Rec'd Original App. 12/9/13
Revision RECEIVED DEC 16 2013 R1
Paid $150.00
Statesville
Paid $350.00 11/19
Mooresville DW
000036

Judy

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:

Applicant Name: KARL Stimpson Bldrs Address: P.O. Box 26 Pfafftown NC 27040 Phone: 336-924-1392

Owner Name: Mickey Kiger Address: 271 Kennedy Loop Mooresville Phone: 336-972-6573

Property Information: 281

Street Address: 271 Kennedy Loop Mooresville, NC

Subdivision Name: CL&T Section/Phase: 15 Lot Number: 8

Driving Directions: _____

Site Development Information: *(check or complete ALL that apply)* 3 BDRM IN Place / Request 4 Bdrm

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

Maximum Number of Bedrooms: 4
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: 1989
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

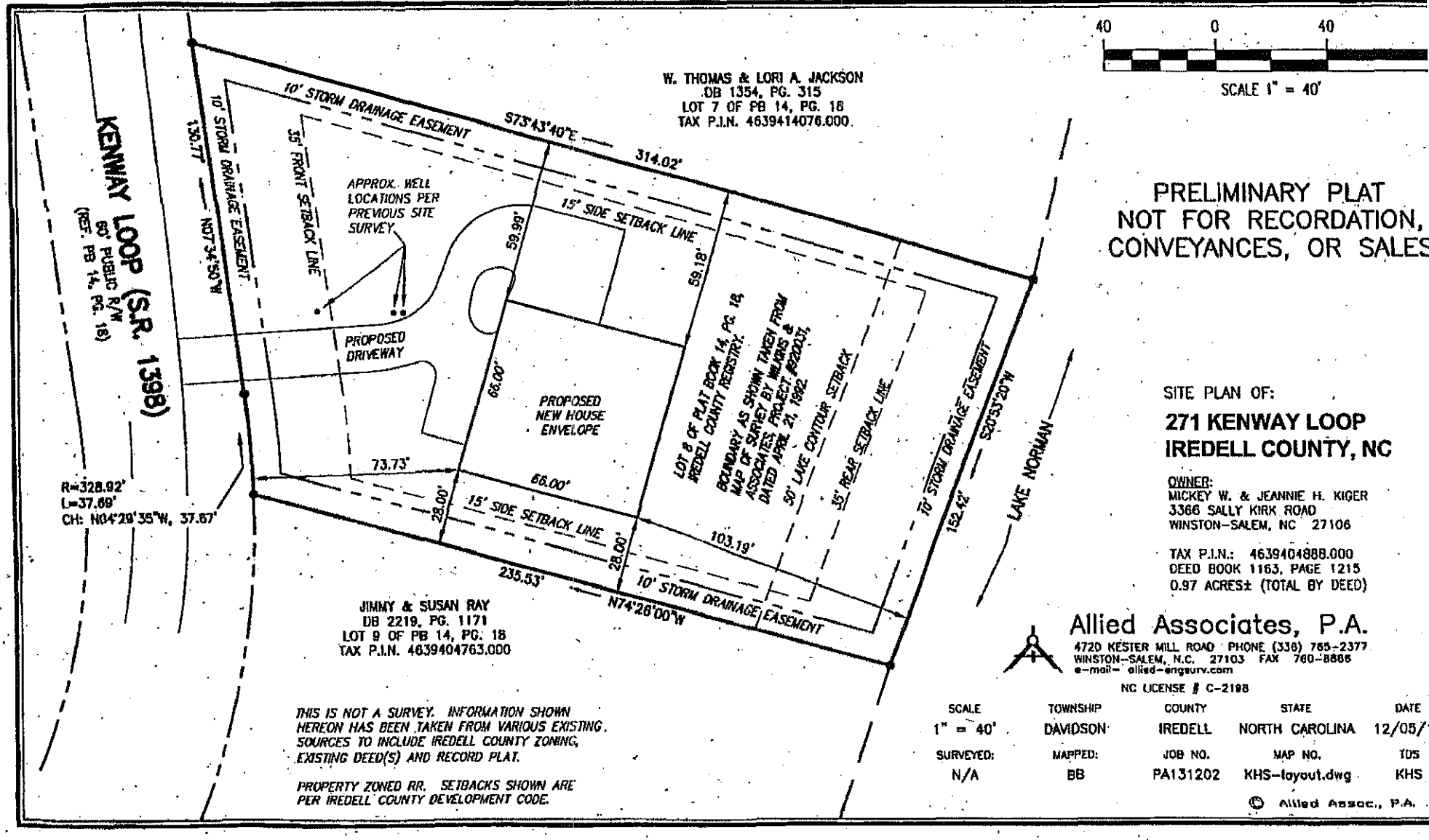
Please answer the following to the best of your ability:

( ) 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: C. Ashley Stimpson 12-4-13
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

EXHIBIT A



PRELIMINARY PLAT
NOT FOR RECORDATION,
CONVEYANCES, OR SALES

SITE PLAN OF:

271 KENWAY LOOP
IREDELL COUNTY, NC

OWNER:
MICKEY W. & JEANNIE H. KIGER
3366 SALLY KIRK ROAD
WINSTON-SALEM, NC 27106

TAX P.I.N.: 4639404888.000
DEED BOOK 1163, PAGE 1215
0.97 ACRES± (TOTAL BY DEED)

THIS IS NOT A SURVEY. INFORMATION SHOWN HEREON HAS BEEN TAKEN FROM VARIOUS EXISTING SOURCES TO INCLUDE IREDELL COUNTY ZONING, EXISTING DEED(S) AND RECORD PLAT.

PROPERTY ZONED RR. SETBACKS SHOWN ARE PER IREDELL COUNTY DEVELOPMENT CODE.

Allied Associates, P.A.
4720 KESTER MILL ROAD PHONE (336) 765-2377
WINSTON-SALEM, N.C. 27103 FAX 760-8866
e-mail- allied-engsurv.com
NC LICENSE # C-2198

SCALE	TOWNSHIP	COUNTY	STATE	DATE
1" = 40'	DAVIDSON	IREDELL	NORTH CAROLINA	12/05/
SURVEYED:	MAPPED:	JOB NO.	MAP NO.	TDS
N/A	BB	PA131202	KHS-layout.dwg	KHS

© Allied Assoc., P.A.

IREDELL COUNTY HEALTH DEPARTMENT

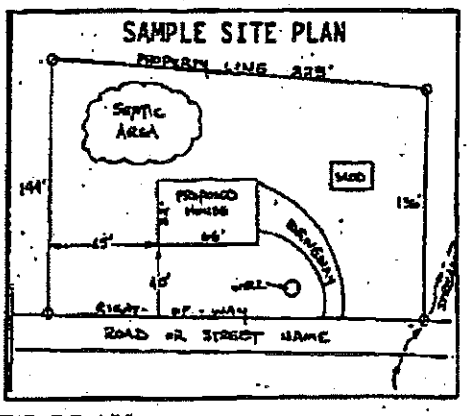
ENVIRONMENTAL HEALTH DIVISION

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:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) 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

Please see exhibit A & B attached.

Signature: C. Andy Thomas

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

12-4-13

DATE

IREDELL COUNTY

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

APPLICATION NUMBER
200638
Issue Date: 12/09/2013

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4639404888.000	281 KENWAY LOOP, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information Corrected
Owner: KIGER MICKEY WALL+JEANNIE H	Applicant: KARL STIMPSON BUILDERS
Address: 3366 SALLY KIRK RD WINSTON SALEM, NC 27106	Address: PO BOX 26 PFAFFTOWN, NC 27040
Phone:	Phone: 336-924-1392

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.970	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

50 FEET OFF WATER- SETBACK

SCALED
12/9/13
Ck # 6722

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	2727	TOTAL FEES:	$ 77.25