IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 21987

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

PIN # 4645098754

APPLICANT: Gina Cirino APPLICANT ADDRESS: 119 Keats Rd Mooresville, NC

SITE ADDRESS: 119 Keats Rd Mooresville, NC 28117 PHONE: ALT. PHONE:

SITE DIRECTIONS: Alcove Rd TR Templeton TR Lake Front TR Keats on L

SUBDIVISION: RA White Jr. SECTION: — LOT # 7/8 LOT AREA: .95 Ac DESIGN FLOW: 600gpd L.T.A.R.: .3

Existing / Repair

Septic Tank 1500 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 1050' Linear Ft: 350'

Trench Width 24" Max. Trench Bottom Depth 30"-45" Gravel Depth —

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

System Description: Existing Panel Blk

Repair System Description: LP - Panel Blk

Maintenance Agreement Required: ☐ YES ☐ NO ☐ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement w/o plumbing

No. Bedrooms 5 No. Persons No. Employees

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Note: Relocated part of repair area.

INITIAL SITE SKETCH

See attached, approved Septic plan by Kathleen Saunders dated 1/20/17, approved 2/7/17.

AS BUILT SKETCH

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

Owner / Applicant Signature: Kathleen Saunders Date: 2-7-17 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Maria Dotson Date: 2/7/17

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

PROPERTY OF R.A. WHITE
PLAT BK. 7 PG. 12

Line	Bearing	Distance
L1	N 34° 01' 00" E	68.20'
L2	S 66° 13' 44" E	87.90'

LOT 8 PART LOT 7
CURT A. CIRINO and
GINA M. CIRINO
DEED BK. 2349 PG. 512
PIN #4645-09-8754

LAKE

NORMAN

NORTH
DEED BK. 2349 PG. 512

760' CONTOUR

SHORELINE IMPROVED WITH RIP-R

Approved
2/7/17
MD

LOT 8 PART LOT 7
41307 Sq.Ft.
0.95 Ac.

L1

L2

50'

LINE #12A

LINE #12B

LINE #11A

LINE #11B

LINE #10A

SEE NOTE #4

LINE #9

old system

PROPOSED POOL AREA

Add. Septic Repair Area per Permit

SCREEN PORCH

DECK

SEPTIC TANK

EXISTING HOUSE TO BE REMOVED

PROPOSD HOUSE

SETBACK LINE

292.82'

N 13° 13' 54" E

247.30'

33.8'

15'

38.6'

LINE #8

SEE NOTE #4

LINE #7

LINE #6

16.5'

S 12° 58' 00" W

WELL

EXISTING 3/4" PIPE

PAVED DRIVE

SETBACK LINE

35'

S 65° 53' 24" W

149.99'

EXISTING 1 1/2" PIPE

LOT 9
PLAT BK. 7 PG. 12

KEATS ROAD
60' PUBLIC RIGHT OF

RECEIVED JAN 20 2016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $75.00
#224248 Ltd Redraw

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

(X) Septic Improvement Permit (X) 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

Paid $125 2-7-17

The following optional attachments may also be submitted: (X) 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

contact Kathleen Saunders 704-578-4951

Applicant Information:

Applicant Name: Gina Cirino **Address:** 119 Keats Rd Mooresville **Phone:**

Owner Name: Same **Address:** **Phone:**

Property Information:

Street Address: 119 Keats Rd Mooresville 28117

Subdivision Name: R A White Jr **Section/Phase:** **Lot Number:** 84 PT 7

Driving Directions: Williamson Rd, Right on Alcove Rd, R on Templeton, R on Irish Rd, Left on Keats, lot 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

Maximum Number of Bedrooms: ~~5~~ 3
Maximum Number of Occupants: ~~10~~ 6
( ) Swimming Pool
( ) Other Addition/Structure:

(X) 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 (X) 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 (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: Gina Cirino

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

1/20/17
DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Gina Cirino, am the legal owner of the property located at 119 Reeds Rd Mooresville, NC 28117, identified as PIN(Parcel Identification Number) 4645098754, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Kathleen Saunders, The Oaks Group, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

