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 #:	121289zo	Subdivision:	
Proposed Use:	Single Wide	Township:	1700 Davidson
Location of Property:	130 Bear Run Cr. Mooresville NC 28117		
Parcel #:	4646-75-0226.130	Zoning:	R20-A
Lot #:	3 Size: 1.3	Flood Plain:	N/A Watershed: WSIV CRIT
Applicant:	Kevin Davidson	Owner:	Patricia & Kevin Davidson
Address:	714 Alcove Road Mooresville NC 28117	Address:	714 Alcove Road Mooresville, NC 28117
Phone:	704-663-0220	Phone:	704-663-0220

Property Recorded: Yes Site Plan Reviewed: Yes Community Water: Yes 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: Min. Front Yard: Min. Left Side Yard:
Min. Lot Width: Min: Rear Yard: Min: Right Side Yard:
Min. Number Parking Spaces: Max. Built Upon Area:

Comments:

Replace single wide in MHP

Directions:

77 south, Exit 33, Right, 1st light right, 1 mile on right.

FEES

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

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.

JIM KING Printed: 6/8/2004

4646-64-4762

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 16244 DATE 6/11/93 TAX MAP NO. 2J 64 3

OWNER OR CONTRACTOR KAREN HAGER PHONE: Business Home 663-4165

ADDRESS Rt 11 Box 1437 MOORESVILLE, NC.

LOCATION ALCOVE N, TO COBBLER COVE, (R) ON DIRT DRIVE TO FIRST TRAILER ON (L)

SUBDIVISION HAGERS PT BLOCK / SECTION LOT 3 LOT AREA EXISTING SITE CLASS. P L.T.A.R. .3

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: EXISTING Gallons; STB Date

Pump Tank: Gallons; PT Date

Nitrification Field: No Fields 1 Square Feet 515 Linear Feet ~240

No Lines 3 Trench Width 7.5' Trench Depth 36" Gravel Depth 12"

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

System Description: EXISTING - CONV.

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 2 No. Bathrooms 2 No. Employees

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

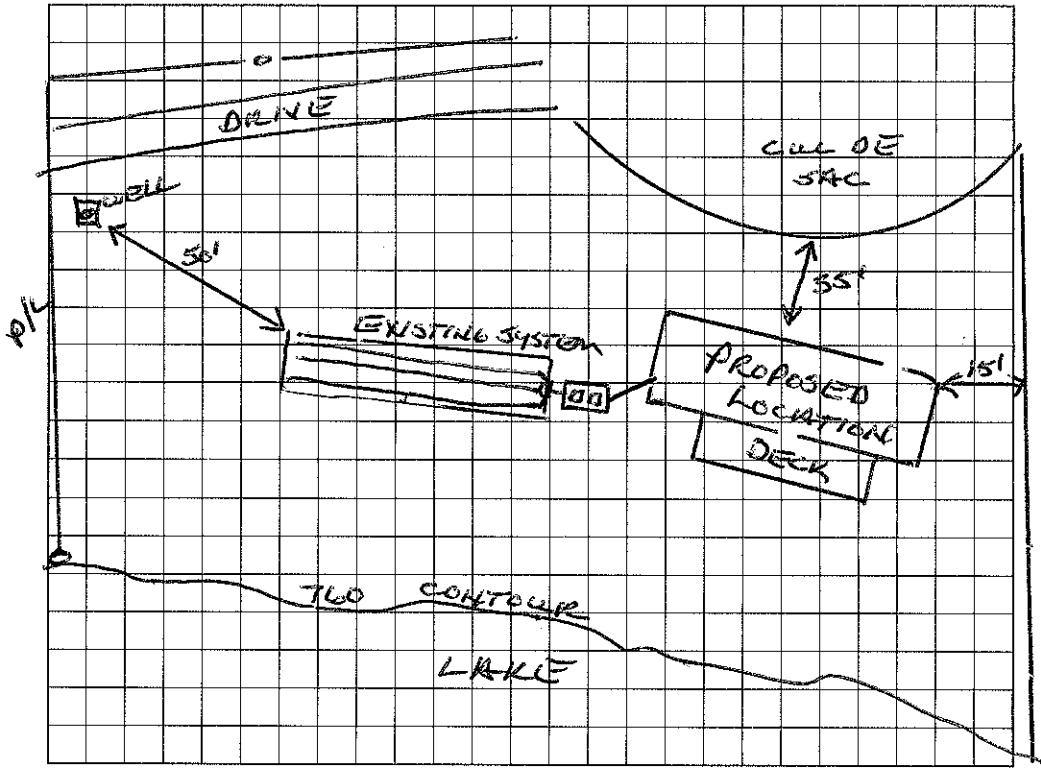
Other

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

Comments 2 TRAILERS TO BE REMOVED - ONE NEW TRAILER TO BE PUT BACK.

INITIAL SITE SKETCH

AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed:

Improvement Permit by: date

Existing System Inspection by: Wesley Sparks RS. date 6/11/93

Installed by:

Certificate of Completion by: date

Operation Permit by: date

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