ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 244684

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

PIN # 4646676500

APPLICANT/OWNER: Susan Halliday/CsandSC | APPLICANT ADDRESS: 164 Hickory Hill Rd Mooresville, NC 28117

SITE ADDRESS: 164 Hickory Hill Rd Mooresville, NC 28117 | PHONE: 704-677-3191 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd toL on Silver Hook Dr, R on Apple Blossom Dr, S on Hickory Hill, L on R | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: | SECTION: — | LOT # — | LOT AREA: 0.87 acres | DESIGN FLOW: 600GPD | L.T.A.R.: .275

Septic Tank ~~1250~~ 1500 (gal) | STB 338 | Date 4-24-20

Pump Tank ~~1250~~ 1500 (gal) | PT 477 | Date 5-2-20

Pump Make Liberty | Model 290HV (2) | Serial #

Nitrification Fields 1 | # Lines Existing+5 | Linear Ft. Existing+20

Trench Width 24" | Trench Bottom Depth (Low side) 22" | Gravel Depth —

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

System Description: PM PPBPS 50% Reduction

Repair System Description: LP PPBPS

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

☒ Residence | No. Bedrooms 5

☐ Business | No. Persons 10

☐ Other | No. Employees

☐ Slab | ☐ Crawl Space

☒ Basement w/plumbing | ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

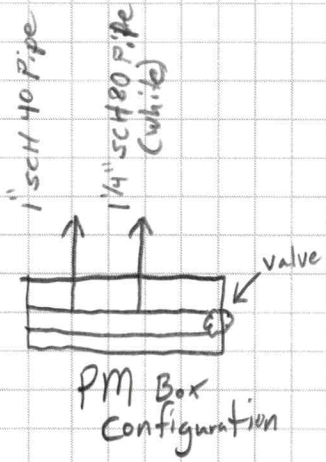
Comments / Conditions: Install lines on contour, keep any part of Septic system off property lines by 10'. system must stay out of flood zone

For Existing drainfield Use 1" Sch 40 taps
For New Drainlines being added Use 1¼" SCH80 Taps
* Floor plans submitted are 1' longer (in depth). OK as long as extra 1' is built toward back of property.

INITIAL SITE SKETCH

See Attached Siteplans submitted by CsandSC

7/15/2020



PM Box Configuration

AS BUILT SKETCH

Tanks 10ft from house

7/15/2020

- 2' of pressure head set
- Anchor scientific wide angle on/off (4" feet by 8" total (
- Septic Alarm (Breeder #25 A+B)
  Control Panel/Pump # 14+16)

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: Susan Halliday | Date: 6/17/19 | Installed by: R & H

IMPROVEMENT PERMIT by: Patrick J Bell III | Date: 06/07/19 | OPERATION PERMIT by: Tom Shuck | Date: 7/15/2020

