RECEIVED MAY 2 3 2014

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

( ) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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

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:

Applicant Name: JBC Custom Homes Inc. **Address:** P.O. Box 5289 Mooresville, NC **Phone:** 704-661-8814

Owner Name: SAME **Address:** SAME **Phone:** SAME

Property Information:

Street Address: Castle Dr., Mooresville, N.C. 28117

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** 19

Driving Directions: Big Fawn Loop to (R) on Castle Dr.

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

( ) 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:

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

Desired Septic System Type: *(you may rank in order of preference)*

(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Year existing system installed: _____

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

5/23/14
DATE

IREDELL COUNTY HEALTH DEPARTMENT

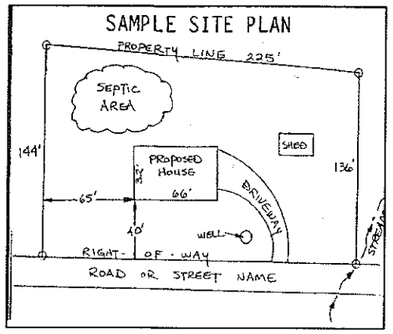
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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:

- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) 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

As Drawn

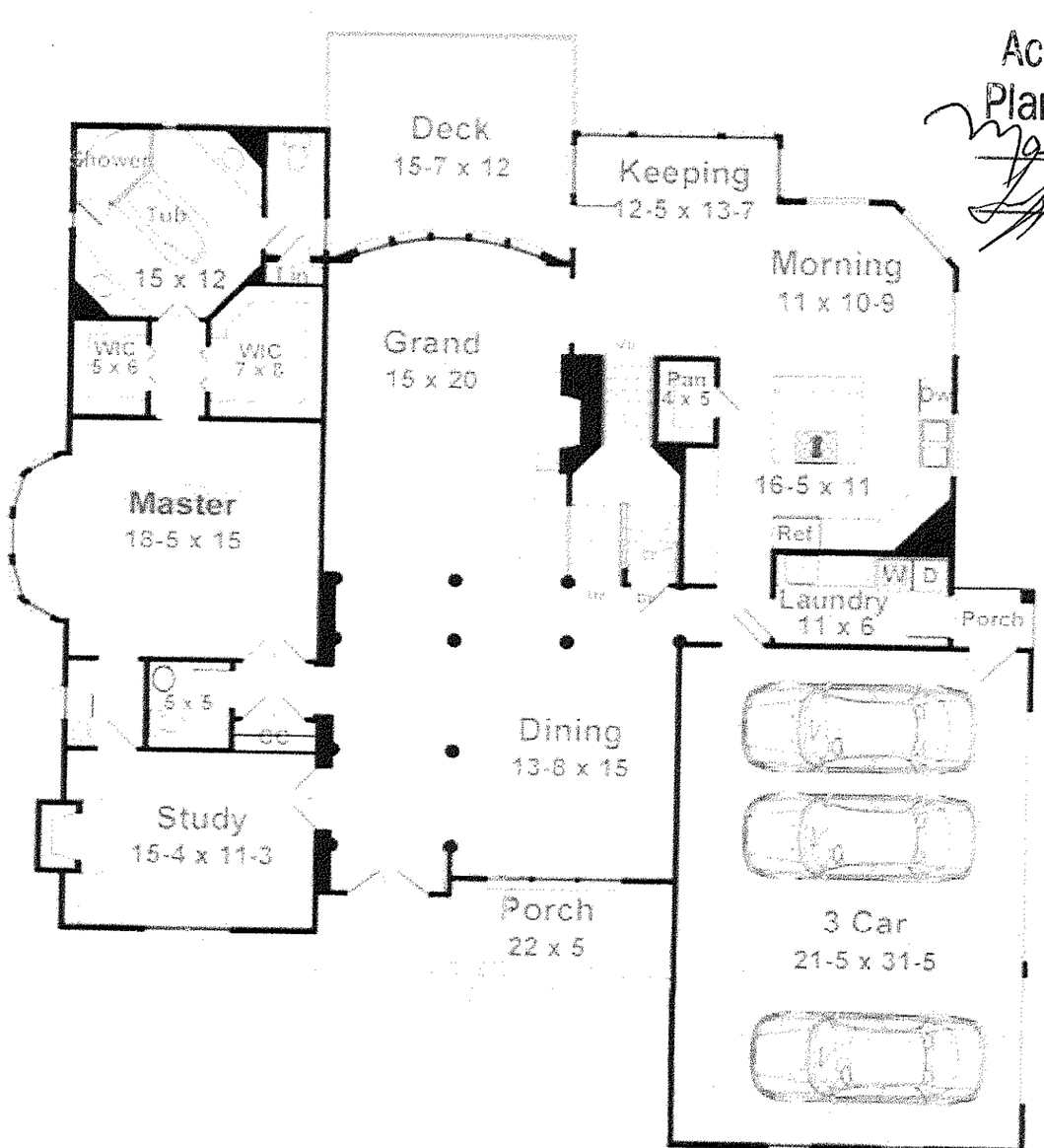
Signature: _____

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

_____

DATE

Acknowledgement Of
Plans Submittal ONLY!
Date 6/5/14
Date 5/28/14



First Floor Plan

ARCHIVAL DESIGNS BY DAVID MARC LOFTUS
1520 Buford Highway - Suwanee, GA - 30024 - 770.614.1503
SQUARE FOOTAGE
FIRST FLOOR 2,203 SQ.FT.
SECOND FLOOR 1002 SQ.FT.
TOTAL 3,205 SQ.FT.
BASEMENT 2,203 SQ.FT.
GARAGE 848 SQ.FT.
BONUS 838 SQ.FT.
JOB NUMBER
DATE 1/15/02
DRAWN PWK
SHEET A1.1
REVISIONS
10/31/02 BNH
THE ORIGINAL DESIGN OF THE LAURENS BY ARCHIVAL DESIGNS, INC.
GENERAL NOTES
CHIMNEY DETAIL 1/4" = 1'-0"
EAVE DETAIL 1/2" = 1'-0"
NOTE: ALL DIMENSIONS ARE TO FACE OF STUD U.N.O.
NOTE: ALL ENGINEERED JOIST SYSTEMS TO BE DESIGNED BY MANUFACTURER
NOTE: ALL GRADES ARE APPROXIMATE CONTRACTOR TO VERIFY ALL GRADES w/ EXISTING CONDITIONS
NOTE: ALL WINDOWS AND DOORS TO BE LOW-E GLASS

