ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

MD

PERMIT # AP 32417

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

PIN # 4648-38-4099

APPLICANT/OWNER: Nest Homes LLC

APPLICANT ADDRESS: PO Box 3965, Mooresville NC 28117

SITE ADDRESS: 729 Cornelius Rd, Mooresville NC 28117

PHONE: 704-208-4257 ALT. PHONE

SITE DIRECTIONS: (W) NC150 → (R) Perth → (R) Cornelius → lot on (R)

SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Sisters Cove

SECTION: 4 LOT # 1 LOT AREA: 0.724

DESIGN FLOW: 720 gpd L.T.A.R.: EXISTING

Septic Tank 3000 (gal) STB 2102 Date 2-4-22

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields EXISTING # Lines Linear Ft

Trench Width Trench Bottom Depth (Low Side) Gravel Depth N/A

[X] New System [ ] Repair [ ] Expansion System Type: I II III IV (V) VI

System Description: Pre-Treated Drip - Existing

Repair System Description: same

Maintenance Agreement Required: [X] YES [ ] NO [ ] GRAVITY [X] PRESSURE

[X] Residence No. Bedrooms 6

[ ] Business No. Persons 12

[ ] Other No. Employees

[ ] Slab [ ] Crawl Space

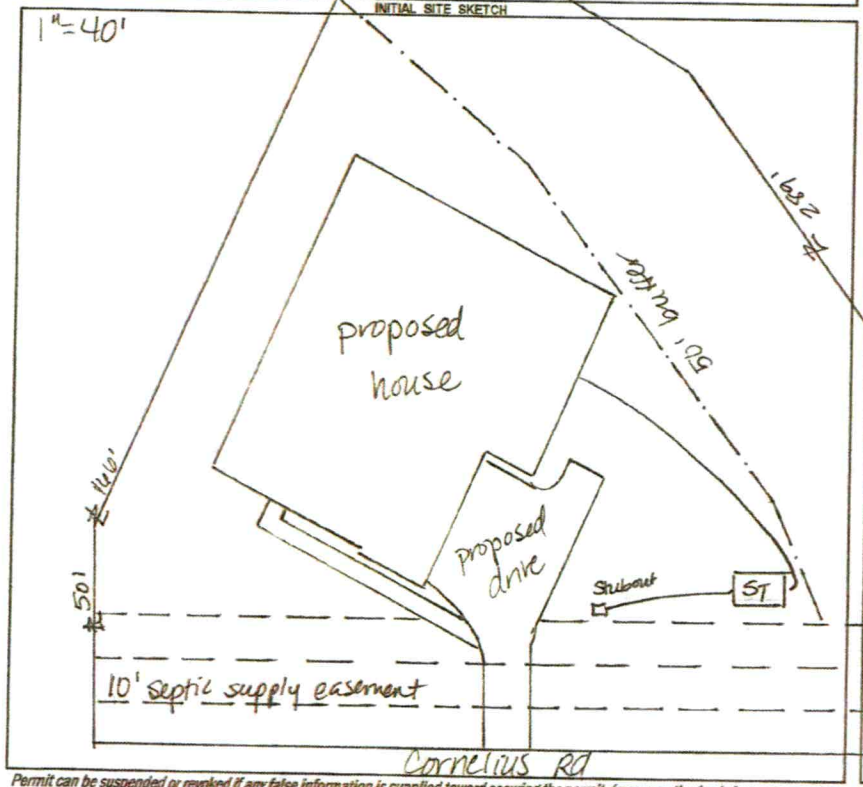
[X] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply: [ ] Private [ ] Public [X] Community

Comments / Conditions:

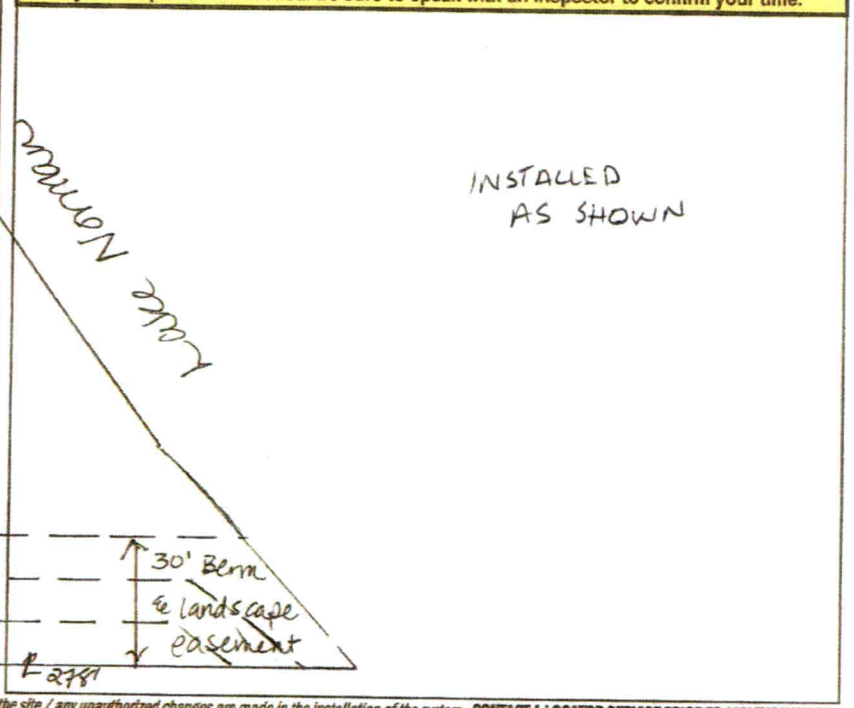
3000 gallon STEP tank required Keep out of buffer → buffer must be marked at install!

INITIAL SITE SKETCH



AS BUILT SKETCH

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



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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Heather Post Date: 3/17/22

IMPROVEMENT PERMIT by: D Mickey Date: 3/15/22

AUTHORIZATION TO CONSTRUCT by: D Mickey Date: 3/15/22

Installed by: SPECIALTY SEPTIC

OPERATION PERMIT by: Bryant L. White Date: 2-16-2023

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

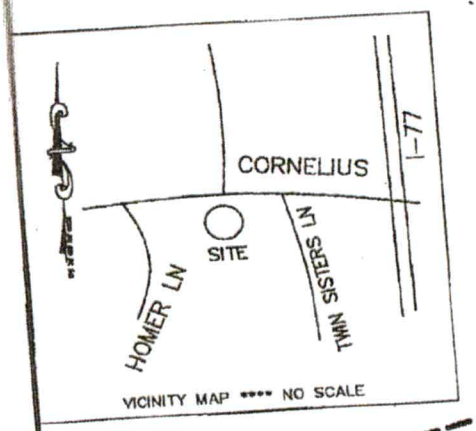
Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