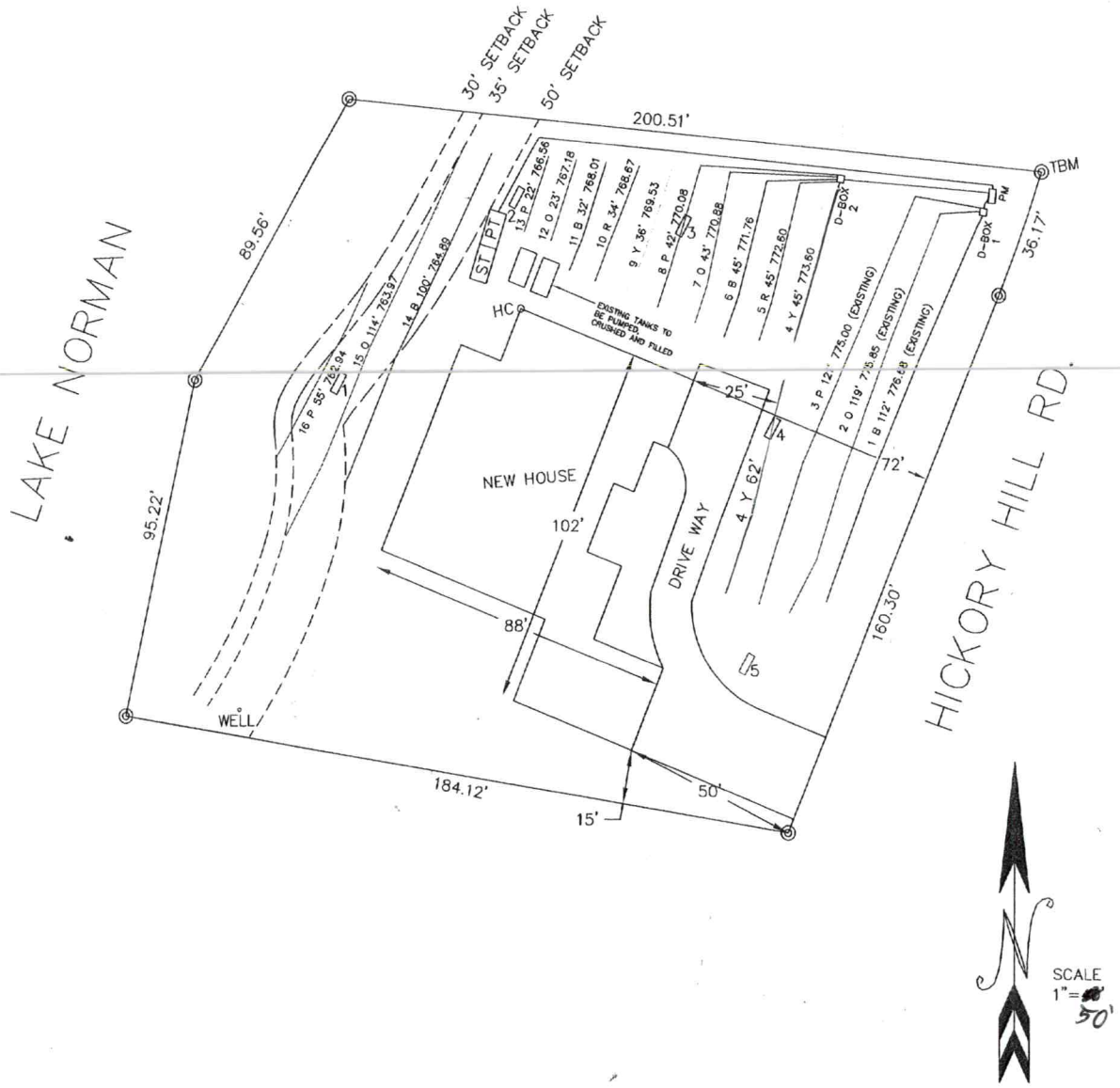
AUTHORIZATION TO CONSTRUCT by: Kayla Watson | Date: 10-8-19 | Existing System Inspected by: | Date:

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

	Date	Initials
Drain Lines Checked	6/11/2020	MD
Tanks Checked	6/11/2020	MD
Pressure Manifold or Valve Box Checked	6/11/2020	MD
Pressure Head Set	7/15/2020	SS
Electrical Checked	7/15/2020	SS
Floats Set	7/15/2020	SS
Alarm Checked	7/15/2020	SS
Maintenance Contract Y (N)	—	—

Set water flowin 6/11/20 MD
2 - dist. boxes

APPROVED JUN 0 6 2019
PJB



APPROVED JUN 0 6 2019
PJB

Sheet 1 OF 1
PROP. ID #: 4646676500
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: SUSAN HALLIDAY
ADDRESS: 164 HICKORY HILL RD. MOORESVILLE NC
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 600 GPD
LOCATION OF SITE: 164 HICKORY HILL RD.

APPLICATION DATE: 5/24/2019
DATE EVALUATED: 4/4/2019
PROPERTY SIZE: 0.87
PROPERTY RECORDED: YES

WATER SUPPLY: PRIVATE PUBLIC X WELL SPRING OTHER:

EVAL. METHOD: A. BORING X PIT CUT **WASTEWATER TYPE** X SEWAGE INDUSTRIAL PROCESS MIXED

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	.1942 SOIL WETNESS/C OLOR	.1943 SOIL DEPTH	.1956 SAPROLITE CLASS	.1944 RESTR HORIZON	
1	LS 6%	0-18	FILL		NA	58	39-58" COMM SAP	58	0.3
		18-39	RC WABK	FR SS SP SEXP					
		39-58	RCL WSBK	FR SS SP SEXP					
		58-81	CL SAP	VFR SS SP SEXP					
2	LS 7%	0-28	FILL/COMPACTION		NA	74	58-74" MANY SAP INC	NA	0.3
		28-48	C W/MSBK	FI SS SP SEXP					
		48-58	CL WSBK	FR SS SP SEXP					
		58-74	CL WSBK	FR SS SP SEXP					
3	LS 7%	0-36	RC MSBK/ABK	FI S SP SEXP	NA	36	UNSUITABLE SAP AT 60"	60	0.3
		36-60	S SAP W/ C VEINS	FR NS NP NEXP					
		60-78	FIRM SAP						
4	LS 7%	0-11	FILL		NA	54	PARTIALLY WEATHERED MATERIAL 41"	NA	0.275
		11-25	C WSBK	FI S SP SEXP					
		25-54	CL WSBK	FR S SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
AVAILABLE SPACE (.1945)	PS	PS
SYSTEM TYPE(S)	PPBPS	PPBPS
SITE LTAR	0.275	0.3
COMMENTS		