ARCHIVAL DESIGNS

BY
DAVID MARC LOFTUS
1235 BUFORD HWY • SUWANEE • GA • 30024 • 770.831.6363
770.831.6763 (FAX) • INFO@ARCHIVALDESIGNS.COM



THE REVERSED DESIGN OF THE

LAURENS

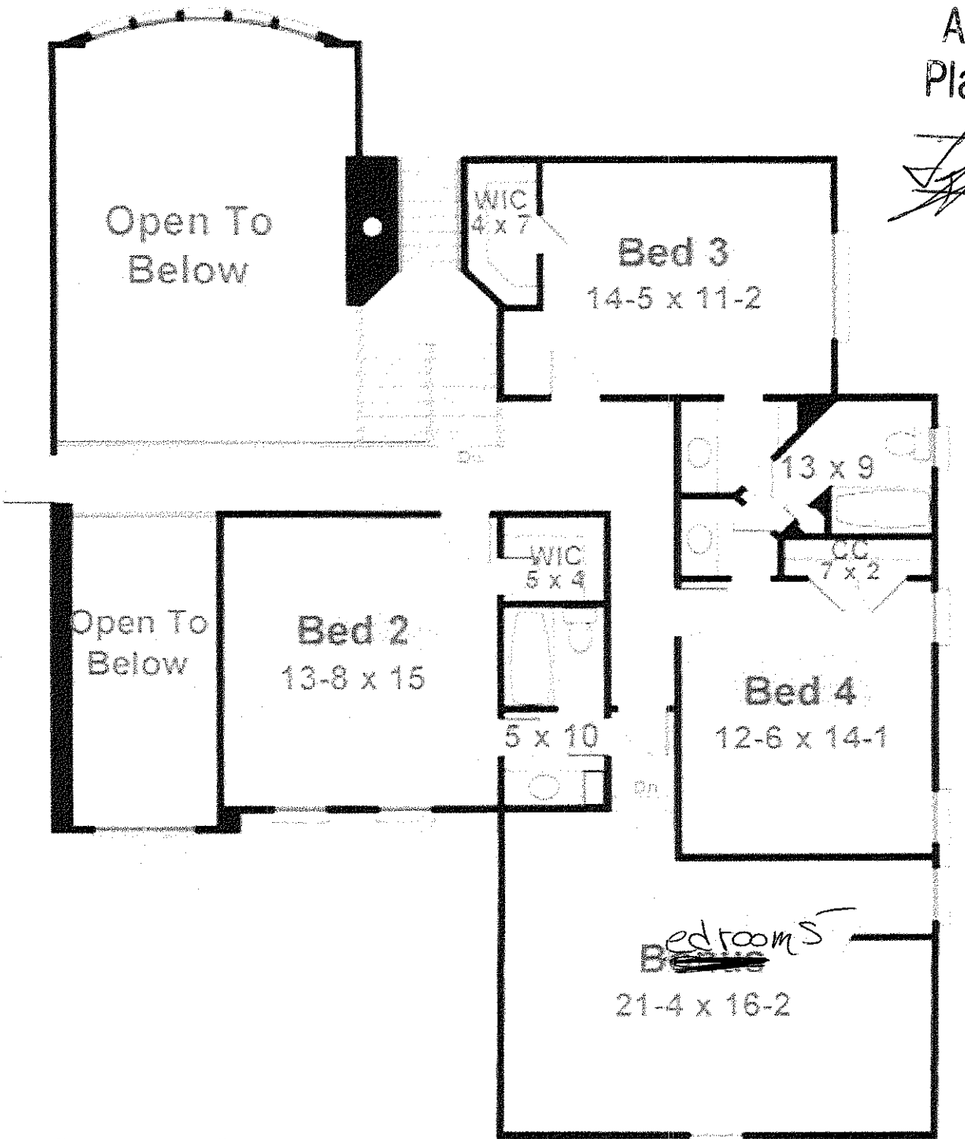
BASEMENT FOUNDATION - OPT. CRAWL

SHEET INDEX

A1.1 - FRONT EXTERIOR ELEVATION
A1.2 - REAR/SIDE EXTERIOR ELEVATIONS
A2.1 - BASEMENT FOUNDATION PLAN
A2.1b - OPT. CRAWL FOUNDATION PLAN
A2.2 - FIRST FLOOR PLAN
A2.3 - SECOND FLOOR PLAN
A3.1 - ROOF PLAN
A4.1 - ELECTRICAL PLANS
A6.1 - SECTION/DETAILS
A6.2 - SECTION/DETAILS
A0.1 - IRC 2012 (effective 01/01/14)
A0.2 - IRC 2012 (CONT.)

2nd Floor Plan:

Acknowledgement Of
Plans Submittal ONLY!
Date
Date 5/23/14



Second Floor Plan

05-20-14
Finished 75.00
Refund

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

(X) Septic Improvement Permit ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(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

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

Applicant Information:

Applicant Name: JBR Custom Homes **Address:** 561 Emmerald Mooresville NC **Phone:**

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

Property Information:

Street Address: 134 Castle Dr

Subdivision Name: Indian Forest **Section/Phase:** **Lot Number:** 19

Driving Directions: 150 W, TR Blue Field, TL Big Indian LP, TR Castle Dr. on Rt

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
Maximum Number of Occupants:
(X) 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:

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

5/30/2014
DATE

IREDELL COUNTY HEALTH DEPARTMENT

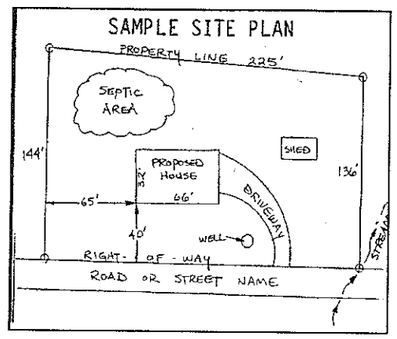
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: ***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:

- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) 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

See Attached Plan

Signature: _____ 5/30/2014

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

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
1999 CANDLEWICK DRIVE
FORT MILL, S.C. 29715
803-802-4403 (office)
803-802-4402 (fax)

Reference: Indian Forest SD, Lot 19, 134 Castle Dr.
House Footprint: 70' x 70'
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms: 5/600 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-drop boxes/end caps
Septic Tank Size: 1500 gallons
Proposed Trench Bottom: 24-30"

Line	Design Length	Actual Length
Orange 1		42'
White 2		72'
Pink 3		96'
Orange 4		114'
Pink 5	**125'**	**136'**
Orange 6	**125'**	**154'**
Blue 7	**125'**	**135'**
Red 8	**125'**	**154'**
Orange 9		163'

Initial System: 500' **Repair System:** 487'

