Site Address: 154 Kenway Loop - Mrvl 28117

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~13544~~ 236645 PIN# ~~4639 20 9911.032~~ 4639.42.1802 DATE June 7, 2006

OWNER OR APPLICANT Woodbridge Partners LLC PHONE: Business _____ Home _____

ADDRESS P.O. Box 3608, Mooresville N.C. 28117

LOCATION ~~Keith Rd.~~ (N) TL Fern Hill TR Kenway Loop on Right

SUBDIVISION ~~Woodleaf~~ BLOCK / SECTION — LOT 324 LOT AREA 1.239 Ac SITE CLASS PS DESIGN FLOW 440gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 760 Date 11-3-18

Pump Tank: 1000 Gallons; PT 363 Date 9-22-18

Pump Make Zoeller Model PESLIM Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☒ Pressure

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

System Description: per 25% Reduction

Repair System Description: Same as PPBPS

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons ___ No. Employees ___

Water Supply: ☒ Individual ☐ Public ☐ Community

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Comments:/Conditions:

*OK to move drive location to left side of house KW

4/17/19 Checked elect. & alarm MD

INITIAL SITE SKETCH

SEE PLAN from S&ME

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	3/12	KW
Tanks Checked	3/12	KW
Pressure Manifold or *Broken Valve Box Checked pipes in PM	4/17/19	CC
Pressure Head Set	4/22/19	CC
Electrical Checked	4/17/19	MD
Floats Set		
Alarm Checked	4/17/19	MD
Maintenance Contract Y / (N)	not required	

* On 4/17/19 2 pipes in PM broke, need to add another riser.

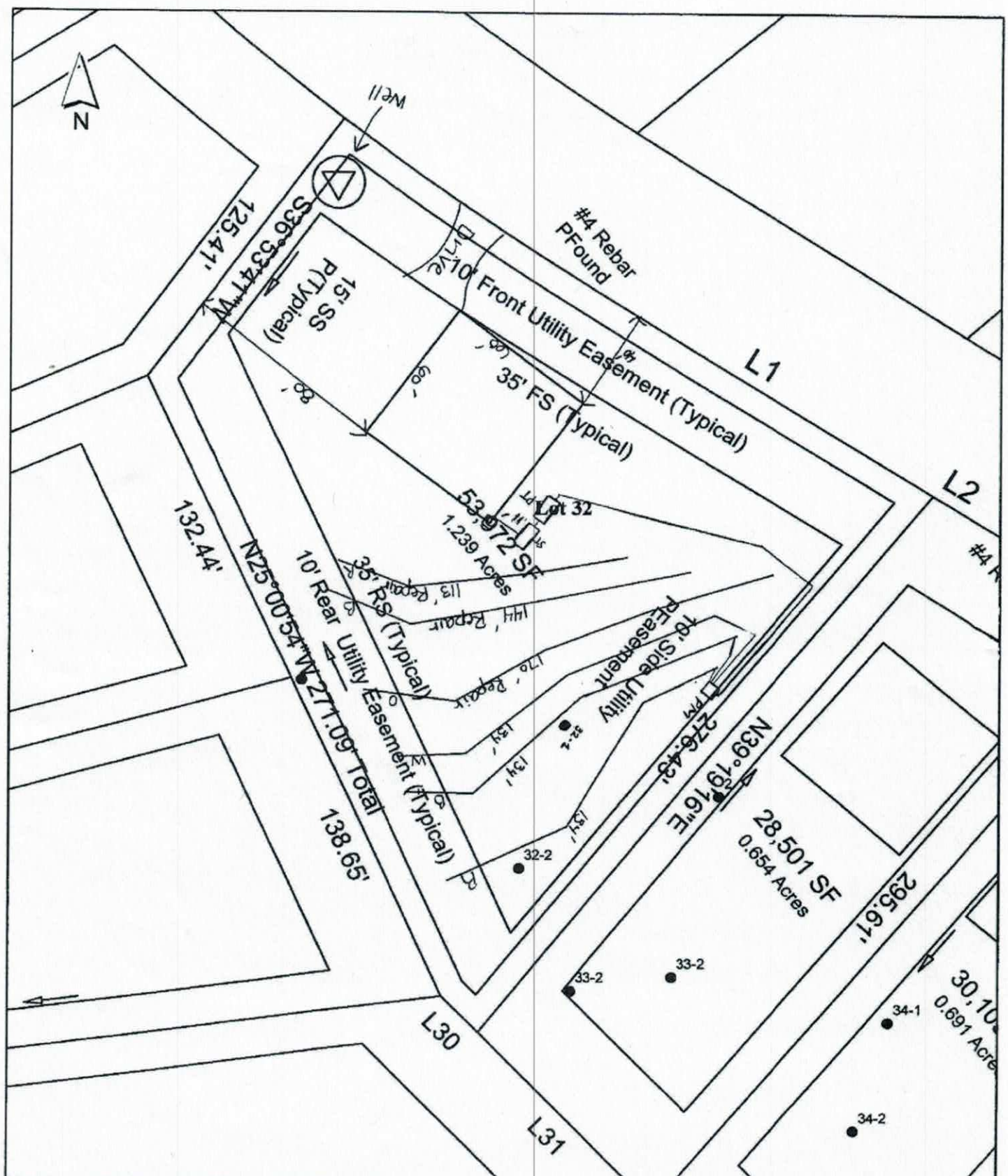
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with ~~plat~~ valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 6-20-06 Installed by: Gunter Grading