OTHER FACTORS (.1946):	
SITE CLASSIFICATION (.1948):	PS
EVALUATED BY:	BEN ALDRIDGE
OTHER(S) PRESENT	JACOB CONRAD DAVID BEANE

APPROVED JUN 0 6 2019

PJB

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet 2 OF 2

PROP. ID #:

COUNTY:

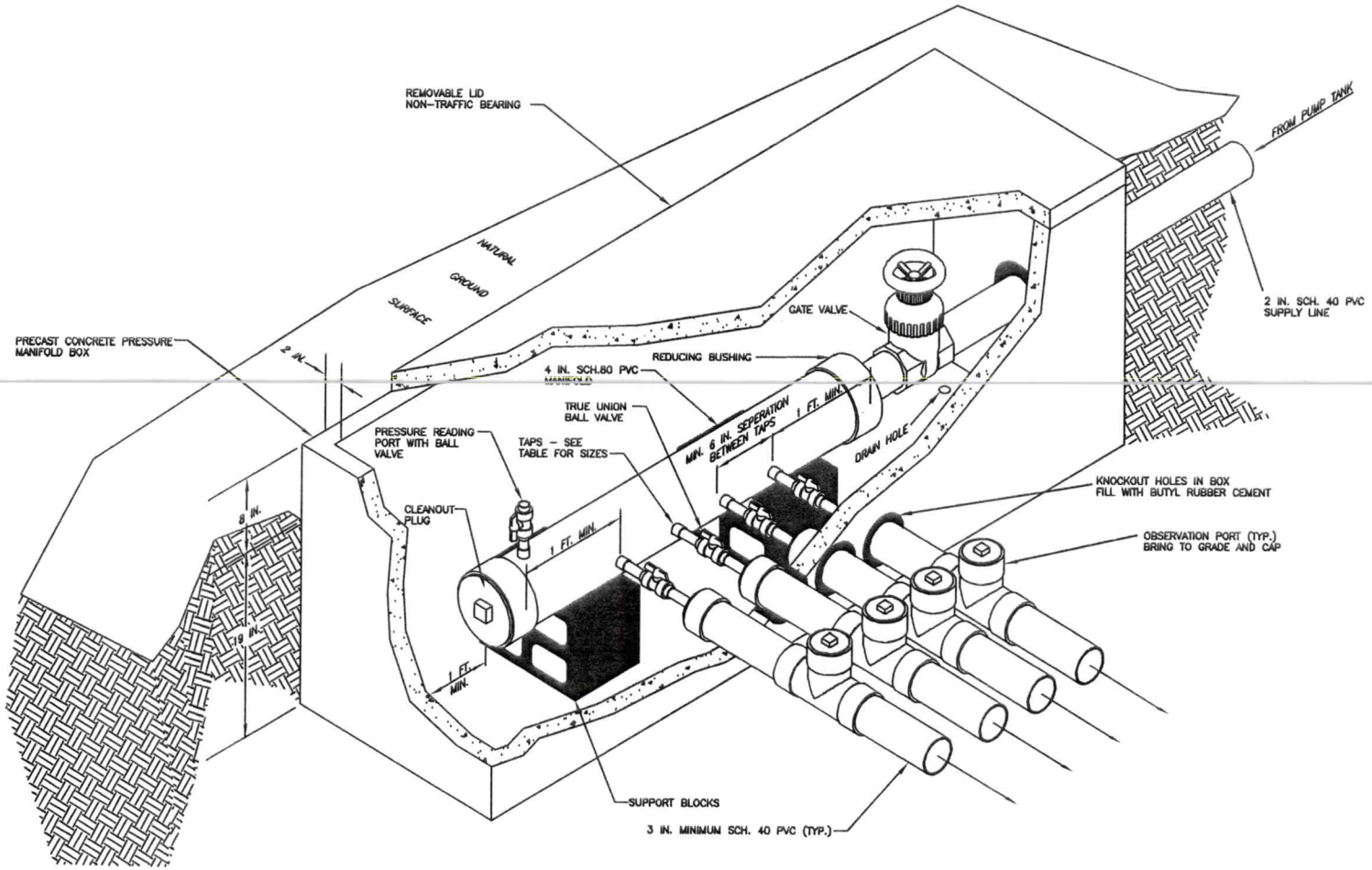
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	.1942 SOIL WETNESS/C OLOR	.1943 SOIL DEPTH	.1956 SAPROLITE CLASS	.1944 RESTR HORIZON	
5	LS 7%	0-40	FILL/ASPHALT						U