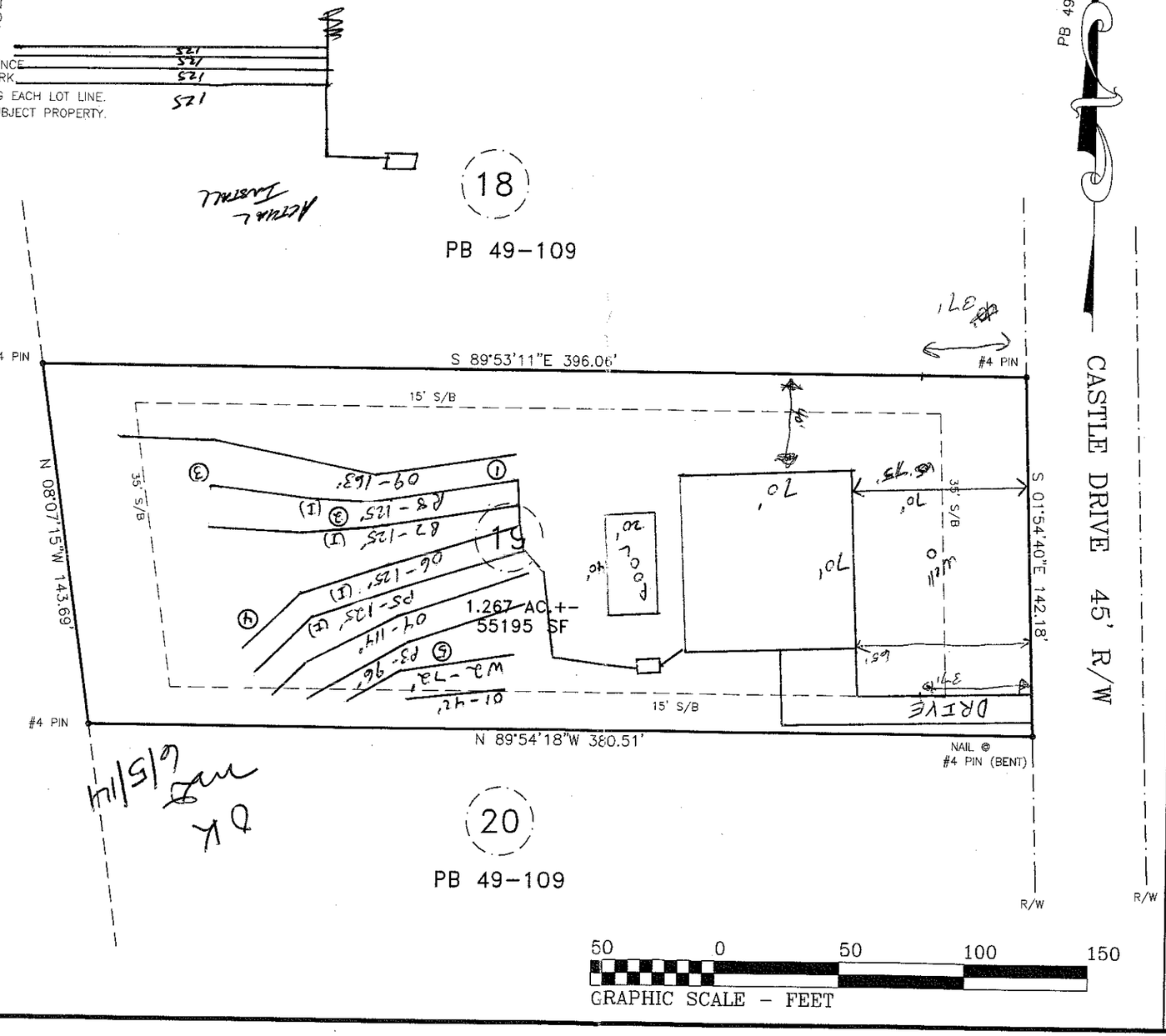
Comments:

OK
mA
6/5/14

NOTES:

* PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS OR EASEMENTS NOT OBSERVED
* OWNER TO VERIFY ALL SETBACKS AND ZONING REGULATIONS PRIOR TO ANY PLANNING OR CONSTRUCTION.
* DIMENSIONS OF ALL IMPROVEMENTS SHOWN ON THIS PLAT SHOULD NOT BE SCALED OR RELIED UPON FOR DESIGN OR CONSTRUCTION WITHOUT A FIELD VERIFICATION OF ALL DIMENSIONS.
* DIGITAL COPIES OF THIS FILE ARE FOR REFERENCE ONLY AND MAY NOT BE USED FOR DESIGN WORK.
* 10' DRAIN. & UTILITY EASEMENT MAY EXIST ALONG EACH LOT LINE.
* NO USGS MONUMENT FOUND WITHIN 2000' OF SUBJECT PROPERTY.

* THIS PROPERTY IS NOT LOCATED IN A 100 YEAR FLOOD PLAIN.



LEGEND:

- BOUNDARY LINE
- SANITARY SEWER LINE
- NATURAL GAS LINE
- UNDERGROUND POWER
- OVERHEAD UTILITIES
- UNDERGROUND TELEPHONE