Improvement Permit by: _____ date 6-7-06 Operation Permit by: Carla C. Care (as) date 4.22-19

Authorization to Construct by: _____ date 6-26-18 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK



Scale: 1 inch equals 50 feet	S&ME	Woodleaf - Phase I	FIGURE
Drawn by: JBP		Lot 32	1
Reviewed by: PGP		Iredell County, NC	
Date: May, 2006	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	S&ME Project #1588-05-121	

Lot 32 Woodleaf Subdivision Fast Track Septic System Information

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	3 (See Table)
Total Linear Feet	402
Trench Width	3' min.
Trench Spacing	9' min.
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	170' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	16.5 gpm
Elevation head	Approx. 13.9'
Pressure head	2.0'
Friction head	1.0'
20% Contingency	3.4'
Total Head	17.3'
Pump Requirements	16.5 gpm @ 17.3' of head; use Goulds WE03L pump or equivelent with compatible electrical
Dosing Volume	240 gal - 2 doses/day @ design flow
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. ~~7.2~~ 14.5 min.
Check Valve	Yes
Siphon Break hole	No
Repair System	**25% Reduction**
Total Linear Feet	427
Repair Loading Rate	0.3

Lot 32 Woodleaf Subdivision Fast Track Septic System Information

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
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Total Head	17.3'
Pump Requirements	16.5 gpm @ 17.3' of head; use Goulds WE03L pump or equivelent with compatible electrical
Dosing Volume	240 gal -20 doses/day @ design flow ? 2.0 not 20
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 7.2 min. → 14.5 min
Check Valve	Yes
Siphon Break hole	No
Repair System	**25% Reduction**
Total Linear Feet	427
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elevation (Ft.)
1	System	Red	25% Reduction	134' endfed	4
2	System	Blue	25% Reduction	134' endfed	
3	System	White	25% Reduction	134' endfed	
4	Repair	Orange	25% Reduction	170	
5	Repair	Blue	25% Reduction	144	
6	Repair	Red	25% Reduction	113	9.9
				Total System: 402'	
				Total Repair: 427'	

Tank	Red	1000 gal (2 compartment)	11.9
Pump Tank	Red	1000 gal.	11.9
House	Blue		12.3

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	3
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

S&ME

H.D. copy

5-26-06
OK

To: Iredell County Environmental Health Department

From: Paul G. Penninger, LSS
Kathleen Saunders, LSSIT

RE: Woodleaf Subdivision – Woodbridge Partners, LLC – Lot 32 Fast Track

Date: May 24, 2006

Attached is the Fast Track information required to place Lot 32 Woodleaf Subdivision on your developer work list to review the septic system layouts. Please call when you are ready to review the lot and we will meet you on the site.