COMMENTS	

APPROVED JUN 0 6 2019

PJB

TYPICAL PRESSURE MANIFOLD DETAIL



PRESSURE MANIFOLD SYSTEM DESIGN SPECIFICATIONS

APPROVED JUN 06 2019
PJB

Owner:	Susan Halliday
Address:	164 Hickory Hill Rd. Mooresville, NC 28117
Phone:	704-877-1702
County:	Iredell
Location:	164 HICKORY HILL RD.
Drainfield Design Flow (gpd):	600
Loading/Soil Application Rate (gpd/ft.^{2}):	0.275
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Total Lateral Length From Layout:	572
Total Lateral Length Required:	218.1818
Trench Depth:	22 in. Low side
Trench Width:	24 in.
Trench Spacing:	8 ft. on center
Trench Bottom Area:	440
Repair Trench Spacing:	8 ft. on center
Repair Trench Depth:	32 in. Low side
Septic Tank Size:	1250
Pump Tank Size:	1250
Estimated Supply Line Length:	160
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	27.84
Dosing Volume:	287.00
Pump Tank Draw Down:	11.0
Supply Manifold Size:	4 in. SCH 80 PVC
Supply Manifold Length:	4 ft. (minimum)
Supply Manifold Volume:	N/A
Recommended Dosing Controls:	Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	NEMA 4X Control Panel or County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	5.89
Elevation Head:	15.91
Total Dynamic Head:	32.80
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 at Pressure Manifold
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by CS&SC

**Pump tank draw down based on an industry standard volume basis of 26 gallons per inch. Draw down may vary among pump tank manufacturers.*

APPROVED JUN 0 6 2019
PJB

164 HICKORY HILL RD.
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 5 BEDROOM HOME — May 7, 2019

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM					776.50		
INSTR. 1							
HOUSE					766.67		
TANK					765.77		
1	***BLUE (EX)***				***776.68***	***112***	***112***
2	***ORANGE (EX)***				***775.85***	***119***	***119***
3	***PINK (EX)***				***775.00***	***121***	***121***
4	***YELLOW***				***773.60***	***121***	***45*** 10
5	***RED***				***772.60***	***51***	***45*** 10
6	***BLUE***				***771.76***	***48***	***45*** 10
7	***ORANGE***				***770.88***	***43***	***43*** 9 10
8	***PINK***				***770.08***	***43***	***42*** 9 10
9	YELLOW				769.53	36	36
10	RED				768.67	38	34
11	BLUE				768.01	36	32
12	ORANGE				767.18	25	23
13	PINK				766.56	32	22
14	BLUE				764.89	100	100
15	ORANGE				763.97	114	114
16	PINK				762.94	72	55
					Total	**1111**	**988**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT[1]	TRENCH SYSTEM	DISTRIBUTION		
**** System***	***220***	***ACCEPT.***	***0.275***	***PPBPS***	**PRESSURE MANIFOLD**		
Repair	246	MOD.	0.300	PPBPS	LOW PRESSURE	50% REDUCTION	442.8
	203	MOD.	0.300	PPBPS	LOW PRESSURE	25% REDUCTION	243.6
	28	MOD.	0.300	PPBPS	LOW PRESSURE	0% REDUCTION	25.2
							711.6

Notes:
** TBM located at top right property corner (see site plan)
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS, HI, and FS indicate rod readings

Comments:
-BRING IN 6" OF COUNTY APPROVED COVER OVER DRAINFIELD
-REMOVE 18" OF FILL FROM REPAIR AREA
-USE PRESSURE MANIFOLD WITH 2 TAPS, FEEDING 2 D-BOXES
-USE 1" SCH 40 TAP TO FEED EXISTING LINES (D-BOX 1, 2 BEDROOMS)
-USE 1 1/4" SCH 80 TAP TO FEED NEW LINES (D-BOX 2, 3 BEDROOMS)
-USE 10 PANELS PER LINE FOR EXPANSION (50 TOTAL)
-IREDELL COUNTY HAS PERMISSION FROM CS&SC TO CHANGE DISTRIBUTION AND TANK LOCATIONS

PJB

APPROVED JUN 06 2019

PRESSURE MANIFOLD TAPSHEET - 164 HICKORY HILL RD.

