## 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:** ___ Improvement Permit ___Authorization To Construct ___BOTH X 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 |
|---|---|---|---|
| Burton A. Gellman | 131-Sunhaven Ln | 704-664-2252 | 704 650-1900 |

| Owner Name | Mailing Address | Home Phone | Work Phone |
|---|---|---|---|
| Spool House LLC, | 131-Sunhaven Ln | 664-2252 | 650-1900 |

**4. Property Information:**

| Street Address | Subdivision Name | Section/Phase and Lot Number |
|---|---|---|
| 336-Sundown Rd. | | |

Driving Directions: Off Williamson Rd - Just south of Brawley School Rd.

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

( ) New, Single Family Residence — Maximum Number of Bedrooms 1 — (X) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants 2 — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
( ) Repair To Failing Septic System — ( ) Basement w/out Plumbing?

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

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**6. Proposed Water Supply:**

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

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___________ ( ) No Preference

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**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?

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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:** Burton A. Gellman — 9/13/04

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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Phone TR 3-7271 Mooresville Phone NO 3-1271

PERMIT TO INSTALL SEPTIC TANK

Permit NO. 224 Permit Date 10-12-1972

Owner melvin mills Address mooresville

Installed By Bryant Hager Address Mooresville

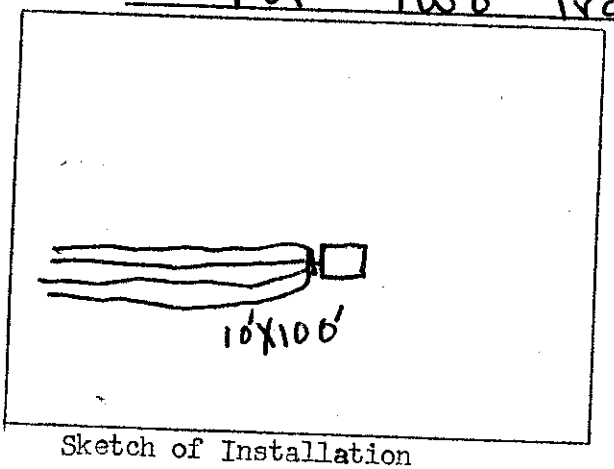
Location of Property 1109 to 1190 bear to right Two Trailors on right

| Tank | | Capacity | | Length of Lines | | Fixtures | |
|---|---|---|---|---|---|---|---|
| Block | ( ) | 1000 | ( ) | 225' | ( ) | No. of Baths | ( ) |
| Precast | (✓) | 1250 | (✓) | 250' | ( ) | Dishwasher | ( ) |
| | | 1500 | ( ) | Other 400' | | Garbage Grdr. | ( ) |
| | | Other | | | | Other | |

NOTIFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED.

Final Inspection 10-12-1972 Approved (✓) Disapproved ( )