The attached information is not an Improvement Permit or Authorization to Construct, and is only to assist the Iredell County Environmental Health Department (ICHD) with the site evaluation. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC rules. If the ICHD wishes to change tank locations, distribution devices, etc., this can be shown on the Improvement Permit.

All information and specifications were prepared in conjunction with the Fast Track Program for Iredell County and are for the use of Woodbridge Partners, LLC in acquiring permits under the Fast Track Program. All soil work has been approved by David Hinson of the Iredell County Health Department. It is ultimately the Iredell County Health Department's responsibility to verify all specifications before permitting and/or septic system installation.

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Woodleaf S/D — APPLICATION DATE ___
ADDRESS: ___ — DATE EVALUATED: 4/21/0
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE: ___
LOCATION OF SITE: Lot 32 — PROPERTY RECORDED: ___
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

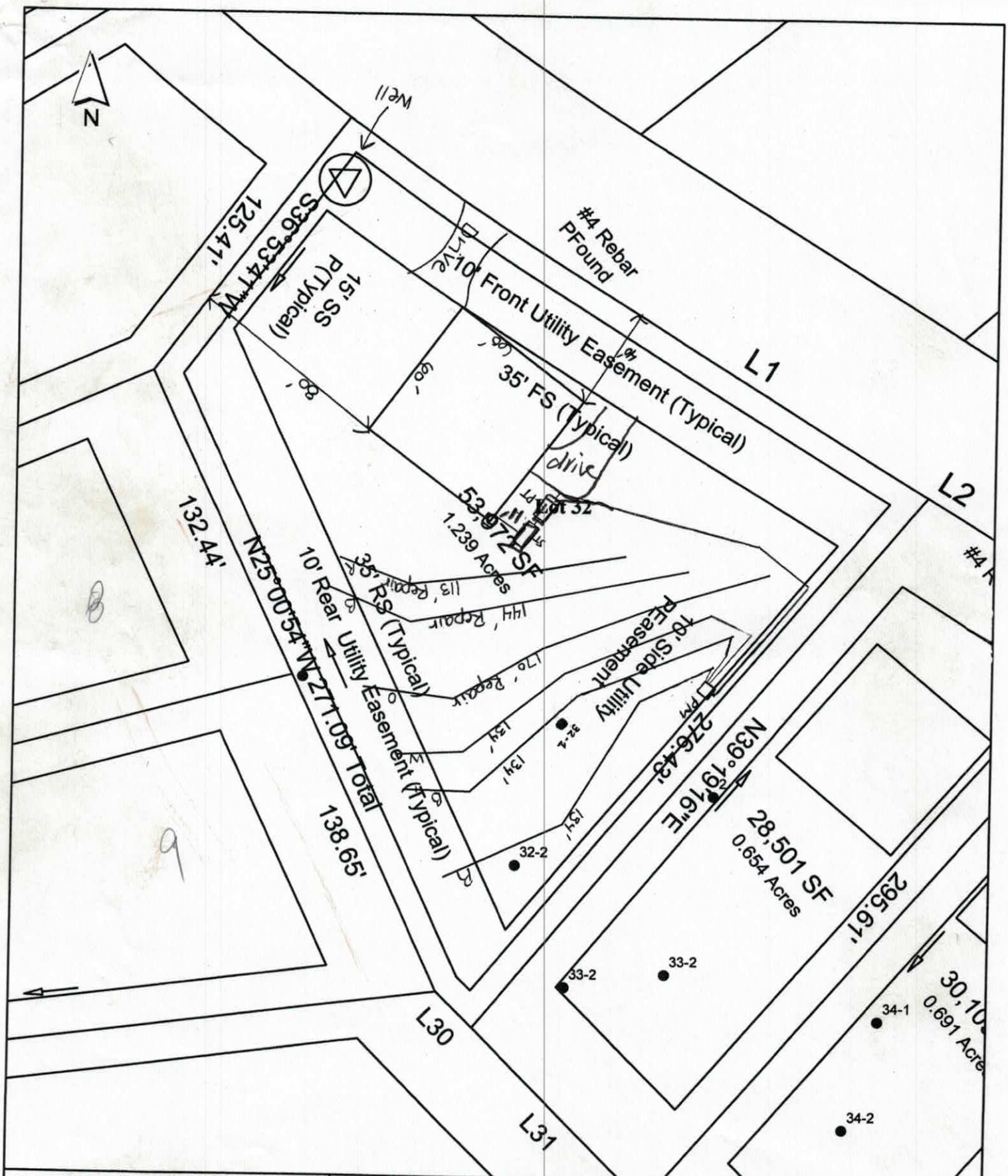
PROFILE #	.1948 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1936 SAPRO CLASS	.1944 RESTR HORIZ	
1	L	0-30	WK/Mo SBK C	FR ns/np	Red				0.3
		30-50	WK SBK CL	FR SS/SP	Red; F/C sap				
		50-55	MA SL sap	FR SS/SP	multicolored				
				* depth to sap layer varies across pit					
2	L	0-22	WK/Mo SBK C	FR SS/SP	Red				0.3
		22-42	WK SBK C/CL	FR SS/SP	Red; C sap				
		42-55	MA SL sap	FR ns/np	multicolored				
			* depth	to sap. layer varies across				pit	
3	7% S	0-8	wk sbk ysl	fr ss sp					.3
		8-38	SBK red c	fr ss sp sap					
		38-56	wk sbk red/gy l	fr ss sp	few mi sap				
4		0-7	gr wk sbk yb/ysl	fr ss sp					.3
		7-30	SBK red c	fr ss sp str					
		30-47	m wk sbk gy cl	fr ss sp few mi/sap					
		47-55	wk sbk/C gy L	fr ss sp many mi sap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Rob
OTHER(S) PRESENT: ___