- WATER LINE
- FENCE (TYPE NOTED)

CP = COMPUTED POINT (UNMARKED)
R/W = RIGHT-OF-WAY
E/P = EDGE OF PAVEMENT
C/L = CENTERLINE
ø = UTILITY POLE

DEDMON SURVEYS

PHYSICAL SURVEY
FOR

JBR CUSTOM HOMES

LOT #19 OF INDIAN FOREST SUBD, PHASE 2
@ 134 CASTLE DRIVE, MOORESVILLE, NC

DATE: 4-11-14	DB: XXX	PG: XXX
SCALE: 1" = 50'	DB:	PG:
	PB: 49	PG: 109

DAVIDSON TOWNSHIP
IREDELL COUNTY, NC

DEDMON SURVEYS

CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899

3704 NC HIGHWAY #16 BUSINESS NORTH
P.O. BOX 494 - DENVER, NC 28037
PHONE: 704/483/4908
FAX: 704/483/2170

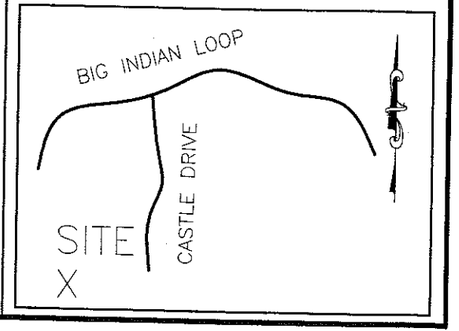
NORTH CAROLINA PROFESSIONAL SEAL L-3762 LAND SURVEYOR DAVID C. POOVEY

"I CERTIFY THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY AND IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE."