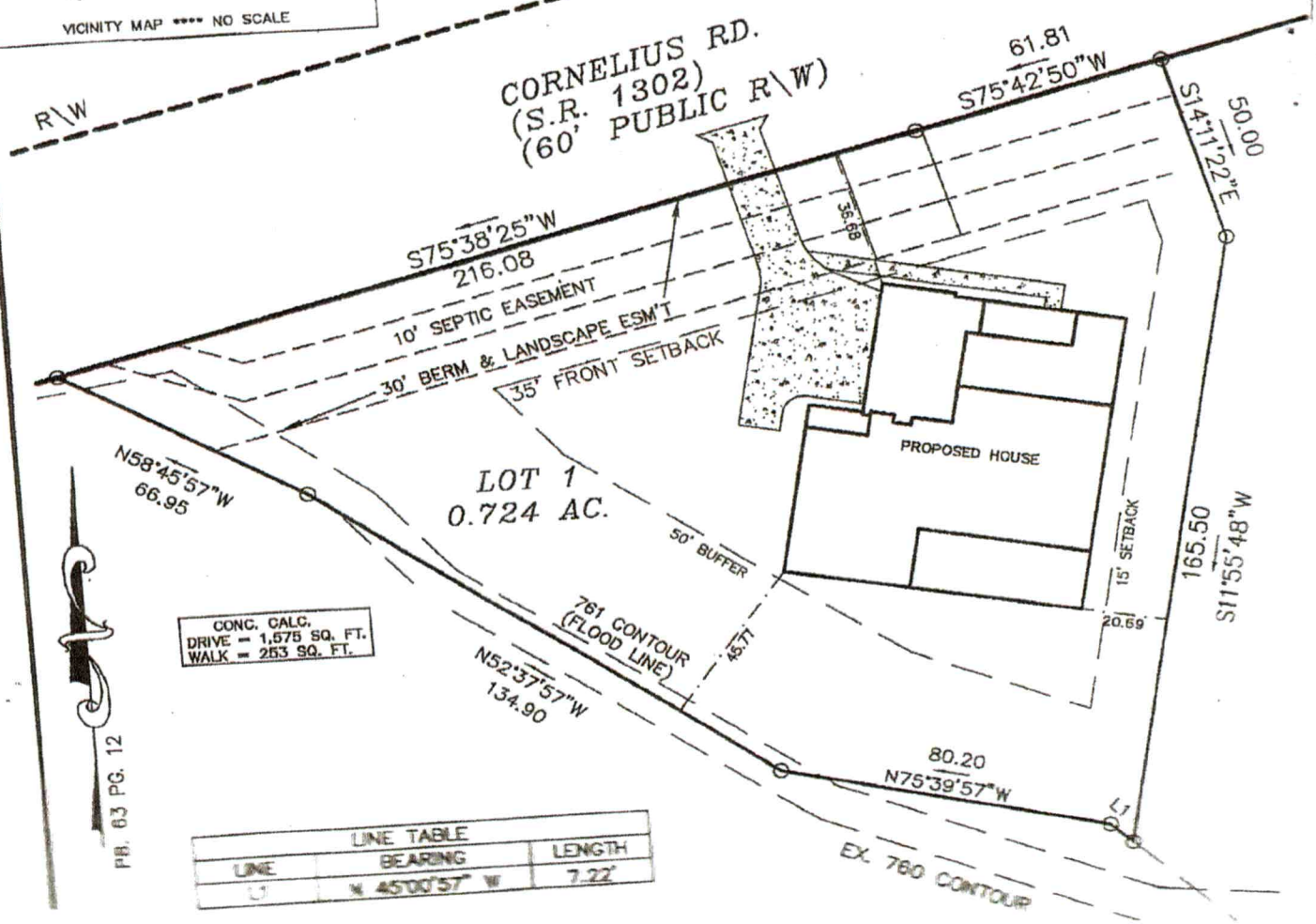
DAS DON ALLEN & ASSOCIATES
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Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2458, page 46, and/or plat book 63, page 12, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 16, day of DECEMBER, A.D. 20 21.