COMMENTS: ___

C4
C5
C6
L1
L2
L30
L31
L32
Well
10' Drive
#4 Rebar Found
#4 Rebar Found
10' Utility Easement (Typical)
35' FS (Typical)
10' Side Utility Easement (Typical)
35' RS (Typical)
10' Rear Utility Easement (Typical)
15' SS (Typical)
10' Side Utility Easement (Typical)
Lot #32
1,239 SF
0.028 Acres
Lot #33
28,501 SF
0.654 Acres
Lot #34
30,109 SF
0.691 Acres
32-1
32-2
33-2
33-2
34-1
34-2
#10
S36°53'47"W
125.41'
N25°00'54"W
137.09' Total
132.44'
138.65'
N39°18'16"E
276.43'
S40°30'10"W
295.61'
N40°30'10"E
304.93'
N
SF



Scale: 1 inch equals 50 feet	S&ME	Woodleaf - Phase I	FIGURE
Drawn by: JBP		Lot 32	1
Reviewed by: PGP		Iredell County, NC	
Date: May, 2006	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	S&ME Project #1588-05-121	

AC w/ Insp. 236645
235830

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For:

( ) Septic Improvement Permit (X) New Well Permit (X) 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

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Lakeshore Holdings, LLC Address: 132 Marketplace Ave Zip: 28117
Applicant Email: lakemisthomes@yahoo.com Phone: 704-799-7609 Alt. Phone: Mooresville, NC
Owner Name: Lakeshore Holdings, LLC Address: 132 Marketplace Ave, Mooresville, NC Zip: 28117
Owner Email: lakemisthomes@yahoo.com Phone: 704-799-7609 Alt. Phone:

Property Information:

Street Address: 154 Kenway Loop, Mooresville, NC 28117
Subdivision Name: Woodleaf Section/Phase: Lot Number: 32
Driving Directions: Perth Rd N, take Left on Fern Hill, TL on Kenway Loop, on Right

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Maximum Number of Bedrooms: 4
Maximum Number of Occupants:
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE

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

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: Number of Persons:
(X) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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)

6/12/18
DATE

Adrienne Shea

From: Aaron Feldman <lakemisthomes@yahoo.com>
Sent: Wednesday, June 20, 2018 4:51 PM
To: Adrienne Shea
Cc: Chrystal Sloan; Deborah Williams; nklakemist@gmail.com
Subject: Re: 154 KENWAY LOOP

Thank you Adrienne,

It would be the same exact location. I apologize if this was not relayed to you. We did change the driveway swing but nothing about the septic location warehouse location.