PROFESSIONAL LAND SURVEYOR — 3762 LICENSE NO.

SURV. BY: wt	DRAWN: CP	JOB# WTIF19

VICINITY MAP

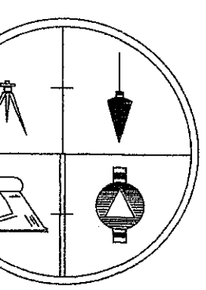


Y ALL SETBACKS AND ZONING
RIOR TO ANY PLANNING OR

ALL IMPROVEMENTS SHOWN ON
ULD NOT BE SCALED OR RELIED
GN OR CONSTRUCTION WITHOUT
ATION OF ALL DIMENSIONS.
OF THIS FILE ARE FOR REFERENCE
NOT BE USED FOR DESIGN WORK.
ILITY EASEMENT MAY EXIST ALONG EACH LOT LINE.
IENT FOUND WITHIN 2000' OF SUBJECT PROPERTY.

BOUNDARY LINE
SANITARY SEWER LINE
NATURAL GAS LINE
UNDERGROUND POWER
OVERHEAD UTILITIES
UNDERGROUND TELEPHONE
WATER LINE
FENCE (TYPE NOTED)
PUTED POINT (UNMARKED)
IT-OF-WAY
E OF PAVEMENT
TERLINE
ITY POLE

DAVID FOSTER



OMON SURVEYS

18

PB 49-109

PB 49-

CASTLE DRIVE 45' R/W

#4 PIN

S 89°53'11"E 396.06'

#4 PIN

15' S/B

35' S/B

N 08°07'15"W 143.69'

S 01°54'40"E 142.18'

19

1.267 AC +-
55195 SF

15' S/B

#4 PIN

N 89°54'18"W 380.51'

NAIL @
#4 PIN (BENT)

R/W

20

PB 49-109

50 0 50 100 15

GRAPHIC SCALE - FEET

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4648136223_
COUNTY: Iredell_____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _Herb Wettreich_____ APPLICATION DATE_____
ADDRESS:_531 Big Indian Lp. Mooresville, NC_____ DATE EVALUATED: _____
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD_____ PROPERTY SIZE: 1.27 Ac_____
LOCATION OF SITE: _134 Castle Dr., Indian Forest Lot 19_____ PROPERTY RECORDED: 12/9/1994_____
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: Ξ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: Ξ Sewage ☐ Industrial Process ☐ Mixed

OK MC 4/24/14

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/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 5%	0-4	Br SCL WSBK	FR SS SP	N/A	50"	N/A	N/A	PS 0.3
		4-38	R C SBK	FR SS SP					
		38-50	R CL WSBK	FR SS SP					
2	LS 5% ✓	0-5	Br SCL WSBK	FR SS SP	N/A	48"		N/A	PS 0.3
		5-30	R C SBK	FR SS SP			F-C SAP		
		30-48	R CL WSBK	FR SS SP					
3	LS 5%	0-4	Br SCL WSBK	FR SS SP	N/A	45"		N/A	PS 0.3 ✓
		4-30	R C SBK	FR SS SP			F-C SAP		
		30-45	R CL WSBK	FR SS SP			PS		
		45-48	R SL SAP M	VFR SS SP					
4	LS 7%	0-4	Br SCL WSBK	FR SS SP	N/A	45"		N/A	PS 0.3 ✓
		4-30	R C SBK	FR SS SP			F-C SAP		
		30-45	R CL WSBK	FR SS SP			PS		
		45-48	R SL SAP M	FR SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT2	1869 FT2
System Type(s)	25% Reduction	25% Reduction
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____

EVALUATED BY: _M A & Associates_____
OTHER(S) PRESENT: _____

COMMENTS:_____

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: 4648136223
DATE OF EVALUATION: _____
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LS 7% ✓	0-5	Br SCL WSBK	FR SS SP	N/A	48"		N/A	PS 0.3
		5-28	R C SBK	FR SS SP					
		28-48	R CL WSBK	FR SS SP			Few SAP @ 40"		
								OK MD 4/30/14	

COMMENTS:

IREDELL COUNTY

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

APPLICATION NUMBER
202898
Issue Date: 04/17/2014

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4648136223.000	134 CASTLE DRIVE, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: WETTREICH HERB	Applicant: MICHAEL ATHANAS & ASSO
Address: 531 BIG INDIAN LOOP MOORESVILLE, NC 28117	Address: 1999 CANDLEWICK DRIVE FORT MILL, SC 29715
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.270	35.00	35.00	15.00	15.00	CACL	X

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	10106	TOTAL FEES:	$ 77.25

call for more dimensions
OK to issue from office

RECEIVED NOV - 3 2014

Paid $40.00 Statesville

206741

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

- (X) Septic Improvement Permit
- ( ) New Well Permit
- ( ) Authorization to Construct
- ( ) Well Repair Permit
- ( ) 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: *Place an (X) beside whichever is submitted if applicable*