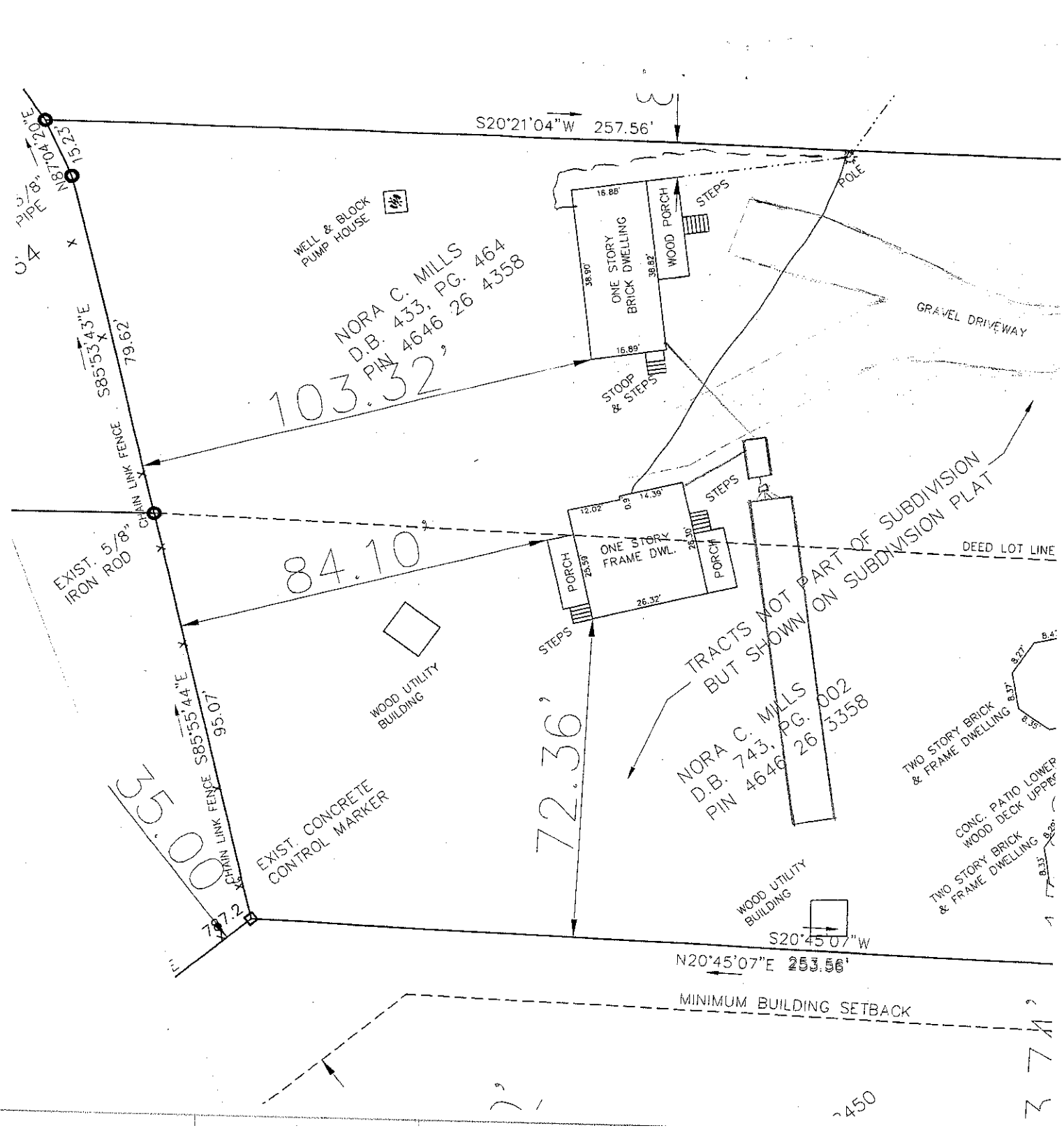
Remarks For Two Trailors only




Sketch of Installation

J. C. Moore

Sanitarian


S20°21'04"W 257.56'
N87°04'20"E 15.23'
S85°53'43"E 79.62'
WELL & BLOCK PUMP HOUSE
NORA C. MILLS
D.B. 433, PG. 464
PIN 4646 26 4358
103.32'
ONE STORY BRICK DWELLING
WOOD PORCH
STEPS
POLE
GRAVEL DRIVEWAY
STOOP & STEPS
CHAIN LINK FENCE
EXIST. 5/8" IRON ROD
84.10'
ONE STORY FRAME DWL.
PORCH
STEPS
DEED LOT LINE
TRACTS NOT PART OF SUBDIVISION BUT SHOWN ON SUBDIVISION PLAT
NORA C. MILLS
D.B. 743, PG. 002
PIN 4646 26 3358
WOOD UTILITY BUILDING
S85°55'44"E 95.07'
CHAIN LINK FENCE
EXIST. CONCRETE CONTROL MARKER
72.36'
TWO STORY BRICK & FRAME DWELLING
CONC. PATIO LOWER WOOD DECK UPPER
WOOD UTILITY BUILDING
S20°45'07"W
N20°45'07"E 253.56'
MINIMUM BUILDING SETBACK