The house plan is 1' deeper than the existing house box which does not go in the direction of the septic. I know that in the past this is not been an issue especially with an out of room per the original septic. However, I figured I would let you know.

I'm including Nichole on this who is our office and design manager. She has been learning and helping us with permits over the last couple months. PS I've been working with Iredell County for six years now and I still learn something all the time. Just let me know if we would need a new permit for this or could just do the AC.

I appreciate all your help.

Thank you,

Aaron M. Feldman, MBA, CSP, Realtor, General Contractor
President
Lakemist Homes

(919)389-4500 (mobile)

(704)799-7609 (office)

Visit Us on the Web!
Like Us on Facebook!

Lakemist Homes is a seven year recipient of the Best of the Lake awarded by the LNHBA (2010, 2011, 2012, 2013, 2014, 2015, 2016) and 2012 Builder of the Year.

On Jun 20, 2018, at 4:37 PM, Adrienne Shea <adrienne.shea@co.iredell.nc.us> wrote:

> **Aaron,**
> **Will the new home fit exactly within the house box shown on that permit?(same location, bedroom count, etc) including any decks? If so, This would only need to be an application for an AC with inspection (which requires that the property lines and housebox be staked out prior to our coming out. If there are any changes, moving it 10**

feet, even or the houseprint with decks being larger than what was permitted, then it would require a redraw. I don't believe any mention was made of an old permit to Central Permitting which is why they processed it that way.

From: Aaron Feldman [mailto:lakemisthomes@yahoo.com]
Sent: Wednesday, June 20, 2018 4:25 PM
To: Chrystal Sloan
Cc: Deborah Williams; Adrienne Shea
Subject: Re: 154 KENWAY LOOP

When we purchased the lot they gave us the attached.

Aaron M. Feldman, MBA, CSP, Realtor, General Contractor
President
Lakemist Homes
(919)389-4500 (mobile)
(704)799-7609 (office)

Visit Us on the Web!
Like Us on Facebook!

Lakemist Homes is an eight time recipient of the *Best of the Lake* awarded by the LNHBA and two time Builder of the Year.

On Wednesday, June 20, 2018 4:22 PM, Chrystal Sloan <chrystal.sloan@co.iredell.nc.us> wrote:

This is the first septic application that I am aware of, so the fee had to be paid.

Thanks,

Chrystal Sloan
Permitting Specialist
Iredell County Central Permitting
Iredell County Development Services
704-878-3113 Ext. 5305
chrystal.sloan@co.iredell.nc.us

<image001.png> Click to let us know about your experience

From: Aaron Feldman [mailto:lakemisthomes@yahoo.com]
Sent: Wednesday, June 20, 2018 4:14 PM
To: Nichole Kan <nklakemist@gmail.com>; Chrystal Sloan <chrystal.sloan@co.iredell.nc.us>
Cc: Deborah Williams <dwilliams@co.iredell.nc.us>; Adrienne Shea

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

1. **APPLICATION FOR:** X **Improvement Permit** ___**Authorization To Construct** ___**BOTH** ___**Existing System Inspection**

2. **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 check ( ) beside whichever is submitted if applicable ___ **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Woodbridge Partners, LLC	PO Box 36608 Mooresville 28117		(Paul: S+ME, Inc) 704-996-6330
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Woodleaf	Lot # 32

Driving Directions: Hwy 150 W, R Perth Rd, L Fern Hill Rd, left Kenway Loop, on Right

****

5. **RESIDENTIAL Site Development Information:** ***(Check or Complete ALL that apply)***

- X **New, Single Family Residence**
- ( ) **New, Multi-Family Residence**
- ( ) **Expansion of Existing Septic System**
- ( ) **Repair To Failing Septic System**

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

- X **Crawl Space Foundation?**
- ( ) **Concrete Slab Foundation?**
- ( ) **Basement w/Plumbing?**
- ( ) **Basement w/out Plumbing?**