_____ 1/12/17
Signature of Owner Date

_____ _____
Signature of Witness 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:

X **Property Line measurements are clearly identified…**

X **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

X **Front and side setbacks from property line…**

X **Area you prefer your septic system to be placed…**

X **Preferred driveway location and configuration, preferred well location…**

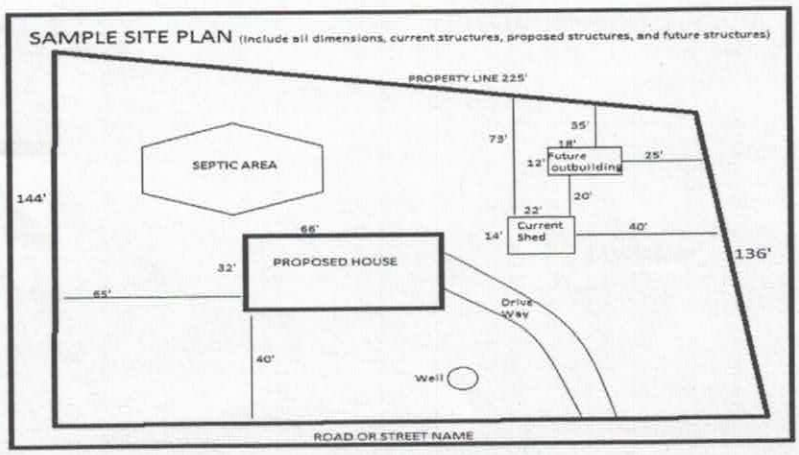
X **North arrow, or other sufficient indicator of direction…**

Circle N/A on the following if appropriate:

N/A **Location of septic systems and wells within 100' of your property… N/A**

N/A **Location of easements and rights of ways on your property… N/A**

N/A **Location of any designated wetlands on the property… N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN

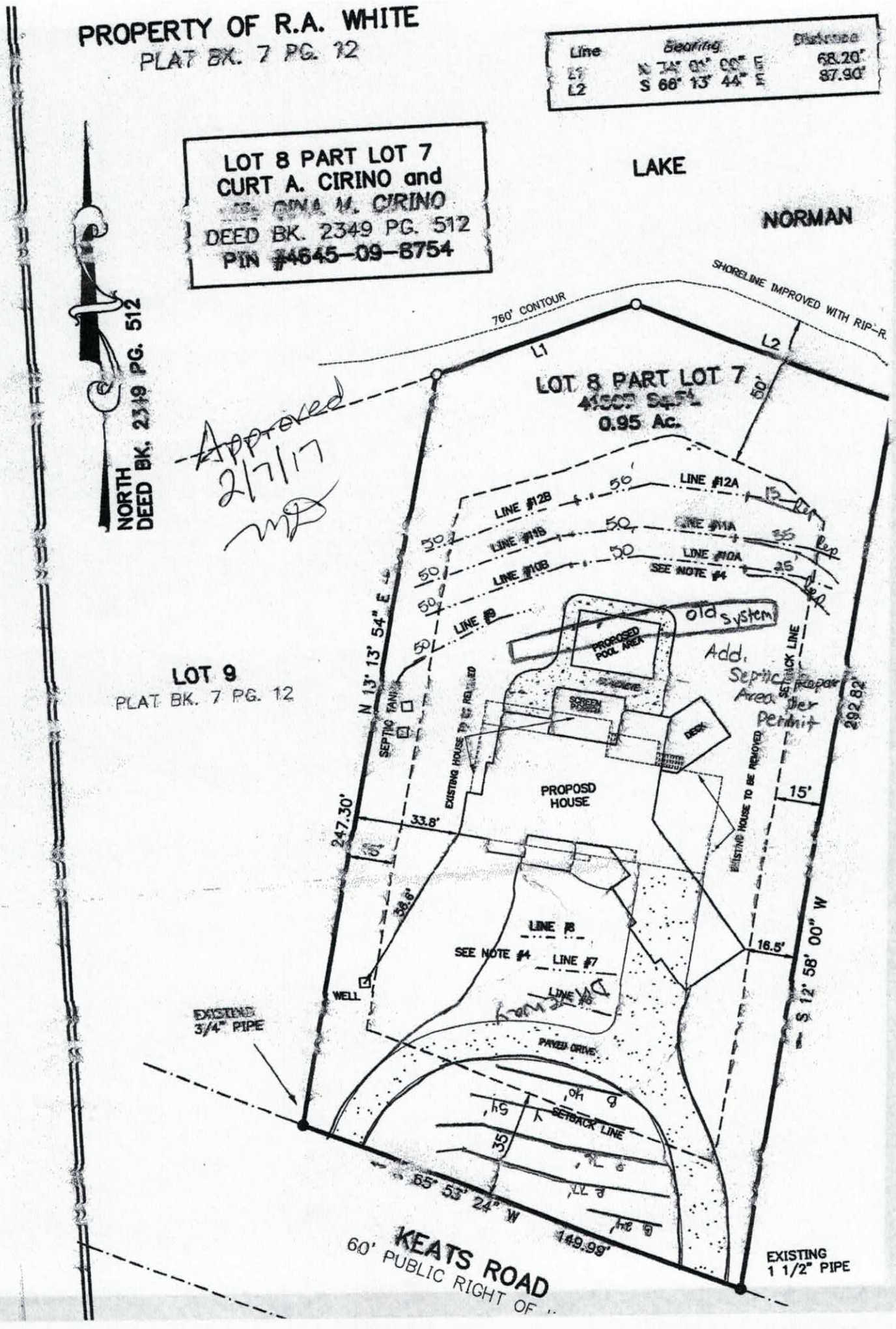
Please see attached site plan

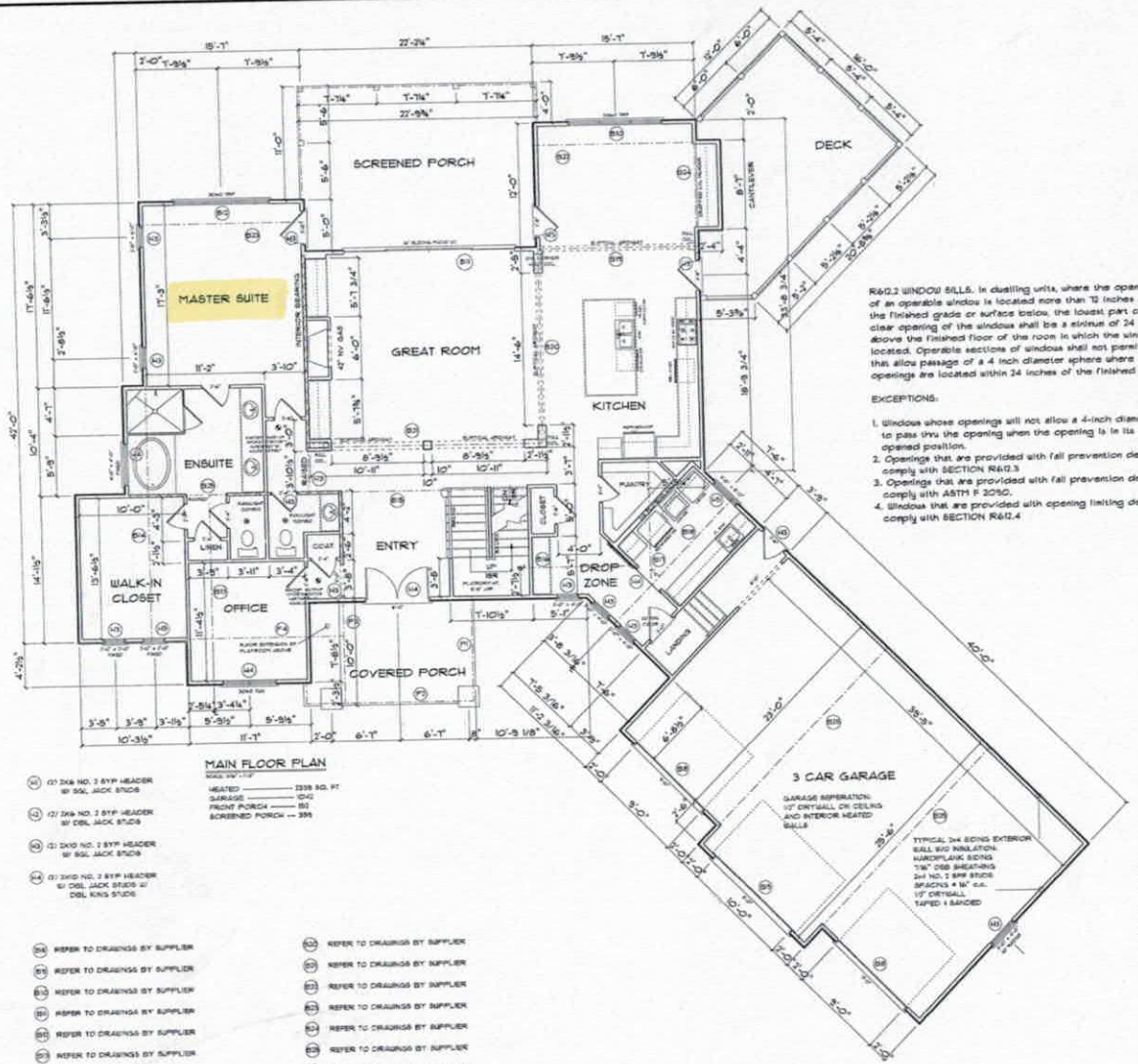
Signature: Emma Fleet

REQUIRED **property owner or owner's legal representative signature.**

1/20/17

DATE


PROPERTY OF R.A. WHITE
PLAT BK. 7 PG. 12
Line | Bearing | Distance
L1 | N 74° 01' 00" E | 68.20'
L2 | S 66° 13' 44" E | 87.90'
LOT 8 PART LOT 7
CURT A. CIRINO and
[illegible] CINA M. CIRINO
DEED BK. 2349 PG. 512
PIN #4645-09-8754
LAKE
NORMAN
SHORELINE IMPROVED WITH RIP-R.
760' CONTOUR
NORTH
DEED BK. 2349 PG. 512
Approved
2/7/17
LOT 8 PART LOT 7
0.95 Ac.
LINE #12A
LINE #12B
LINE #11A
LINE #11B
LINE #10A
SEE NOTE #4
LINE #9
old system
Add. Septic Repair Area per Permit
PROPOSED POOL AREA
SCREEN PORCH
DECK
SETBACK LINE
LOT 9
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N 13° 13' 54" E
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SEPTIC TANK
EXISTING HOUSE TO BE REMOVED
PROPOSD HOUSE
292.82'
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36.6'
15'
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LINE #8
SEE NOTE #4
LINE #7
LINE #6
WELL
EXISTING 3/4" PIPE
PAVED DRIVE
SETBACK LINE
35'
S 65° 53' 24" W
149.99'
KEATS ROAD
60' PUBLIC RIGHT OF
EXISTING 1 1/2" PIPE



MAIN FLOOR PLAN

HEATED ——— 2339 SQ. FT
GARAGE ——— 1040
FRONT PORCH ——— 151
SCREENED PORCH — 395

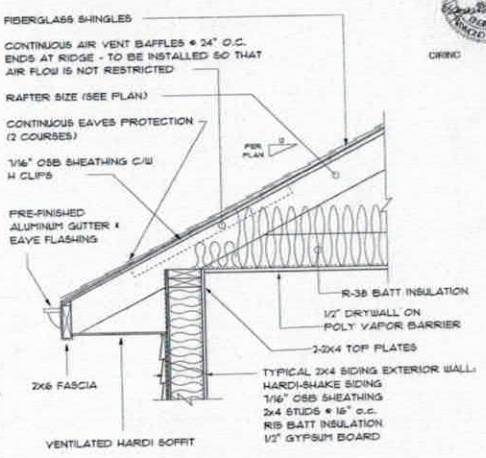
(1) (2) 2x6 NO. 2 SYP HEADER W/ SGL. JACK STUDS
(2) (2) 2x6 NO. 2 SYP HEADER W/ DBL JACK STUDS
(3) (2) 2X10 NO. 2 SYP HEADER W/ SGL JACK STUDS
(4) (3) 2X10 NO. 2 SYP HEADER W/ DBL JACK STUDS W/ DBL KING STUDS

(58) REFER TO DRAWINGS BY SUPPLIER
(59) REFER TO DRAWINGS BY SUPPLIER
(60) REFER TO DRAWINGS BY SUPPLIER
(61) REFER TO DRAWINGS BY SUPPLIER
(62) REFER TO DRAWINGS BY SUPPLIER
(63) REFER TO DRAWINGS BY SUPPLIER