WILLIAM M. ALLEN, SEAL L-3499

NORTH CAROLINA REGISTERED LAND SURVEYOR WILLIAM M. ALLEN

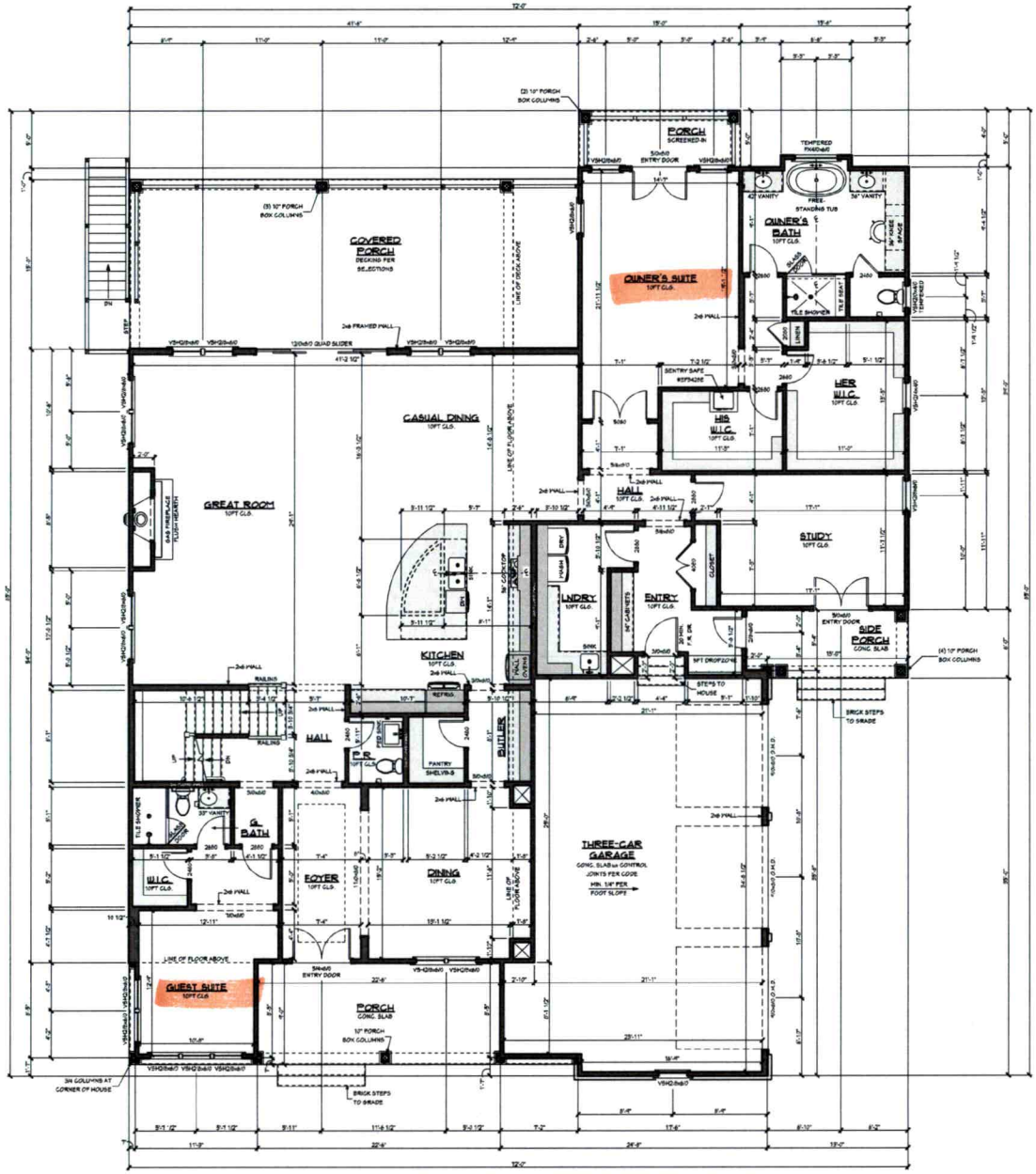




LINE TABLE		
LINE	BEARING	LENGTH
L1	N 45°00'57" W	7.22'

72'

85'



FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"
WALL HEIGHT: 10'-1, 1/8" U.N.O.
WINDOW HEADERS: 6'-0" U.N.O.

Acknowledgement Of Plans Submittal ONLY!

Date 3/17/22

Date 2/14/22

TYPICAL HANGERS

MEMBER	HANGER
2x4	LUS24
2x10	LUS210
2x12	LUS212
(2) 2x6	HUS26-2
(2) 2x10	HUS210-2
(2) 2x12	HUS212-2
(3) 2x6	LUS26-3
(3) 2x10	LUS210-3
(3) 2x12	HU212-3
(2) 4-1/4" - (2) 11-7/8" LVL	HGUS410
(2) 14" - (2) 16" LVL	HGUS414
(3) 4-1/4" - (3) 11-7/8"	HGUS6.5/10
(3) 14" - (3) 16" LVL	HGUS6.5/14
(4) 4-1/4" - (4) 11-7/8" LVL	HGUS7.25/10
(4) 14" - (4) 16" LVL	HGUS7.25/14

EXTERIOR WALL HGT 0-0	STUD SIZE/SPACING
H ≤10'-0"	2x4 @ 16" O.C.
10'-1" ≤ H ≤ 11'-0"	2x4 @ 12" O.C.
11'-1" ≤ H ≤ 15'-0"	2x6 @ 16" O.C.
H ≥ 15'-0"	CONSULT ENGINEER

WALL BRACING NOTE

DESIGN LATERAL LOAD: WIND 115 MPH EXPOSURE B
THIS STRUCTURE HAS BEEN DESIGNED USING CONTINUOUSLY SHEATHED "CS-PF(F" METHOD) 7/16" APA RATED OSB SHEATHING FASTENED w/ 8d NAILS SPACED AT 6" O.C. ALONG EDGES AND 12" O.C. ALONG THE INTERIOR SUPPORTS. ALL SHEATHING EDGES SHALL HAVE CONTINUOUS SUPPORT.
FOR MORE INFO. REFER TO THE 2019 NC RESIDENTIAL BUILDING CODE SECTION 603.105

FRAMING NOTES:

- FRAMING AS GENERAL NOTES
- ALL INT. & EXT. LOAD BEARING HEADERS TO BE (2) 2x10 U.N.O. w/ (1) JACK AND (1) KING STUD AT EACH END U.N.O.
- INSTALL AN EXTRA TRUSS UNDER ALL PARALLEL PARTITION WALLS GREAT THAN 8'-0" LONG.
- TRANSFER ALL POINT LOADS FROM ABOVE TO THE FOUNDATION
- RISERS≤ EQUAL 8 OF STUDS.
- ALL EXTERIOR WALLS TO BE SHEATHED w/ 7/16" OSB ATTACHED TO FRAMING w/ 8d NAILS AT 6" O.C. EDGE AND 12" O.C. FIELD. PROVIDE BLOCKING AT ALL PANEL SPLICES
- ALL ANGLED WALLS ARE 45° U.N.O

TOLL BROTHERS HOMES
235 EAGLEWAY DRIVE SUITE 7
MOORESVILLE, NC 28117
704-509-4231
www.tollbrothers.com

Township/County: IREDELL COUNTY

Engineer:
INTELLIGENT DESIGN ENGINEERING
1945 J N PEASE PLACE #250
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
CORPORATE LIC. #C-2119
704-333-7200

Stamp/Seal

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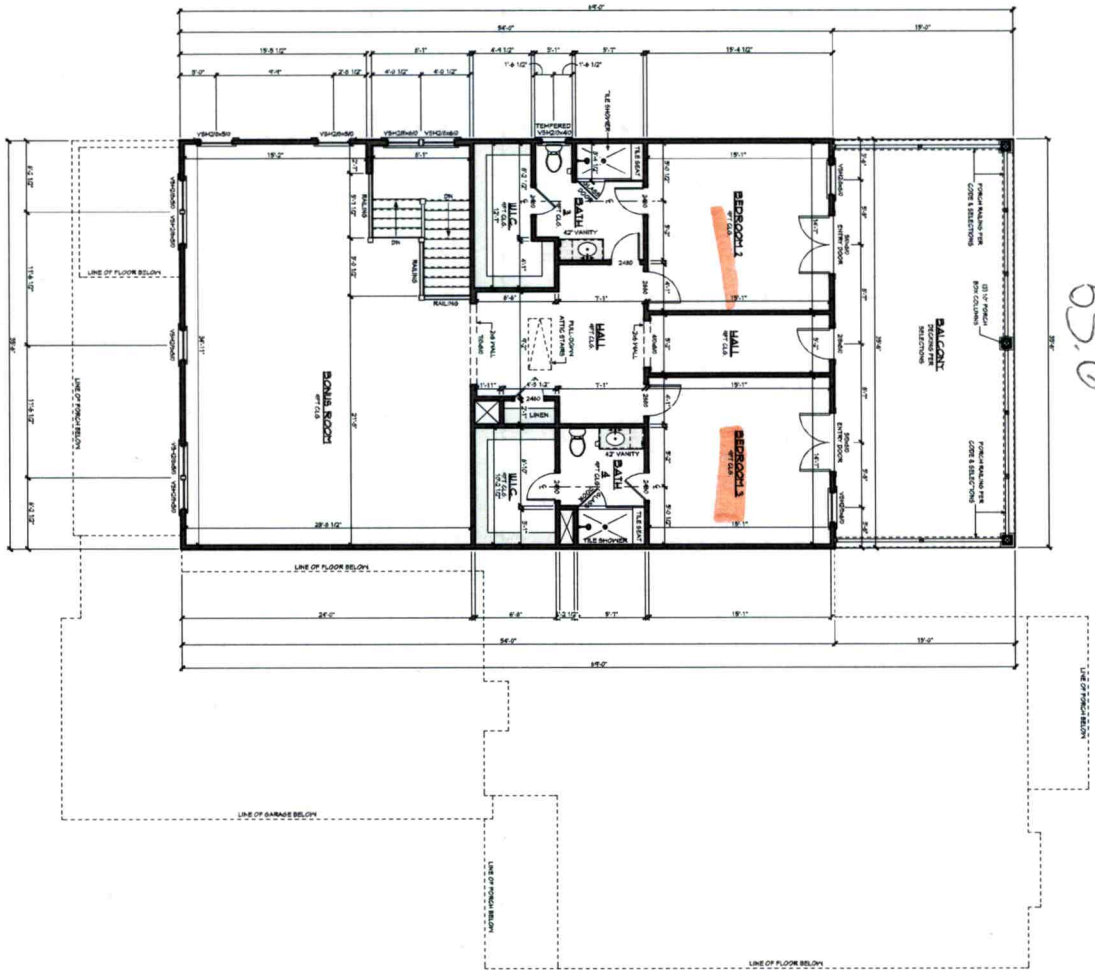
Project Name/Owner
THE MODEL NAME
COMMUNITY NAME
LOT NUMBER
SITE ADDRESS LINE 1
CITY, STATE ZIP