IF Non- Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

****

6. **Proposed Water Supply:**

X **New Well** ( ) **Existing Well** ( ) **Community Well** ( ) **City Water** ( ) **Other Public Water**

****

7. **Desired Septic System Type:** ***(You may rank in order of preference, if any)***

(4) **Alternative** (1) **Conventional** (2) **Innovative** (3) **Modified Conventional** ( ) **Other**_____ ( ) **No Preference**

****

8. **Please Answer The Following To The Best of Your Ability:**

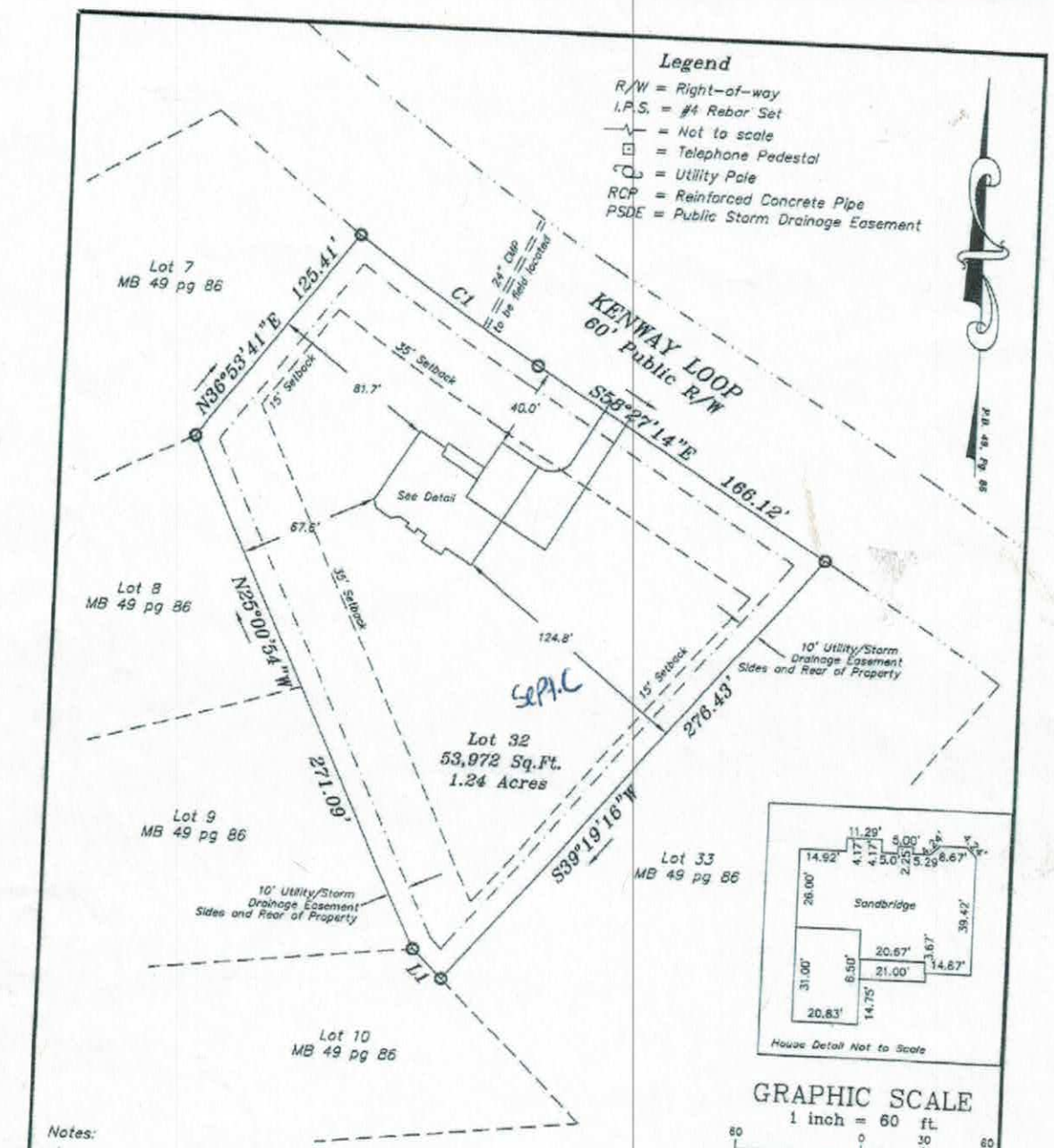
( ) **Yes** X **No** **Does the site contain any jurisdictional wetlands?**
( ) **Yes** X **No** **Is any non-domestic sewage (i.e. industry) to be generated?**
( ) **Yes** X **No** **Is the site subject to approval by any other public agency?**

****

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.

