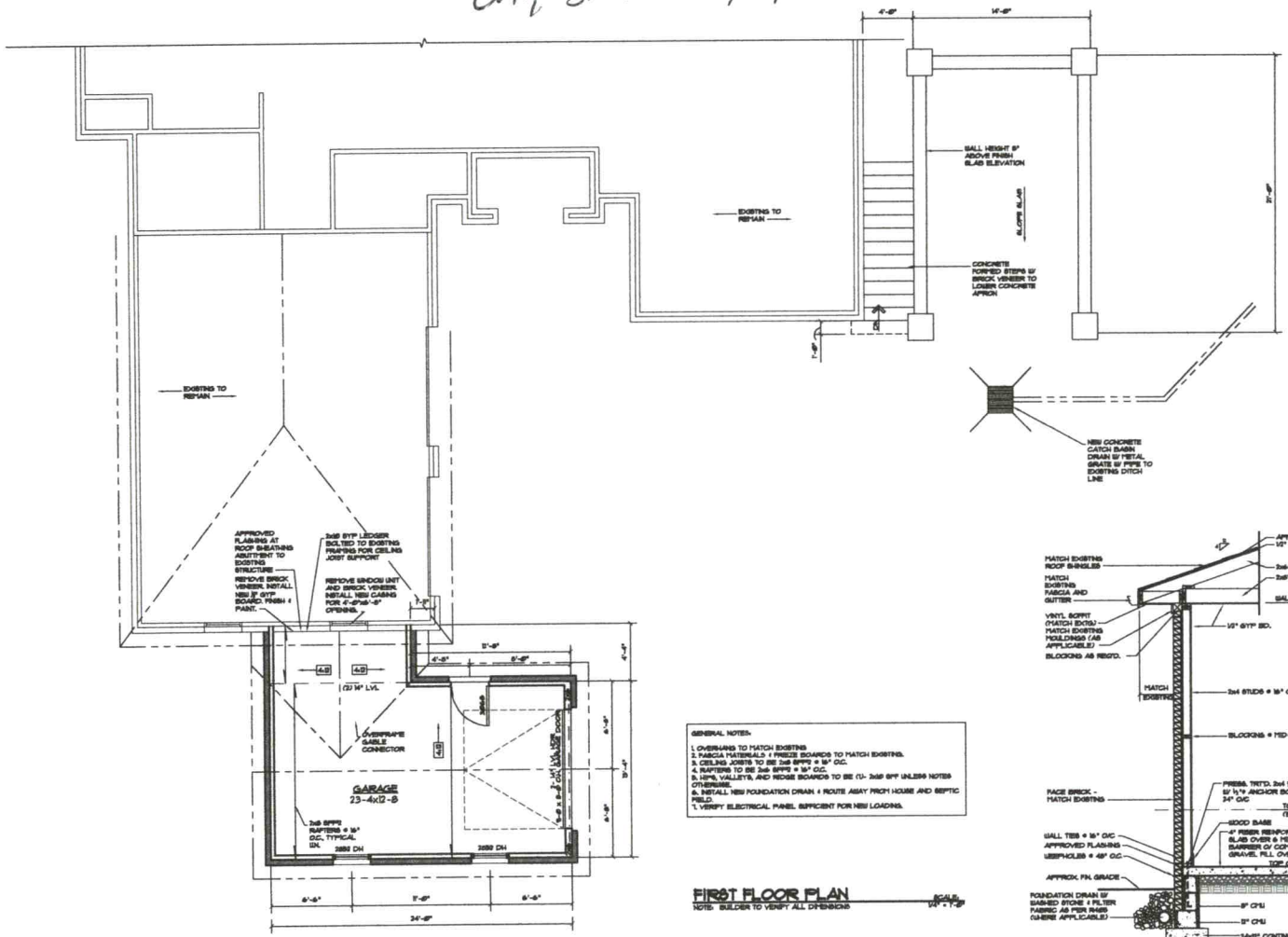
BULLPINCH ROAD, TROUTMAN
IREDELL COUNTY, NORTH CAROLINA

PROJECT NO.: 2021 LACKEY
DATE: 05/25/2021
DRAWN BY: JLD
CONTRACTOR:

REVISIONS	BY

SHEET NO.
A-1
OF

Acknowledgement Of
Plans Submittal ONLY!
Date
Patricia E Jr Bg 6 III Date 6/23/2021
Coty Smith 7/11/2021



GENERAL NOTES:
1. OVERHANG TO MATCH EXISTING
2. FASCIA MATERIALS & FREIZE BOARDS TO MATCH EXISTING.
3. CEILING JOISTS TO BE 2x8 SYP2 @ 16" O/C.
4. RAFTERS TO BE 2x8 SYP2 @ 16" O/C.
5. HIPS, VALLEYS, AND RIDGE BOARDS TO BE (1)- 2x8 SYP UNLESS NOTED OTHERWISE.
6. INSTALL NEW FOUNDATION DRAIN & ROUTE AWAY FROM HOUSE AND SEPTIC FIELD.
7. VERIFY ELECTRICAL PANEL SUFFICIENT FOR NEW LOADING.

FIRST FLOOR PLAN
NOTE: BUILDER TO VERIFY ALL DIMENSIONS
SCALE: 1/4" = 1'-0"

TYPICAL WALL SECTION
@ GARAGE

CORNERSTONE HOME DESIGNS, LLC.
JOEL L DAVIS, DESIGNER
PHONE: 828-638-3080
EMAIL: CHDLJ@GMAIL.COM
WWW.NCHOMEDESIGN.COM

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ADDITIONS TO:
LACKEY RESIDENCE
BULLFINCH ROAD, TROUTMAN
IREDELL COUNTY, NORTH CAROLINA

PROJECT NO.: 2021 LACKEY
DATE: 05/25/2021
DRAWN BY: JLD
CONTRACTOR:

REVISIONS	BY

SHEET NO.
A-2