CLIENT NAME
STREET ADDRESS
CITY, STATE ZIP

PH0000-0000-0000

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Date: 10/13/2021
Drawn By: RES
Reviewed By: —
Plan Set Scale: 30x42 sheet (E1) 1/4" = 1'-0" / 11x17 sheet NOT TO SCALE
Project Plan Code: —
Drawing Set: NOT FOR CONSTRUCTION
Sheet Title Description: SECOND FLOOR PLAN
Sheet Number: **A3.0**
Master Plan Version: v1.0



1 SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0"
WALL HEIGHT: 9'-1 1/8" (LOCAL WINDOW HEADER) AVP LOCAL

Acknowledgement Of Plans Submittal ONLY!

Heather Rook Date 3-17-22

Date 2/14/22

TYPICAL HANGERS	
MEMBER	HANGER
2x4	LUS24
2x6	LUS26
2x8	LUS28
2x10	LUS210
(2) 2x6	HUS26-2
(2) 2x8	HUS28-2
(2) 2x10	HUS210-2
(2) 2x12	HUS212-2
(3) 2x6	LUS26-3
(3) 2x8	LUS28-3
(3) 2x10	HUS210-3
(3) 2x12	HUS212-3
(2) 1 1/4" x (2) 11 7/8" LVL	HGLS9.5/14
(2) 1 1/4" x (2) 14" LVL	HGLS9.5/16
(2) 1 1/4" x (2) 16" LVL	HGLS9.5/18
(3) 1 1/4" x (3) 11 7/8" LVL	HGLS9.5/14-3
(3) 1 1/4" x (3) 14" LVL	HGLS9.5/16-3
(3) 1 1/4" x (3) 16" LVL	HGLS9.5/18-3

EXTERIOR WALL HGT (U)	STUD SIZE/SPACING
14'-0"	2x6 @ 12" O.C.
15'-1" & 16'-1 1/8"	2x6 @ 12" O.C.
17'-1" & 18'-1 1/8"	2x6 @ 12" O.C.
19'-1 1/8"	CONSULT ENGINEER

WALL BRACING NOTE

BRACING NOTES:

EXTERIOR WALL BRACING METHOD 3 (WSP)
PER SECTION R602.10.4.3 METHOD 3 (WSP) CONSTRUCTION SHALL BE PER SECTION R602.10.4.3 METHOD 3 (WSP) CONSTRUCTION. USE PERFORATED GYPSUM BOARD PANELS ON INTERIOR SIDE OF EXTERIOR WALLS WHERE SHEATHED GYPSUM BOARD METHOD IS APPLIED. GYPSUM BOARD SHALL BE FASTENED AT 7" O.C. ALONG EDGES AND 12" O.C. ALONG INTERMEDIATE SUPPORTS. ALL SHEATHING EDGES SHALL HAVE CONTINUOUS SUPPORT.
FOR HOME WITH 10' CEILING REFER TO THE 2018 IRC PRESCRIPTIVE BRACING GUIDE SECTION R2-3B

BRACING NOTES:

- ALL 16" & 24" O.C. LOAD BEARING HEADERS TO BE (2) 2x10 (U.N.O. AT (1) 2x6 AND (2) 2x8 WALLS)
- ALL 16" & 24" O.C. LOAD BEARING HEADERS TO BE (2) 2x10 (U.N.O. AT (1) 2x6 AND (2) 2x8 WALLS) WITH (1) JACK AND (1) KING STUD AT EACH END U.N.O.
- ALL HEADERS SHALL BE SUPPORTED BY (1) JACK AND (1) KING STUD AT EACH END U.N.O.
- FRONT THREE 8'-0" LONG
- ALL BEARING WALLS AND PARTITIONS SHALL BE SUPPORTED BY CONTINUOUS FOOTINGS UNDER ALL PARALLEL PARTITION WALLS
- MINIMUM ALL POINT LOADS FROM ROOF TO THE FOUNDATION
- ALL EXTERIOR WALLS TO BE SHEATHED W/ 7/16" OSB ATTACHED TO FRAMING AT 6" O.C. EDGE AND 12" O.C. FIELD. PROVIDE (4) ANGLED STRAPS PER 8'-0" U.O.

