IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 241028

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

PIN # 4645675757

APPLICANT/OWNER: Schumacher Homes APPLICANT ADDRESS: 341 Alcove Rd.

SITE ADDRESS: 341 Alcove Rd. Mooresville, NC 28117 PHONE: 704-746-3076 ALT. PHONE —

SITE DIRECTIONS: US 21 S → L on Alcove Rd → lot on R SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Alcove Commons SECTION: 2 LOT # 1 LOT AREA: 1.3ac DESIGN FLOW: existing L.T.A.R.: existing

Septic Tank existing (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields # Lines Linear Ft

Trench Width EXISTING Trench Bottom Depth(Low side) Gravel Depth

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

System Description:

Repair System Description: EXISTING

Maintenance Agreement Required: ☐ YES ☐ NO

☑ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms

☑ Business No. Persons

☐ Other No. Employees 8

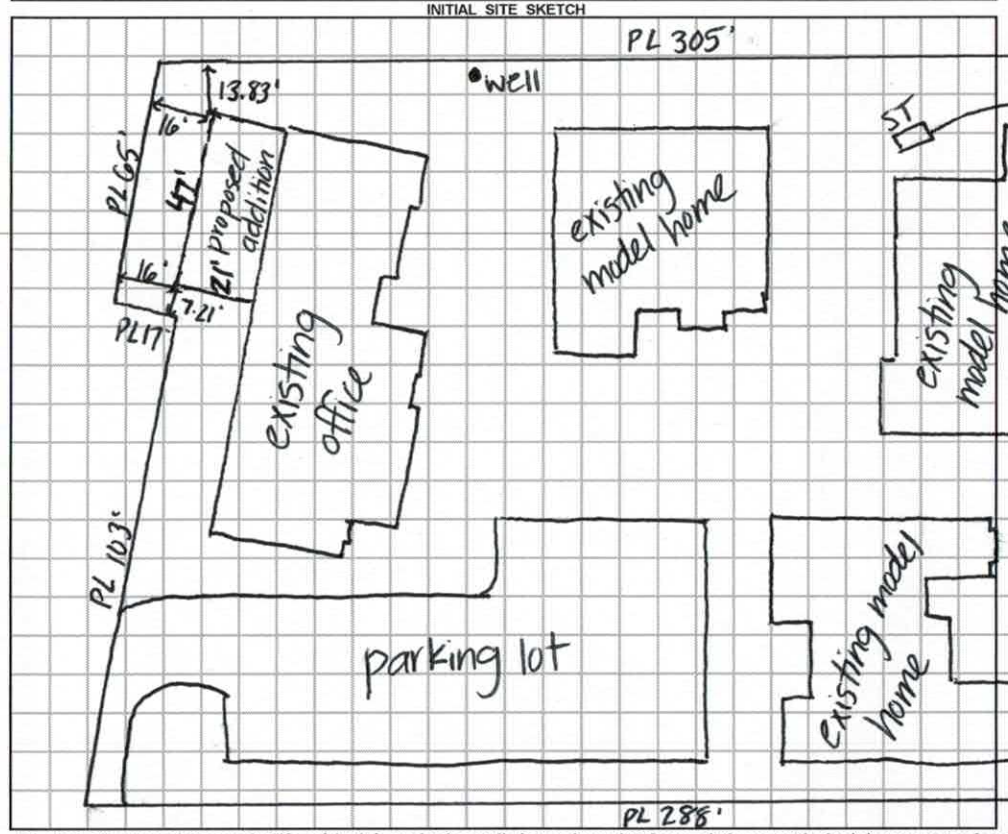
☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