9. **Signature:** Kathleen Saunders — 5/2/06

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

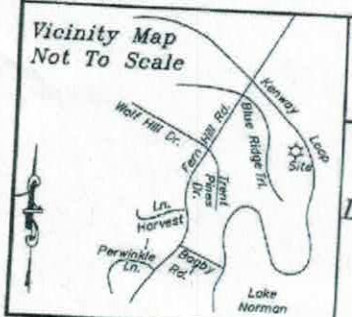


Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Map Book: 49 at Page: 86 as recorded in the Iredell County Register of Deeds.
3) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.
4) Area by coordinate method.
5) No Title Commitment was provided or reviewed.

Line Table		
Line #	Length	Direction
L1	20.11'	N45° 20' 28"W

Curve Table					
Curve #	Length	Radius	Delta	Chord Length	Chord Direction
C1	105.54	1130.00	005°21'05"	105.50	S55° 48' 50"E



Plat Plan

FOR

Lakemist Homes

PROPERTY DESCRIPTION

Kenway Loop

Lot 32, "Woodleaf Subdivision"

Plat Book 49, Page 86

Davidson Township

Iredell County, NC

SCALE: 1" = 60'

FIELD BOOK:

FILE: 2018-153

TAX PIN NO: 4639421802

Schamback Surveying, P.A.
Post Office Box 4143
Mooresville, NC 28117
(704) 622-9915
C-3218

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Lakeshore Holdings, LLC, am the legal owner(s) of the property located at Kenway Loop, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4639421862, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Lakeshore Holdings LLC Aaron Feldman, 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.

Signature of Owner(s) — Date: 6/12/18

Signature of Witness — Date

Please return this signed form to the appropriate office:

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

6/5/18

GF

SG 1"

FIRST FLOOR PLAN

Acknowledgement of
Plans Submittal ONLY!
Date 6-28-18

6/5/18 Date

REVISIONS

LAKEMIST HOMES

Sandbridge 3 car

Reverse

VISUAL DESIGN

VISUAL DESIGN & DRAFTING

Acknowledgement Of Plans Submittal ONLY!

Date 6-26-18

Date 6/13/18

SECOND FLOOR PLAN

4

REVISIONS

LAKEMIST HOMES

Sandbridge 3 car

Reverse

VISUAL DESIGN

VISUAL DESIGN & DRAFTING

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #: 135441zo
Proposed Use: Single Family
Location of Property: 000 KENWAY LOOP MOORESVILLE NC 28117
Parcel #: 4639209711.032
Lot #: 32 Size: 1.24
Applicant: S&ME INC. ENGINEERING (Toney Jacobs)
Address: 105D DENVER BUSINESS PARK DR
Mooresville NC 28115
Phone: 704-662-8625
Property Recorded: Yes Site Plan Reviewed:

Subdivision: Woodleaf
Township: 1700 Davidson
Zoning: Ra
Flood Plain: No Watershed: WSIV-CA
Owner: CAROLINA CENTERS LLC
Address: PO BOX 1003
CHARLOTTE, NC 282011003
Phone:
Community Water: No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 25000
Min. Lot Width: 100
Min. Number Parking Spaces:
Min. Front Yard: 35 ft
Min: Rear Yard: 35 ft
Min. Left Side Yard: 15 ft
Min: Right Side Yard: 15 ft
Max. Built Upon Area:

Comments:
Hold Building permit till plat has been recorded

DEVELOPER PERMIT

Directions:
Perth Rd, right Fern Hill Rd, left Kenway Lp, property on right

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant: _____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

DEBBIE WILLIAMS

Printed: 4/24/2006