- ( ) Survey Plat, scaled no more than 1 inch = 60 feet
- ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Jeff Hunt Address: P.O.Box 5289, Mooresville, NC 28117 Phone: 661-8814

Owner Name: JBR Custom Homes Address: " " Phone: 661-8814

Property Information:

Street Address: 134 Castle Rd, Mooresville, NC

Subdivision Name: Indian Forest Section/Phase: _____ Lot Number: 19

Driving Directions: Rt. 150 To Bluefield TL To Big Indian Loop R To Castle

Site Development Information: *(check or complete ALL that apply)*

- ( ) New Single Family Residence
- ( ) New Multi-Family Residence
- (X) Accessory Building
- ( ) Bedroom(s) Addition

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

- ( ) Crawl Space Foundation
- (X) 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: 2014

( ) No Preference ( ) Alternative (X) 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: _____ 11/3/14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

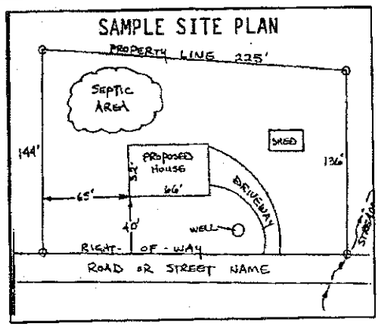
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction



Circle N/A on the following if appropriate:

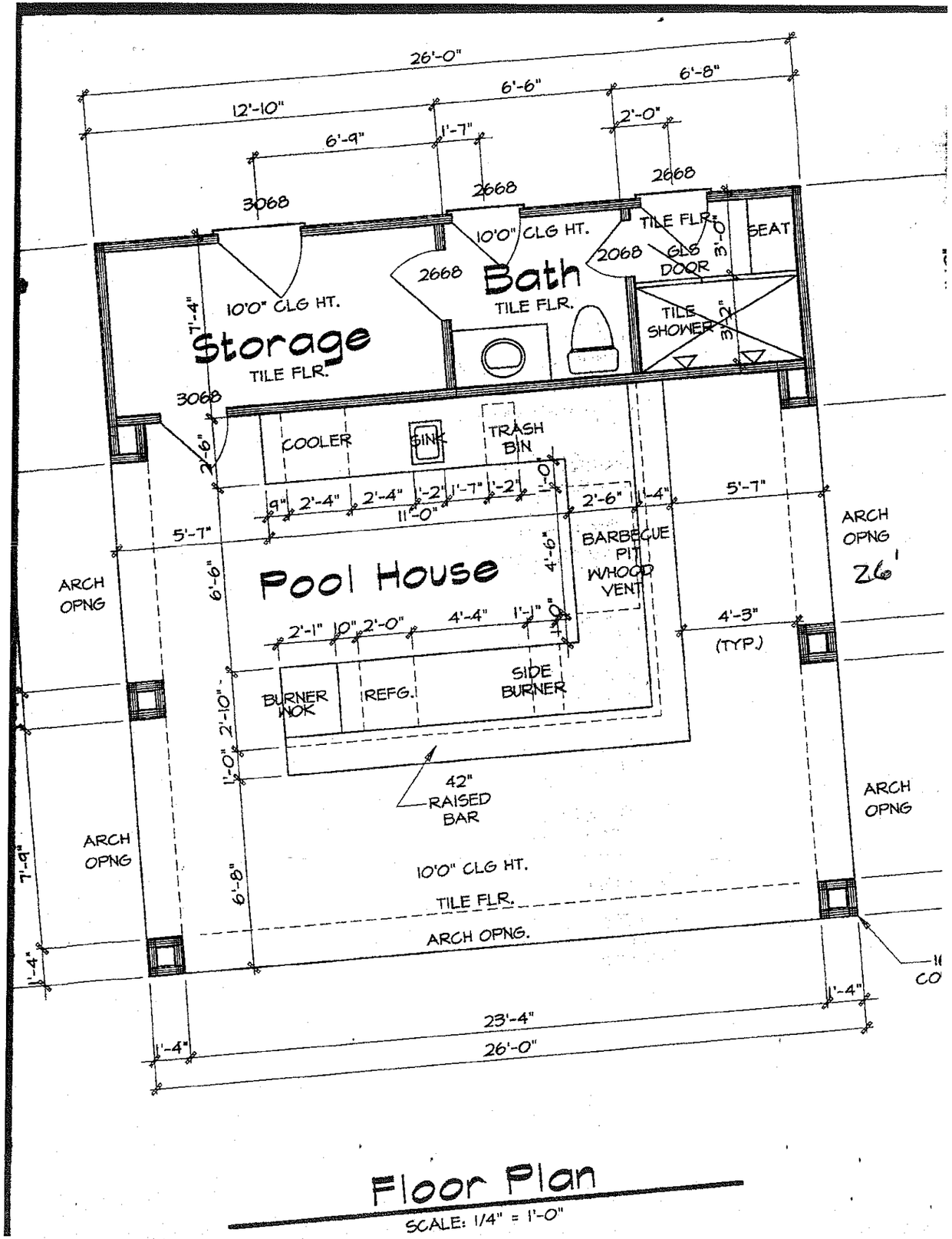
Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

