**Iredell County**
Planning & Enforcement
227 S. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

## Zoning Permit

**Permit Number:** 114333ZO


Printed: 7/9/2003

**Master #:** 114333

**Associated Permits:**
114333ZO Zoning

### Applicant

**Name:** Castleview Construction
**Address:** P.O. Box 2206
Cornelius, NC 28031
**Phone:** 704-662-6428

### Parcel

**Parcel Number:** 4639-47-8050
**Address:** 160 Tennesee Cr.
Mooresville, NC 28117
**Subdivision:** Northwood
**Zoning:** RA/RR
**Township:** 1700
**Area:** 3.09
**Lot(s):** 6
**Directions to Parcel:** Perth Rd, South, Right on Fern Hill, right on Tennessee Cr, property on right

### Owners

**Name:** Donald Welch
**Address:**

### Fees and Receipts:

| Number | Description | Amount |
|---|---|---|
| FEE-63648-03 | Zoning - Permit / Inspection | $45.00 |
| FEE-63649-03 | Environmental Health - Type I or II System | $200.00 |
| | **Total Fees:** | **$245.00** |
| REC-39550-03 | | $245.00 |
| | **Total Receipts:** | **$245.00** |

### Permit Information:

Max Built Upon Area:

**IREDELL COUNTY HEALTH DEPARTMENT**
**ENVIRONMENTAL HEALTH DIVISION**
**Application For Improvement Permit**

**ALL** items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

| Applicant | Phone # | Mailing Address | City | State | Zip Code |
|---|---|---|---|---|---|
| CASTLEVIEW | (704) 662 6428 | POBox 2206 | CORNELIUS | NC | 28031 |

| Current Property Owner | Mailing Address | City | State | Zip Code |
|---|---|---|---|---|
| DONALD WELCH | 160 TENNESSEE CIRCLE | MOORESVILLE | NC | 28117 |

PROPERTY INFORMATION:

| (Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | State Road # |
|---|---|---|---|
| Northwood | 6 | | |

| (Proposed) Water Supply: Public, Private Well | **Preliminary Plat Approval Date** (DEVELOPERS ONLY) | Tax Map # |
|---|---|---|
| well | | |

Specific Directions to Property Perth Rd North to R Left on Fern Hill Right on Tennessee property on Right

TYPE OF FACILITY: (use check ( X ) or number as appropriate)

House X Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 3

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing _____

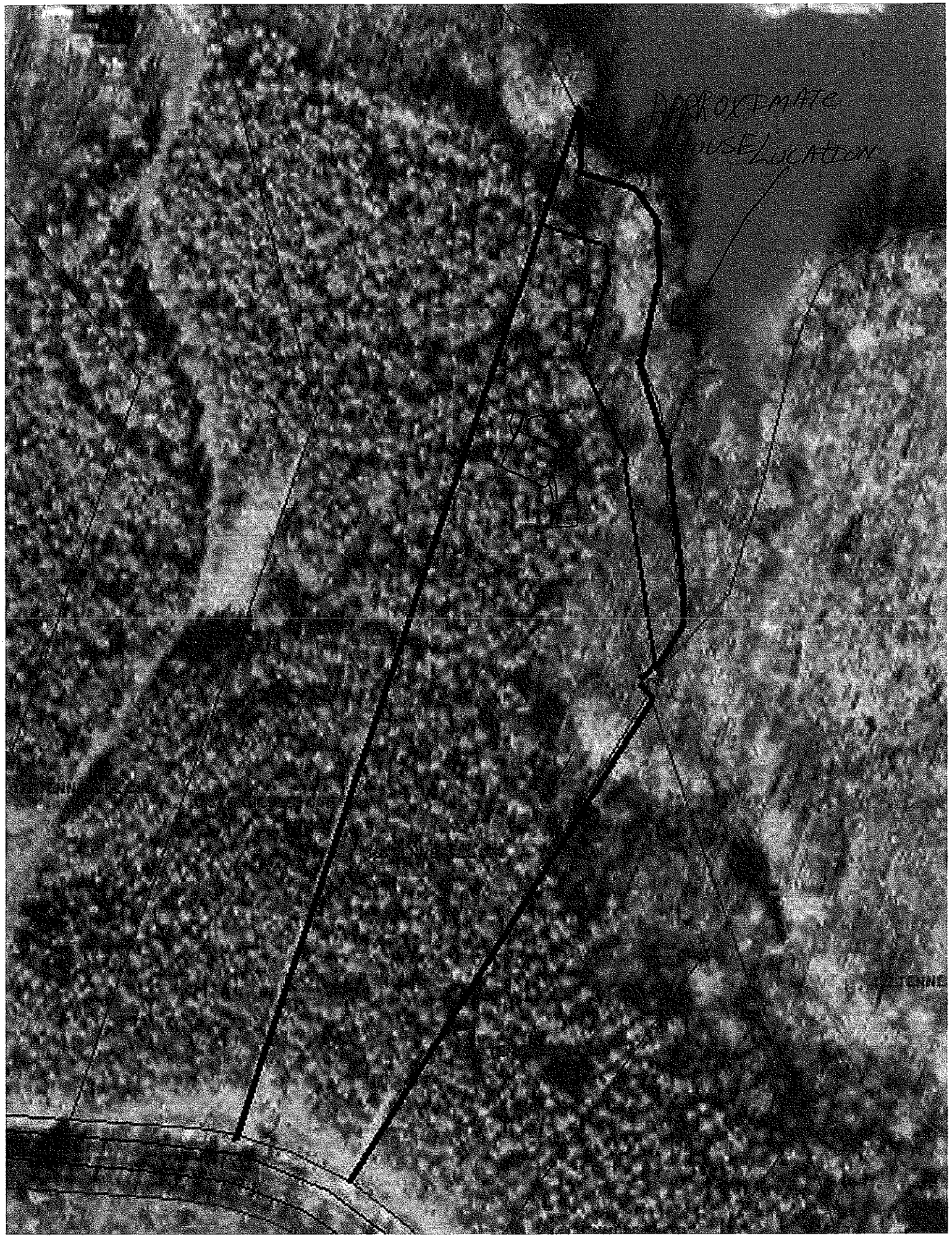
Crawl Space X Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

7-15-03 DATE Curtis Lequire SIGNATURE OF OWNER/AUTHORIZED AGENT


APPROXIMATE
HOUSE LOCATION