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

## Building Permit

**Permit Number:** 114826BU


Printed: 7/29/2003

**Master #:** 114826

**Associated Permits:**

| | |
|---|---|
| 114826ZO | Zoning |
| 114826BU | Building |

### Applicant

**Name:** Gellman Corporation The
**Address:** 1200 Queens Rd
Suite 107
Charlotte, NC 28207

### Parcel

**Parcel Number:** 4646-26-4358
**Address:** 336 Sundown RD.
**Township:** 1700
**Subdivision:**

**Zoning:** R20
Mooresville, NC 28117
**Block:** 4646
**Lot(s):**

### Owners

**Name:** Spool Houses, LLC
**Address:** 1200 Queens Rd.
Suite 107
Charlotte, NC 28207

**Phone:** 704-375-5589

### Contractors

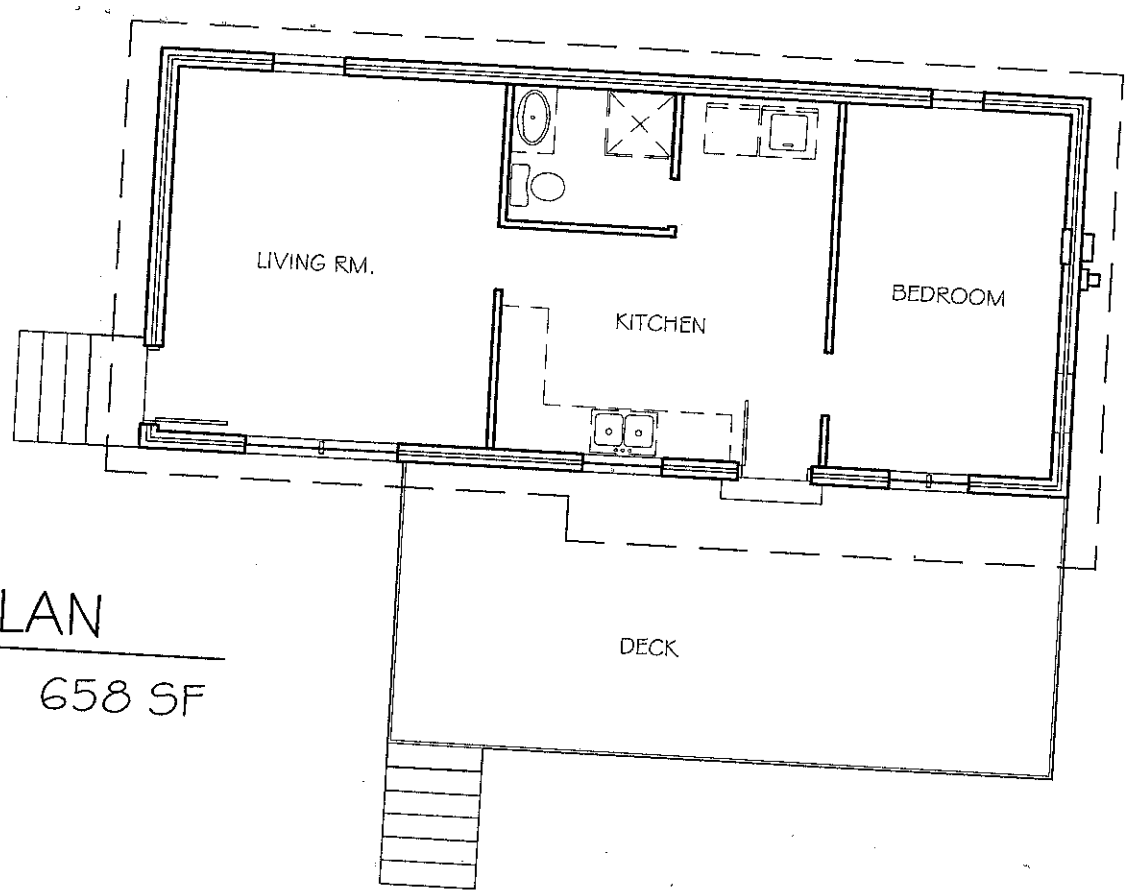
**Contractor Type: Building**
**Name:** Gellman Corporation The
**Address:** 1200 Queens Rd
Charlotte, NC 28207