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

Attached

Signature: _____ 4/3/14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE



Floor Plan

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

IREDELL COUNTY

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

APPLICATION NUMBER
206741
Issue Date: 11/03/2014

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4648136223.000	134 CASTLE DRIVE, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: JBR CUSTOM HOMES INC Address: 158 POINTS END DR P O BOX 5289 MOORESVILLE, NC 28117 Phone:	Applicant: JBR CUSTOM HOMES INC Address: P O BOX 4628 MOORESVILLE, NC 28117 Phone:

Use Requested	Zone Code
POOL HOUSE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.270		10.00	10.00	10.00	CACL	X

Remarks

SFD

Accessory Buildings and Structures Zoning Permit: Shall not be erected in front building line of the principal structure. Shall not be erected within 25 ft of any side street or corner lot. Shall not be erected within 10 ft of any line not a street line or within 10ft of any other building on the same lot. Shall not be erected within the 50ft buffer zone on lake front properties. Shall not exceed the height limitation of the principal structure. Exceptions to the front building line location: if the lot equals 1 acre or greater, and is double frontage lake lot or the location of the building/structure is 150 feet or greater than from the frontage street right of way line than the structure can be located in front of home. Any accessory building or structure over 1200 sq/ft shall be setback a minimum of fifty (50) feet from any property line.

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: 11/3/14

Permit Number	25365	TOTAL FEES:	$ 77.25

2006741
15873

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704) 878-3171

Residential Zoning Permit Application

What are you building? (Please check)

Stick built ✓ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed) ___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
Pool House
New Single Family Res. Home

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? 5 and stories? 2

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 676

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name JRR Custom Homes Inc Phone # 704-661-8814

Owner's Current Address P.O.Box 5289, Mooresville, N.C. 28117

Property Information

Property Address 134 Castle Dr. Mooresville Parcel # 4648136823

Subdivision: Indian Forest Lot: 19 Zoning: R Watershed: Y or (N) Flood Plain: Y or (N) Township: Mooresville

Directions to property (from a MAIN ROAD) Rt. 150 To Bluefield Tr To Big Indian Loop R To Castle Dr.

Application Information

Applicant's Name or Company Jeff Hunt Applicant's Phone # 704-661-8814

Applicant's Address P.O.Box 5289, Mooresville, N.C. 28117

If Company, Representative's Name and Title Jeff Hunt, Pres

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT Jeff Hunt DATE 4/3/14

NOTES:

* PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS OR EASEMENTS NOT OBSERVED
* OWNER TO VERIFY ALL SETBACKS AND ZONING REGULATIONS PRIOR TO ANY PLANNING OR CONSTRUCTION.
* DIMENSIONS OF ALL IMPROVEMENTS SHOWN ON THIS PLAT SHOULD NOT BE SCALED OR RELIED UPON FOR DESIGN OR CONSTRUCTION WITHOUT A FIELD VERIFICATION OF ALL DIMENSIONS.
* DIGITAL COPIES OF THIS FILE ARE FOR REFERENCE ONLY AND MAY NOT BE USED FOR DESIGN WORK.
* 10' DRAIN. & UTILITY EASEMENT MAY EXIST ALONG EACH LOT LINE.
* NO USGS MONUMENT FOUND WITHIN 2000' OF SUBJECT PROPERTY.

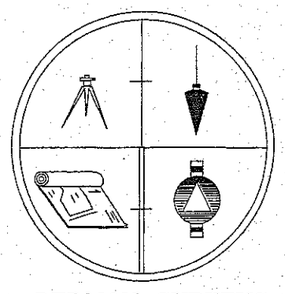
* THIS PROPERTY IS NOT LOCATED IN A 100 YEAR FLOOD PLAIN.

LEGEND:

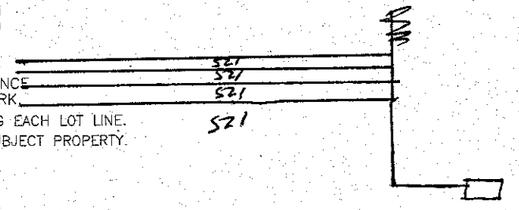
- BOUNDARY LINE
- SANITARY SEWER LINE
- NATURAL GAS LINE
- UNDERGROUND POWER
- OVERHEAD UTILITIES
- UNDERGROUND TELEPHONE
- WATER LINE
- FENCE (TYPE NOTED)