SYSTEM

Line #	Color	Elev	Length	Hole Size	Flow/Tap	gpd	Trench Area
1-3	B,O,P	776.68	352	SCH 40 1"	20.2	115.49	1056
4-8	Y,R,B,O,P	773.60	220	SCH 80 1 1/4" white	30	171.51	660
	total	feet =	572	gal/min =	50.2		
			Des. Flow	600			
			Pump Run=	5.72			
			LTAR	0.275			

Some lines flagged longer in the field, shorten to lengths shown here.

CALCULATIONS

APPROVED JUN 0 6 2019
PTB

Location 164 HICKROY HILL RD.

Lot No:

No. of Bedrooms	5	
Bedroom Expansion	3	
Design Flow	600	$^{gal}/_{day}$
Expansion Flow	360	$^{gal}/_{day}$
LTAR	0.275	$^{gpd}/_{ft^2}$
50% RED.? (YES OR NO)	YES	
Supply Line Length	160	ft.
Supply Line Volume	27.84	gal.
Required Feet of Line for Expansion	218.1818	ft.
Amount of Line From Layout	220	ft.
Total Amount of Line	572	ft.
Gallons per Minute	50.2	$^{gal}/_{min}$
Required Septic Tank Capacity	1250	gal.
Required Pump Tank Capacity	1250	gal.
Lateral Line Volume	410	gal.
Dosing Volume	287.00	gal.

Note: Dosing Volume based on 70% of lateral line volume for existing lines and 100% of lateral line volume for expansion

Tank Draw Down	11.0	*Generic Draw Down of 26 gal.per in.*
Pump Run Time	5.72	minutes
Elevation Head	15.91	ft.
Pressure Head	2	ft.
Friction Factor	5.89	ft./100 ft. *(From the interpolater.)*
Friction Head	9.42	ft.
Total Dynamic Head (+20%)	32.80	ft.

FRICTION FACTOR
INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

#244684
EFT: 350.00
5.24.19

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) 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

The following optional attachments may also be submitted: ( ) 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

Applicant Information: (PRINT CLEARLY)

Applicant Name: SUSAN HALLIDAY/CS&SC Address: 164 HICKORY HILL RD. MOORESVILLE, NC 28117 Zip: _____

Applicant Email: heronbayhomes1@gmail.com Phone: 704-677-3191 Alt. Phone: _____

Owner Name: SAME Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 164 HICKORY HILL RD. MOORESVILLE, NC 28117

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

Driving Directions: BRAWLEY SCHOOL RD, TR SILVER HOOK, TR APPLE BLOSSOM, TL HICKORY HILL, ON R

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: 5
Maximum Number of Occupants: 10
( ) 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: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

( ) New Well (✓) 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 (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) 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: BA Halliday 5-24-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

5/8/19

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Susan Halliday of Heron Bay Homes, LLC, am the legal owner(s) of the property located at 164 Hickory Hill Rd. Mooresville, identified as PIN (Parcel Identification Number) 4646-67-6500.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Ben Aldridge Carolina Soil + Septic Consulting, 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.

Susan Halliday	5/24/19	Peter J Holliday	5/24/19
Signature of Owner(s)	Date	Signature of Witness	Date

Please return this signed form to the appropriate office:

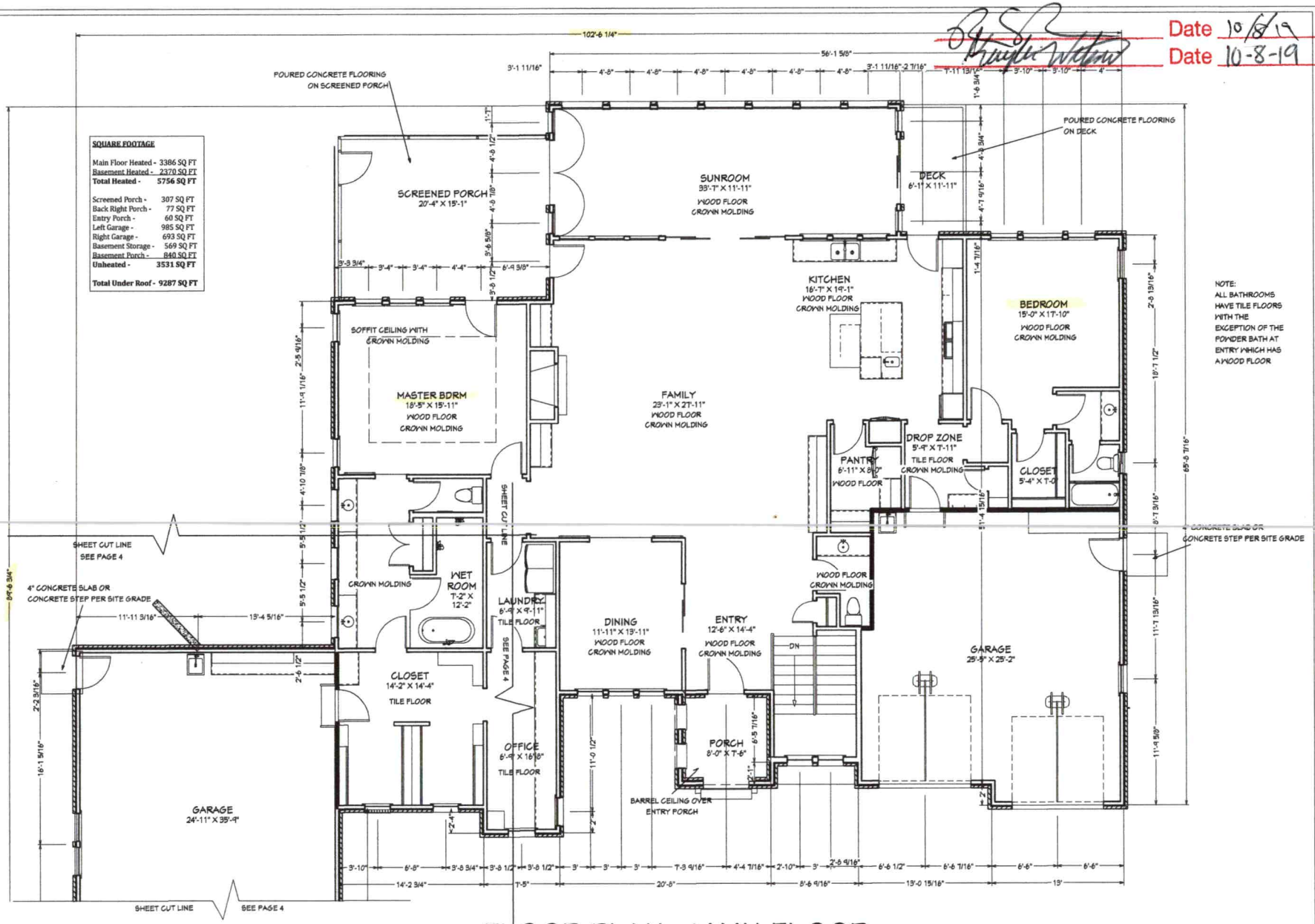
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement of Plans Submittal ONLY!

Date 10/8/19

Date 10-8-19



FLOOR PLAN - MAIN FLOOR

SCALE: 1/4" = 1'

HALLIDAY RESIDENCE

FLOOR PLAN - MAIN FLOOR

DRAWINGS PROVIDED BY:
NANETTE ROSE
(941) 693-1644
nanette.rose@gmail.com

DATE: 4/29/2019

SCALE: AS NOTED

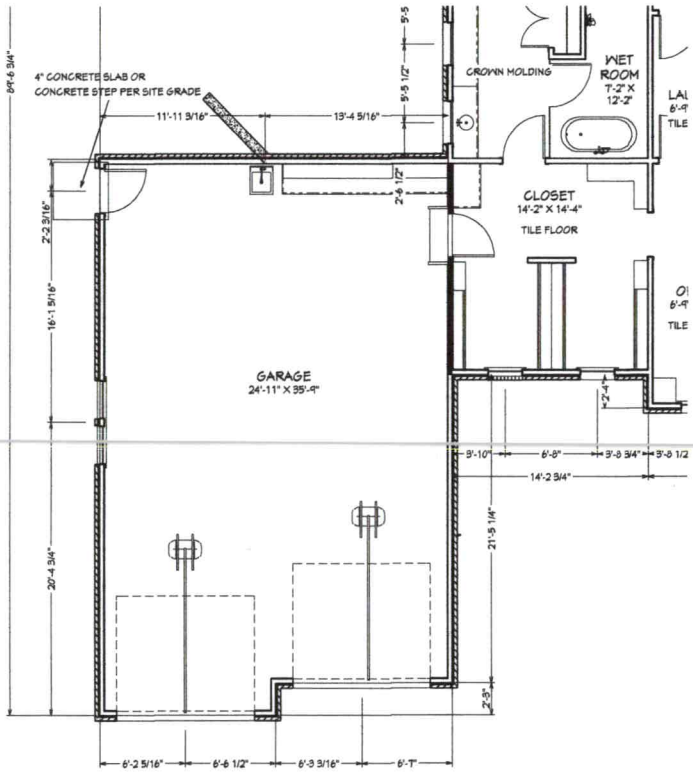
SHEET:

Acknowledgement of Plans Submittal ONLY!

Date 10/8/19

Date 10-8-19

SQUARE FOOTAGE	
Main Floor Heated -	3386 SQ FT
Basement Heated -	2370 SQ FT
Total Heated -	**5756 SQ FT**
Screened Porch -	307 SQ FT
Back Right Porch -	77 SQ FT
Entry Porch -	60 SQ FT
Left Garage -	985 SQ FT
Right Garage -	693 SQ FT
Basement Storage -	569 SQ FT
Basement Porch -	840 SQ FT
Unheated -	**3531 SQ FT**
Total Under Roof -	**9287 SQ FT**



FLOOR PLAN - MAIN FLOOR (CONT.)

SCALE: 1/4" = 1'

Designer Liability Limits:
Nanette Rose assumes no liability for any home constructed from these plans. It is the responsibility of the purchaser of the plans to have the building contractor verify all dimensions prior to construction. The contractor must verify compliance with all applicable codes and ordinances. Nanette Rose is not responsible for any errors or omissions contained in these plans. Any discrepancy, error and/or omission, if found, is to be brought to the designer's attention prior to construction for resolution. Nanette Rose shall not be responsible for any changes made to these plans without the written consent of Nanette Rose. In the event that Nanette Rose is required to take action to enforce these limitations of liability, or in the event that any other action is brought against Nanette Rose in connection with the drawings associated with the project, Nanette Rose is not liable for any damages, including but not limited to direct, indirect, special or consequential damages, or any attorney's fees. Nanette Rose is not liable for any delays resulting from governmental review or permitting requirements, strikes, acts of God, force majeure or inability to obtain adequate materials, labor or reasonable substitutions thereof. Nanette Rose is not responsible or liability related to engineering matters, since only our truss name, foundation engineering, etc., denotes on the plans for engineering provided and is required. Nanette Rose is not responsible for any changes made to these plans without our written consent. Building codes take precedence over the plans.

HALLIDAY RESIDENCE

FLOOR PLAN - MAIN FLOOR (CONT.)