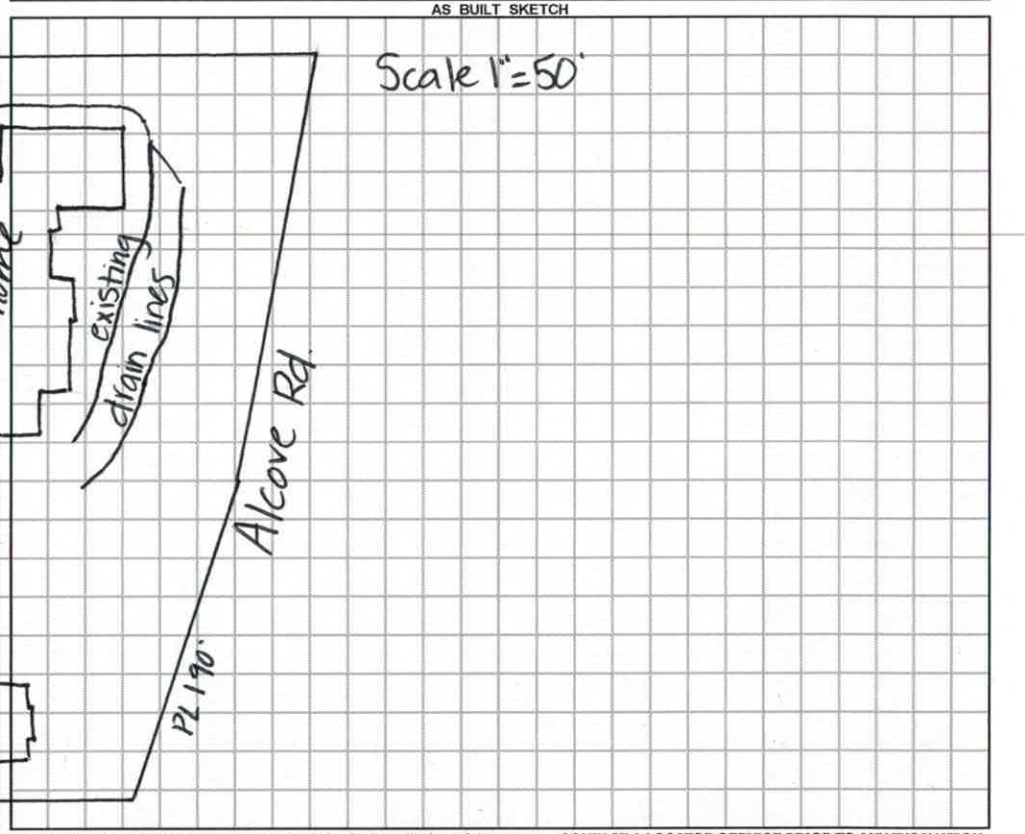
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: System functioning properly during time of inspection.

INITIAL SITE SKETCH



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: [signature] Date: 4/9/19 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] Date: 2-4-19

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day t ction is needed. Be sure to speak with an inpsector to confirm your inspection time.

241028 EFT pymt

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For:

( ) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit (X) 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: ( ) Survey Plat, scaled no more than 1 inch = 60 feet (✓) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Schumacher Homes of NC Address: 341 Alcove Rd. Mooresville Zip: 28117

Applicant Email: tmurphy@schumacherhomes.com Phone: 704-746-3076 Alt. Phone: _____

Owner Name: Schumacher Homes of NC Address: 341 Alcove Rd. Mooresville NC Zip: 28117

Owner Email: tmurphy@schumacherhomes.com Phone: 704-746-3076 Alt. Phone: _____

Property Information:

Street Address: 341 Alcove Rd. Mooresville NC 28117

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: S on 77 to Exit 33, Continue 1 mile on Alcove Rd. On Right.

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: _____

Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

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

Non-Residential Site Development: Type of Business: Design Center

Square Footage of Building: 4934 Max. Number of Employees: 8 Max. Number of Seats/Beds/Other: 4

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

( ) 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: _____

(X) 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: _____ 1-29-19

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

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)* _____

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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

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

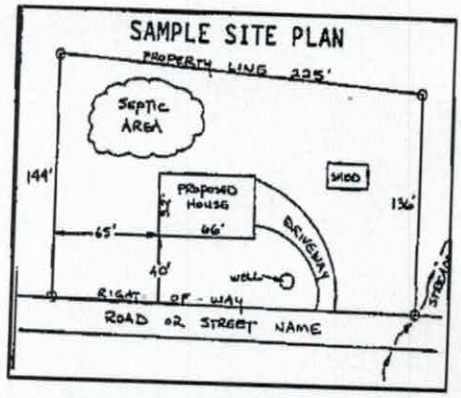
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction

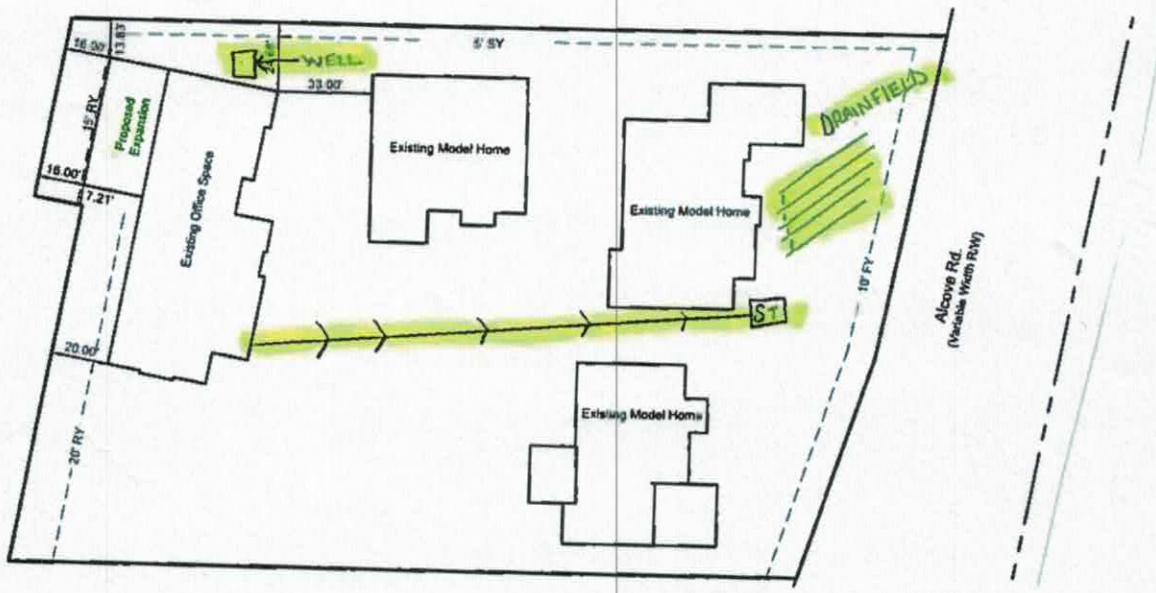


Circle N/A on the following if appropriate:

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

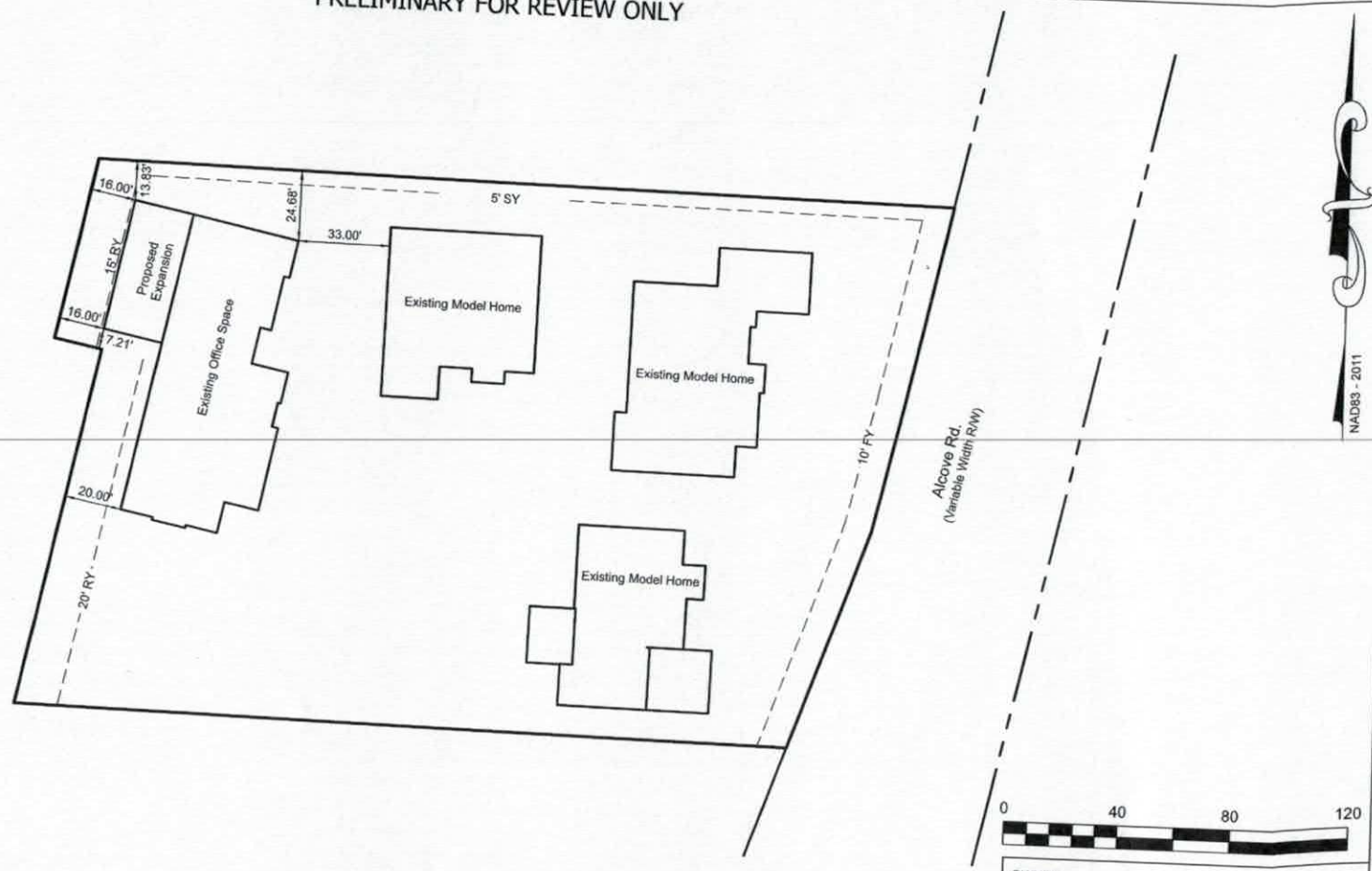
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