Project Name/Number	THE WOODS, THE
Project Address (Lot / City, State ZIP)	COMMUNITY NAME LOT ADDRESS (Lot) CITY, STATE ZIP
Client Name	CLIENT NAME
Plan Name / City, State ZIP	PLAN NAME CITY, STATE ZIP
Permit Number	PHXBD0000000

PRELIMINARY
NOT FOR CONSTRUCTION
FOR PRICING ONLY

Issue Date	10/13/2021
Drawn By	RDS
Revisions/By	—
Title Sheet	SHEET # of (U) FLOOR PLAN NOT TO SCALE
Floor Plan Notes	—
Drawing Set	CONSTRUCTION
Floor Title Description	FOR PERMIT FOR BIDDING

A4.0

Sheet Number

Sheet Revision

#1

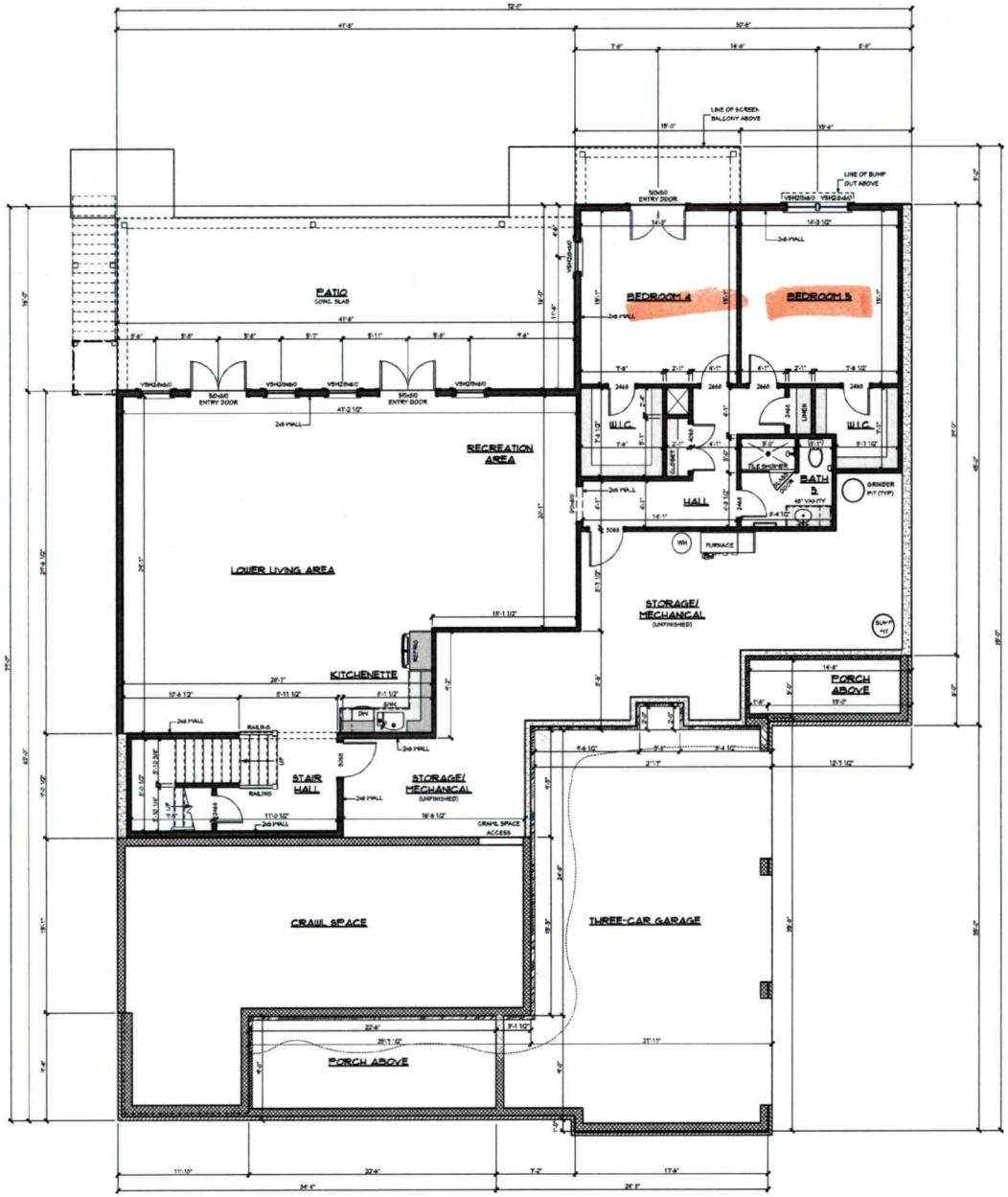
Engineer
IDE
IDE Engineering
Mailing Address: 1744 S. Val Vista Drive, Suite 217, Mesa, AZ 85204
Office: 480.813.1116
Contact: Jeff Ide, PE
Email: jeff@ideengineering.com