DRAWINGS PROVIDED BY:
NANETTE ROSE
(941) 685-1644
nanette.rose@gmail.com

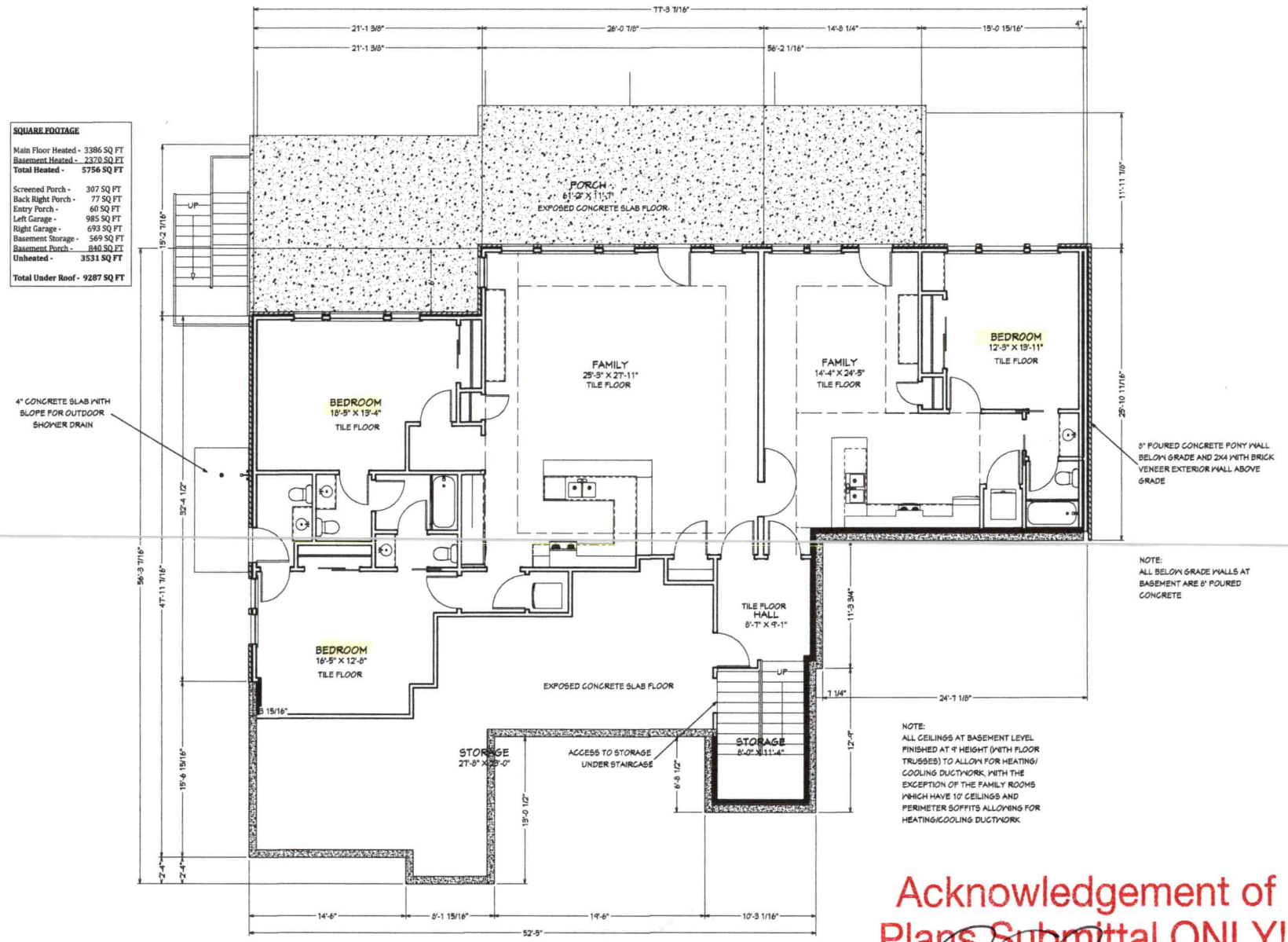
DATE:
4/29/2019

SCALE:
AS NOTED

SHEET:

SQUARE FOOTAGE

Main Floor Heated -	3386 SQ FT
Basement Heated -	2370 SQ FT
Total Heated -	**5756 SQ FT**
Screened Porch -	307 SQ FT
Back Right Porch -	77 SQ FT
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Right Garage -	693 SQ FT
Basement Storage -	569 SQ FT
Basement Porch -	840 SQ FT
Unheated -	**3531 SQ FT**
Total Under Roof -	**9287 SQ FT**



FLOOR PLAN - BASEMENT

SCALE: 1/4" = 1'

Acknowledgement of Plans Submittal ONLY!

Date 10/8/19

Date 10-8-19

HALLIDAY RESIDENCE

FLOOR PLAN - BASEMENT

DRAWINGS PROVIDED BY:
NANETTE ROSE
(949) 693-1644
nanette.rose@gmail.com

DATE: 4/29/2019

SCALE: AS NOTED

SHEET:

Town of Mooresville Jurisdiction

ZONING APPROVAL

For building permit applications

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

Number: 244684 Subdivision:

Proposed Use: SINGLE FAMILY HOME

Location: 164 HICKORY HILL ROAD

Tax PIN: 4646676500.000 Zoning: R2 Lot: Size: 0.870

Owner: SUSAN HALLIDAY
Address: 164 HICKORY HILL DRIVE

Applicant: CAROLINA SOIL & SEPTIC
Address: PO BOX 1703

Phone:
Email:

Phone: 704-202-5791
Email:

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

Date 5-15-19

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: 30.00 Side Yard Depth: 15.00
Rear Yard Depth: 50.00 Corner Yard Depth:

Remarks: APPROVAL FOR SINGLE FAMILY HOME.
MUST OBTAIN ALL IREDELL COUNTY PERMITS AND INSPECTIONS.

HP	05/15/2019	$50
Approved By:	Date	Application Fee