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(71) REFER TO DRAWINGS BY SUPPLIER
(72) REFER TO DRAWINGS BY SUPPLIER
(73) REFER TO DRAWINGS BY SUPPLIER
(74) REFER TO DRAWINGS BY SUPPLIER

R612.2 WINDOW SILLS. In dwelling units, where the opening of an operable window is located more than 72 inches above the finished grade or surface below, the lowest part of the clear opening of the window shall be a minimum of 24 inches above the finished floor of the room in which the window is located. Operable sections of windows shall not permit openings that allow passage of a 4 inch diameter sphere where such openings are located within 24 inches of the finished floor.

EXCEPTIONS:

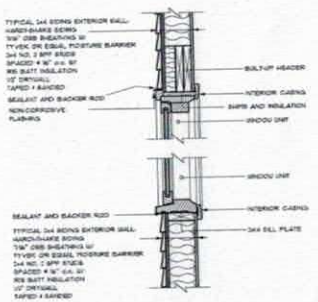
1. Windows whose openings will not allow a 4-inch diameter sphere to pass thru the opening when the opening is in its largest opened position.
2. Openings that are provided with fall prevention devices that comply with SECTION R612.3
3. Openings that are provided with fall prevention devices that comply with ASTM F 2090.
4. Windows that are provided with opening limiting devices that comply with SECTION R612.4



WALL DETAIL

WALL BRACING NOTE

In lieu of the wall bracing requirements of Section R602.10, all stories shall be sheathed with wood structural sheathing panels. Panels shall be fastened at 6" on center along the edges and 12" on center at intermediate framing. Unless noted otherwise on the drawings, no blocking, straps or special hold downs are required if sheathed as described above. Garage door portals/legs shall be anchored with a minimum of two anchor bolts per leg per the foundation anchorage requirements. If required by engineering evaluation, additional portal framing requirements will be shown on the drawings.