CP = COMPUTED POINT (UNMARKED)
R/W = RIGHT-OF-WAY
E/P = EDGE OF PAVEMENT
C/L = CENTERLINE
℄ = UTILITY POLE

DAVID FOSTER

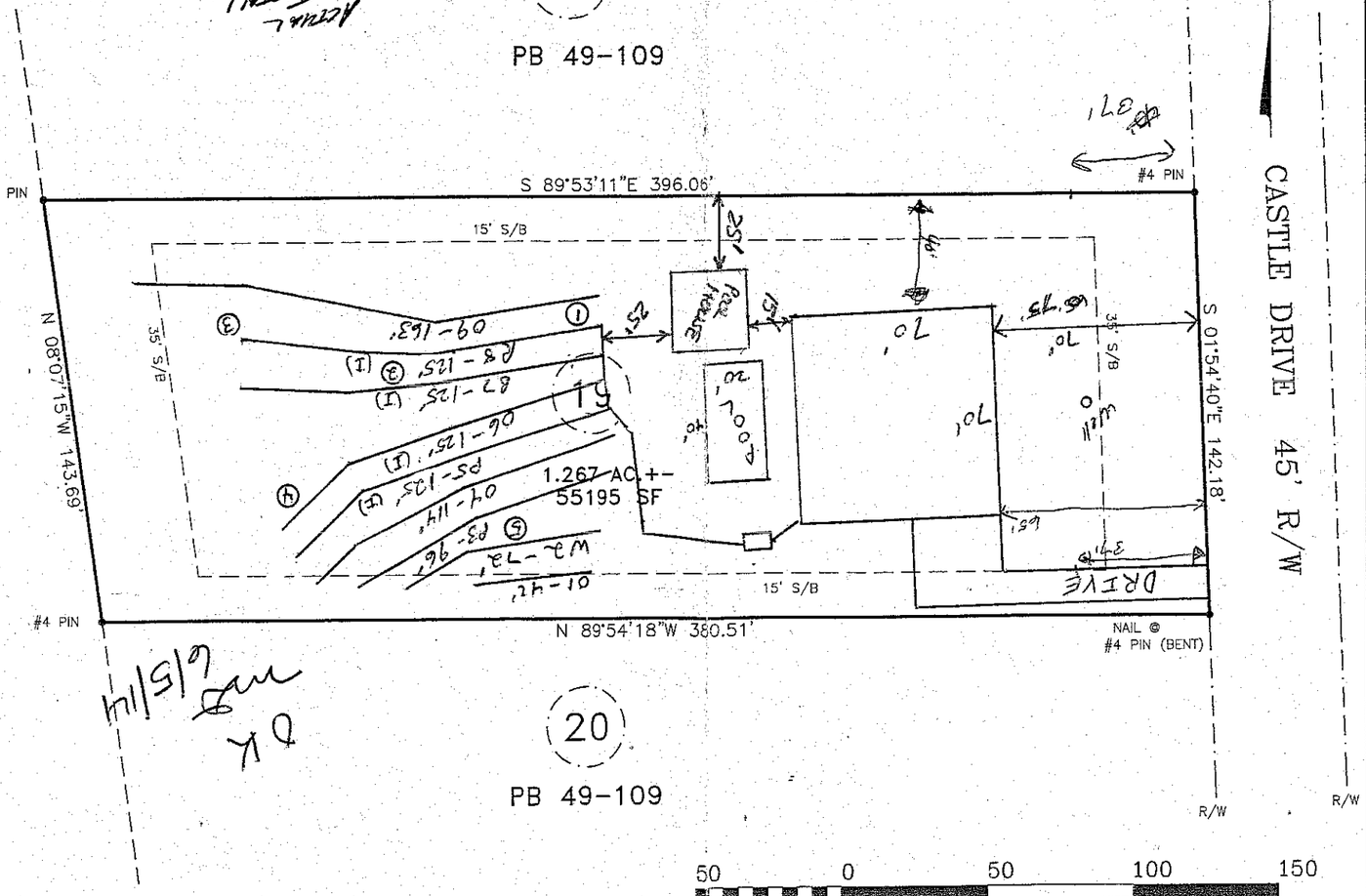


DEDMON SURVEYS



18

PB 49-109



20

PB 49-109

50 0 50 100 150

GRAPHIC SCALE - FEET

PHYSICAL SURVEY
FOR

JBR CUSTOM HOMES

LOT #19 OF INDIAN FOREST SUBD, PHASE 2
@ 134 CASTLE DRIVE, MOORESVILLE, NC

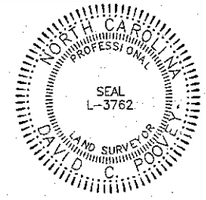
DATE: 4-11-14	DB: XXX	PG: XXX
SCALE: 1" = 50'	DB:	PG:
	PB: 49	PG: 109

DAVIDSON TOWNSHIP
IREDELL COUNTY, NC

DEDMON SURVEYS

CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899

3704 NC HIGHWAY #16 BUSINESS NORTH
P.O. BOX 494 - DENVER, NC 28037
PHONE: 704/483/4908
FAX: 704/483/2170



"I CERTIFY THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY AND IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE."

PROFESSIONAL LAND SURVEYOR — 3762 LICENSE NO.

SURV. BY: wt	DRAWN: CP	JOB# WTIF19

VICINITY MAP