**Phone:** 704-375-5589
**Account Number:**

### Fees and Receipts:

| Number | Description | Amount |
|---|---|---|
| FEE-65008-03 | Blanket Single Family Renovation (Auto) | $124.00 |
| FEE-65009-03 | Recovery Fee | $5.00 |
| | **Total Fees:** | **$129.00** |
| REC-40260-03 | | $129.00 |

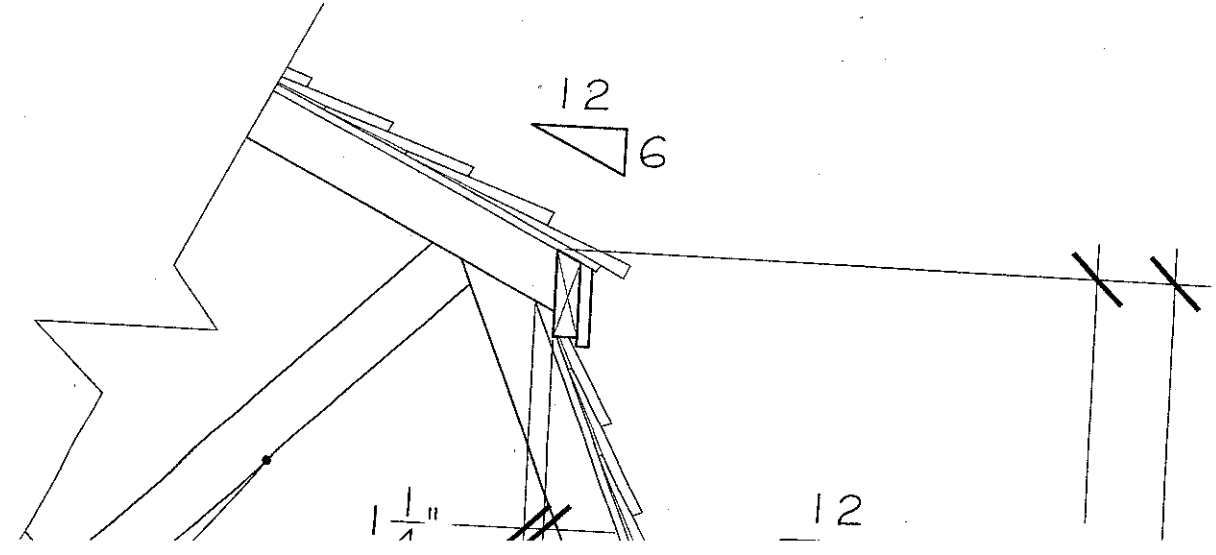
GELLMAN CORP. TEL:1-704-375-7079 Sep 13'04 12:46 No.003 P.02