SIDING HEAD AND SILL

1. BECAUSE SITE CONDITION MAY VARY, SCRATCH PAD DESIGNS CANNOT WARRANT THE SUITABILITY OF THESE PLANS ON YOUR SPECIFIC SITE. CONSTRUCTION FROM THESE PLANS SHOULD NOT BE UNDERTAKEN WITHOUT THE ASSISTANCE OF A PROFESSIONAL CONTRACTOR.
2. ALL REGIONAL, STATE AND LOCAL CODES, ORDINANCES AND REGULATIONS SHALL BE CONSIDERED AS PART OF THESE DRAWINGS AND DETAILS FOR THIS BUILDING SHALL TAKE PREFERENCE OVER ANYTHING SHOWN, DESCRIBED OR IMPLIED WHERE VARIANCES OCCUR.
3. CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE CONSTRUCTION BEGINS AND COORDINATE ANY CORRECTIONS OR REVISIONS WITH THE OWNER AND DESIGNER. SCRATCH PAD DESIGNS WILL ASSUME NO LIABILITY FOR DIMENSIONAL AND/OR ARCHITECTURAL ERRORS ONCE CONSTRUCTION BEGINS.

Acknowledgement of Plans Submittal ONLY!

Date 1/26/17

Date 2/7/17

NORTH CAROLINA PROFESSIONAL SEAL 030811 ENGINEER Daniel R. Talley AMEND #1 ONLY

CIRINO

ADDITIONAL NOTES:

DRAWING TITLE: MAIN FLOOR

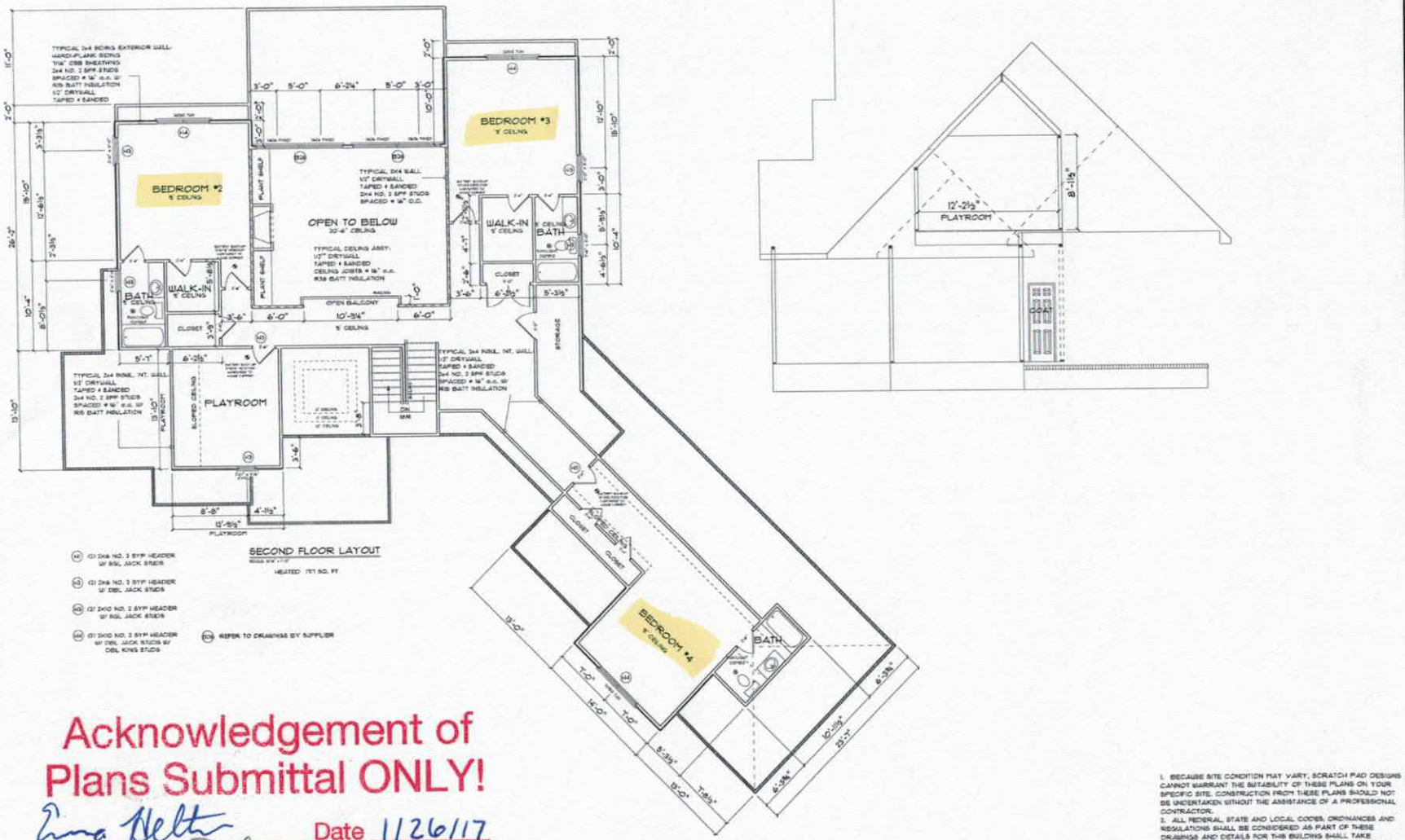
PROJECT INFORMATION: CIRINO RESIDENCE

PROJECT INFORMATION

ORIGINAL DATE	DECEMBER, 2016
DRAWN BY	D. ELLIS
REVISED DATE	
SCALE	1/4" = 1'-0"

SCRATCH PAD DESIGNS
711 SOUTH ZION STREET
LANDIS, NC 28088
(704)855-3624

SHEET NO. A1



Acknowledgement of Plans Submittal ONLY!

Erma Helton Date 11/26/17

Date 2/7/17

1. BECAUSE SITE CONDITION MAY VARY, SCRATCH PAD DESIGNS CANNOT WARRANT THE SUITABILITY OF THESE PLANS ON YOUR SPECIFIC SITE. CONSTRUCTION FROM THESE PLANS SHOULD NOT BE UNDERTAKEN WITHOUT THE ASSISTANCE OF A PROFESSIONAL CONTRACTOR.
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NORTH CAROLINA PROFESSIONAL SEAL 032812 ENGINEER Daniel R. Coley REGISTERED IN CLINE