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

DATE 1-29-19

PRELIMINARY FOR REVIEW ONLY



LEGEND	
FY	Front Yard Setback
RY	Rear Yard Setback
SY	Side Yard Setback
R/W	Right of Way
P.B.	Plat Book
PG.	Page

SETBACKS:

PROPERTY IS LOCATED IN THE MOORESVILLE ETJ AND ZONING OF SURRONDING PROPERTY IS VC-C (VILLAGE CENTER W/CONDITIONS).

PROPERTY IS SUBJECT TO A 10 FRONT/CORNER YARD (FY), 0 SIDE YARD OR 5' SIDE YARD (ADJACENT TO RESIDENTIAL) (SY), 15 REAR YARD (RY).

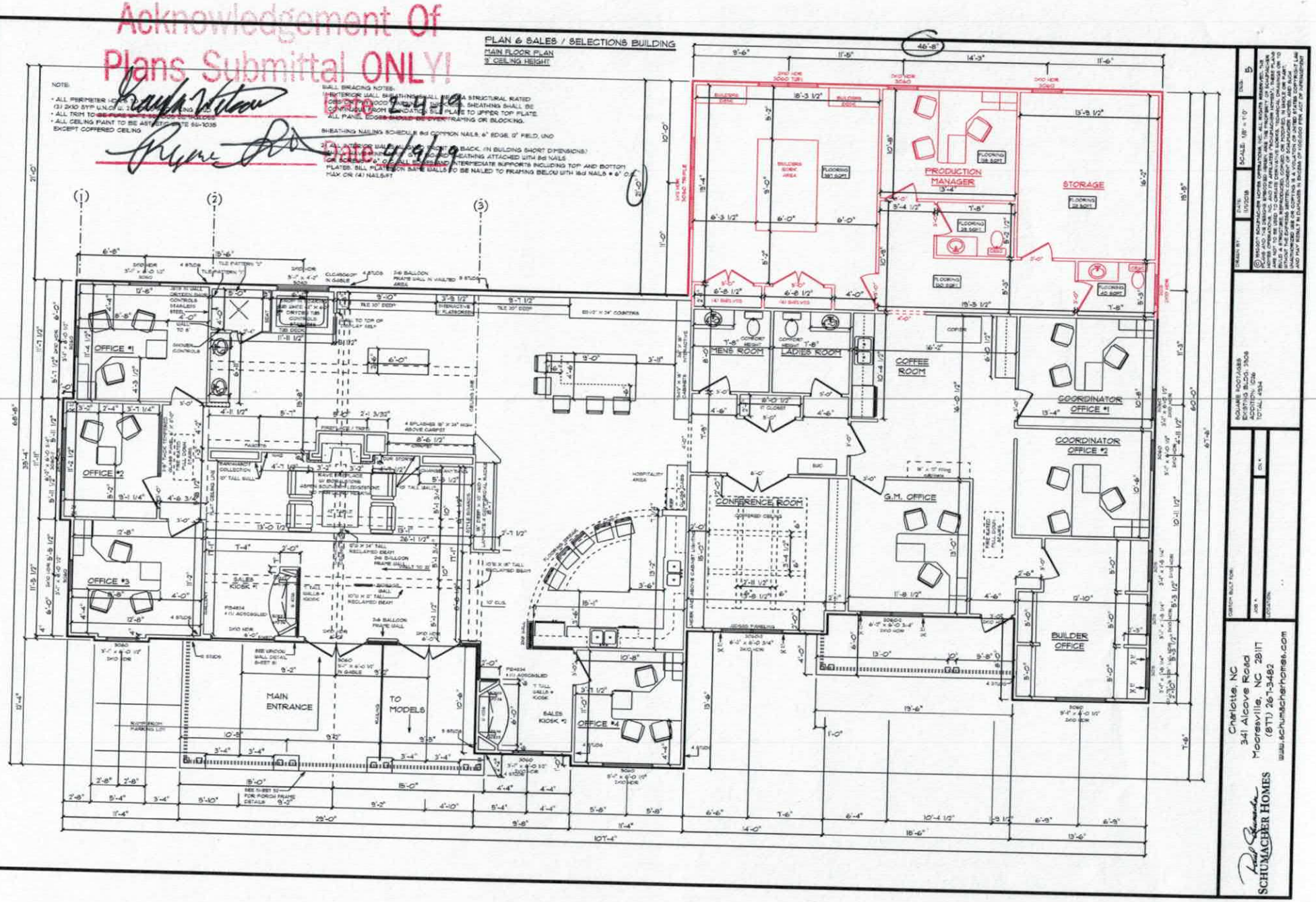
JORDAN GRANT
ENGINEERING • SURVEYING • PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
P.O. BOX 151 * STATESVILLE, NC 28687
mattg@jordan-grant.com (704) 928-7919
FIRM # P-1227

OWNER:
Schumacher Homes

DRAWN BY: JWE	CHECKED BY: MIG
SCALE: 1" = 40'	
DEED REF: 2542 - 691	PIN NO: 4645-67-5757
DATE OF MAP: 10-26-18	SURVEY DATE:
REVISION:	DRAWING FILE: Schumacher 2

341 Alcove Rd., Mooresville, NC 28117
Davidson TWP. - Iredell County - North Carolina

Acknowledgement Of
Plans Submittal ONLY!
Date 4-9-19
Date 4/9/19