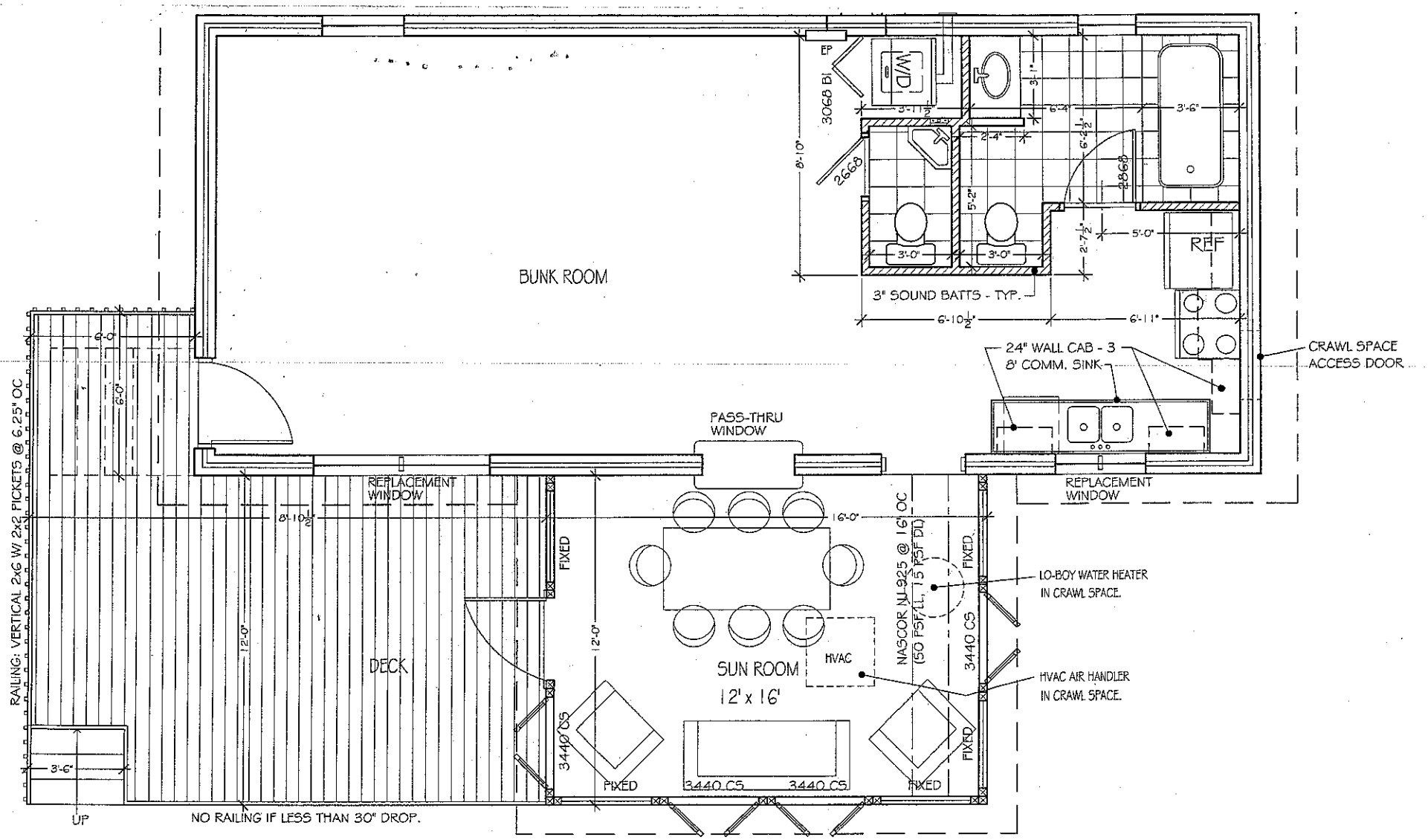



1 / A-1 EXISTING FLOOR PLAN

1/8" = 1'-0"

658 SF




BUNK ROOM
3068 BI
W/D
EP
3'-1"
3'-6"
6'-4"
6'-4½"
2'-4"
2668
2868
8'-10"
5'-2"
3'-0"
3'-0"
2'-7½"
5'-0"
REF
3" SOUND BATTS - TYP.
6'-10½"
6'-11"
24" WALL CAB - 3
8' COMM. SINK
CRAWL SPACE
ACCESS DOOR
PASS-THRU
WINDOW
REPLACEMENT
WINDOW
REPLACEMENT
WINDOW
6'-0"
6'-0"
8'-10½"
16'-0"
FIXED
12'-0"
DECK
SUN ROOM
12' x 16'
HVAC
NASCOR NJ-925 @ 16" OC
(50 PSF/LL, 15 PSF DD)
FIXED
3440 CS
LO-BOY WATER HEATER
IN CRAWL SPACE.
HVAC AIR HANDLER
IN CRAWL SPACE.
3440 CS
FIXED
3440 CS
3440 CS
FIXED
FIXED
3'-6"
UP
NO RAILING IF LESS THAN 30" DROP.
RAILING: VERTICAL 2x6 W/ 2x2 PICKETS @ 6.25" OC