CIRINO

ADDITIONAL NOTES

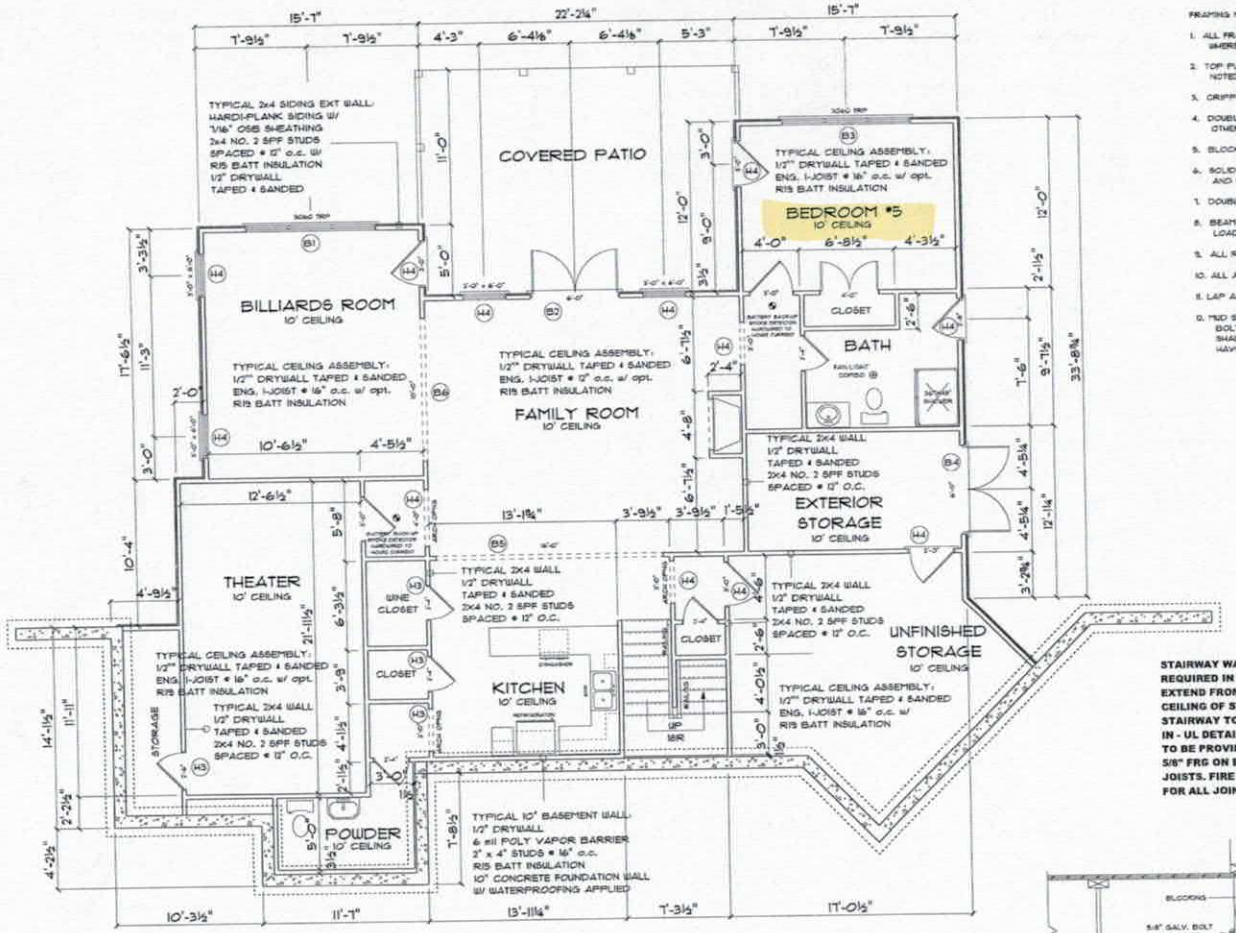
DRAWING TITLE
SECOND FLOOR

PROJECT INFORMATION
CIRINO RESIDENCE

PROJECT INFORMATION
ORIGINAL DATE: DECEMBER, 2016
DRAWN BY: D. ELLIS
REVISED DATE:
SCALE: 1/4" = 1'-0"

SCRATCH PAD DESIGNS
111 SOUTH ZION STREET
LANDIS, NC 28088
(704)856-3624

SHEET NO.
A9



WALL BRACING NOTE

In lieu of the wall bracing requirements of Section R602.10, all stories shall be sheathed with wood structural sheathing panels. Panels shall be fastened at 6" on center along the edges and 12" on center at intermediate framing. Unless noted otherwise on the drawings, no blocking, straps or special hold downs are required if sheathed as described above. Garage door portals/lugs shall be anchored with a minimum of two anchor bolts per lug per the foundation anchorage requirements. If required by engineering evaluation, additional portal framing requirements will be shown on the drawings.

BASEMENT FLOOR PLAN

SCALE: 1/4" = 1'-0"

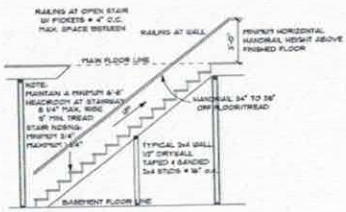
BASEMENT 1831 SQ. FT.
STORAGE 414

- (H1) (2) 2X6 NO. 2 SYP HEADER W/ SGL JACK STUDS
- (H2) (2) 2X6 NO. 2 SYP HEADER W/ DBL JACK STUDS
- (H3) (2) 2X10 NO. 2 SYP HEADER W/ SGL JACK STUDS
- (H4) (2) 2X10 NO. 2 SYP HEADER W/ DBL JACK STUDS W/ DBL KING STUDS

- (B1) REFER TO DRAWINGS BY SUPPLIER
- (B2) REFER TO DRAWINGS BY SUPPLIER
- (B3) REFER TO DRAWINGS BY SUPPLIER
- (B4) REFER TO DRAWINGS BY SUPPLIER
- (B5) REFER TO DRAWINGS BY SUPPLIER
- (B6) REFER TO DRAWINGS BY SUPPLIER

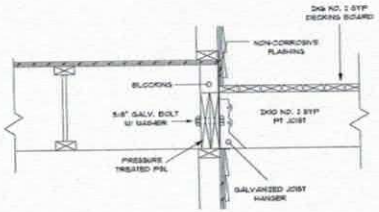
FRAMING NOTES:

1. ALL FRAME WALLS SHALL HAVE STUD FRAMING PLACED AT 16" O.C. EXCEPT WHERE OTHERWISE NOTED
2. TOP PLATES SHALL BE DOUBLED ON ALL WALLS EXCEPT WHERE OTHERWISE NOTED
3. CRIPPLES UNDER ALL HEADERS SHALL BE CONTINOUS TO SOLE PLATE.
4. DOUBLE JOISTS UNDER ALL WALLS PARALLEL TO JOISTS EXCEPT WHERE OTHERWISE NOTED
5. BLOCK ALL STUD WALLS AS REQUIRED FOR SHEATHING.
6. SOLID BLOCKINGS BETWEEN ALL JOISTS AND RAFTERS AT SUPPORTING WALLS AND BEAMS EXCEPT AT RIM JOISTS.
7. DOUBLE RIM JOISTS AT ALL WALLS PARALLEL TO JOISTS.
8. BEAMS, GIRDERS AND JOISTS SUPPORTING BEARING WALLS OR CONCENTRATED LOADS SHALL NOT BE NOTCHED
9. ALL RAFTERS SHALL BE NOTCHED TO PROVIDE FULL BEARING AT SUPPORTS.
10. ALL JOISTS SHALL HAVE A MINIMUM OF 2" BEARING AT SUPPORTS.
11. LAP ALL JOISTS 6" MINIMUM AT ALL INTERIOR BEARING SUPPORTS.
12. TWO SILS AND LEDGER BOARDS AT CONCRETE WALLS SHALL HAVE ANCHOR BOLTS OF THE SIZE AND SPACING SHOWN ON THE DRAWINGS. EACH BOARD SHALL BE SECURED WITH AT LEAST TWO BOLTS AND EACH BOARD SHALL HAVE A BOLT WITHIN 12" OF EACH END.

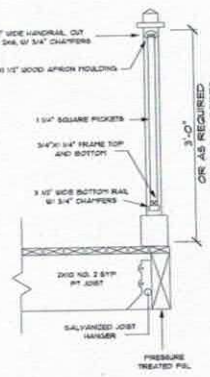


TYPICAL STAIR SECTION

STAIRWAY WALLS TO BE PROTECTED AS REQUIRED IN - UL DETAIL U419. WALLS TO EXTEND FROM BASEMENT FLOOR TO CEILING OF STAIRWAY. CEILING OF STAIRWAY TO BE PROTECTED AS REQUIRED IN - UL DETAIL U419. CEILING AND WALLS TO BE PROVIDED WITH ONE (1) LAYER OF 5/8" FRG ON EACH SIDE OF STUDS AND JOISTS. FIRE RATED CAULK TO BE USED FOR ALL JOINTS AND PENETRATIONS.



DECK FRAMING DETAIL



1. BECAUSE SITE CONDITION MAY VARY, SCRATCH PAD DESIGNS CANNOT GUARRANT THE SUITABILITY OF THESE PLANS ON YOUR SPECIFIC SITE. CONSTRUCTION FROM THESE PLANS SHOULD NOT BE UNDERTAKEN WITHOUT THE ASSISTANCE OF A PROFESSIONAL CONTRACTOR.
2. ALL FEDERAL, STATE AND LOCAL CODES, ORDINANCES AND REGULATIONS SHALL BE CONSIDERED AS PART OF THESE DRAWINGS AND DETAILS FOR THIS BUILDING SHALL TAKE PRECEDENCE OVER ANYTHING SHOWN, DESCRIBED OR IMPLIED WHERE VARIANCES OCCUR.
3. CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE CONSTRUCTION BEGINS AND COORDINATE ANY CORRECTIONS OR REVISIONS WITH THE OWNER AND DESIGNER. SCRATCH PAD DESIGNS WILL ASSUME NO LIABILITY FOR DIMENSIONAL AND/OR ARCHITECTURAL ERRORS ONCE CONSTRUCTION BEGINS.

Acknowledgement of
Plans Submittal ONLY

Date 2/7/17

Date 2-7-17

NORTH CAROLINA PROFESSIONAL ENGINEER SEAL 038482 EDWARD H. CIRINO
CIRINO 12/6/16

ADDITIONAL NOTES

DRAWING TITLE: BASEMENT

PROJECT INFORMATION: CIRINO RESIDENCE

PROJECT INFORMATION
ORIGINAL DATE: DECEMBER, 2016
DRAWN BY: D. ELLIS
REVISED DATE:
SCALE: 1/4" = 1'-0"

SCRATCH PAD DESIGNS
111 SOUTH ZION STREET
LANDIS, NC 28088
(704)855-3624

SHEET NO. A5

IREDELL COUNTY

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

APPLICATION NUMBER
224248
Issue Date: 01/12/2017

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4645098754.000	119 KEATS ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CIRINO CURT A+GINA M	Applicant: KATHLEEN SAUNDERS
Address: 119 KEATS ROAD MOORESVILLE, NC 28117	Address: 121 HOLT LANE MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	R20

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

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	90251	TOTAL FEES:	$ 77.25