Town of Mooresville Jurisdiction

ZONING APPROVAL

For building permit applications

Development Services 413 North Main St. Mooresville, NC 28115 Phone 704-662-7040

Number: 241028 Subdivision:

Proposed Use: MOORESVILLE NEW COMMERCIAL-SCHUMACHER DESIGN ADDITION

Location: 341 ALCOVE ROAD

Tax PIN: 4645675757.000 Zoning: Lot: Size: 0.000

Owner: APB PROPERTIES LLC
Address:

Phone:
Email:

Applicant: SCHUMACHER HOMES OF NORTH CAROLINA INC
Address: 341 ALCOVE RD
MOORESVILLE, NC 28117
Phone: 704-746-3076
Email: TMURPHY@SCHUMACHERHOMES.COM

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 Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature of Owner or Authorized Agent

12-19-18
Date

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

Lot Area:
Front Yard Depth: 10.00
Rear Yard Depth: 15.00
Side Yard Depth: 5.00
Corner Yard Depth:

Remarks: ADDITION TO DESIGN CENTER FOR SCHUMACHER HOMES.
MUST OBTAIN ALL IREDELL COUNTY PERMITS.

MG M Gable
Approved By:

12/18/2018
Date

$50.00
Application Fee

341 Alcove Rd - Schumacher Homes - Addition