Surveyor
COMPANY NAME
Mailing Address
Office:
Contact:
Email:

Geotechnical
COMPANY NAME
Mailing Address
Office:
Contact:
Email:

Jurisdiction
CITY
COUNTY

Builder
TRI POINTE HOMES
3120 SOUTHEAST 59TH ST
BLDG 1, SUITE 100
PORTLAND, OR 97206
Contact: Jeff Ide, PE
Email: jeff@ideengineering.com



1 A2.0 **LAKE LEVEL FLOOR PLAN**

SCALE: 1/4" = 1'-0"
WALL HEIGHT: 10'-0" U.N.O.
WINDOW HEADERS: 6'-8" U.N.O.

Acknowledgement Of Plans Submittal ONLY!

Heather Cox Date 3/17/22

Date 3/14/22

TYPICAL HANGERS

MEMBER	HANGER
2x6	LUS26
2x10	LUS210
2x12	LUS212
(2) 2x6	HUS26-2
(2) 2x10	HUS210-2
(2) 2x12	HUS212-2
(3) 2x6	LUS26-3
(3) 2x10	LUS210-3
(3) 2x12	HUS212-3
(2) 9-1/4" - (2) 11-7/8" LVL	HGUS410
(2) 14" - (2) 16" LVL	HGUS414
(3) 9-1/4" - (3) 11-7/8"	HGUS5.50/10
(3) 14" - (3) 16" LVL	HGUS5.50/14
(4) 9-1/4" - (4) 11-7/8" LVL	HGUS7.25/10
(4) 14" - (4) 16" LVL	HGUS7.25/14

EXTERIOR WALL HGT (U)	STUD SIZE/SPACING
H≤12'-0"	2x4 @ 16" O.C.
12'-1" ≤ H ≤ 17'-0"	2x4 @ 12" O.C.
17'-1" ≤ H ≤ 19'-0"	2x6 @ 16" O.C.
H ≥ 19'-0"	CONSULT ENGINEER

WALL BRACING NOTE

DESIGN LATERAL LOAD: MIND 115 MPH EXPOSURE B
THIS STRUCTURE HAS BEEN DESIGNED USING CONTINUOUSLY SHEATHED (CS-WSP" METHOD) 7/16" APA RATED OSB SHEATHING FASTENED w/ 8d NAILS SPACED AT 6" O.C. ALONG EDGES AND 12" O.C. ALONG THE INTERIOR SUPPORTS. ALL SHEATHING EDGES SHALL HAVE CONTINUOUS SUPPORT.
FOR MORE INFO. REFER TO THE 2018 NC RESIDENTIAL BUILDING CODE SECTION 602.10.1

FRAMING NOTES:

- FRAMING AS GENERAL NOTES
- ALL INT. & EXT. LOAD BEARING HEADERS TO BE (2) 2x10 U.N.O. w/ (1) JACK AND (1) KING STUD AT EACH END U.N.O
- INSTALL AN EXTRA TRUSS UNDER ALL PARALLEL, PARTITION WALLS GREAT THAN 8'-0" LONG.
- TRANSFER ALL POINT LOADS FROM ABOVE TO THE FOUNDATION BELOW w/ EQUAL # OF STUDS.
- ALL EXTERIOR WALLS TO BE SHEATHED w/ 7/16" OSB ATTACHED TO FRAMING w/ 8d NAILS AT 6" O.C. EDGE AND 12" O.C. FIELD. PROVIDE BLOCKING AT ALL PANEL SPLICES
- ALL ANGLED WALLS ARE 45° U.N.O

DHI HOMES
235 EXCEPWAY DRIVE
SUITE 7
MOORESVILLE, NC 28117
704-509-4731
www.dhihomes.com

Township/County
TOWNSHIP
COUNTY

Engineer
IDE INTELLIGENT DESIGN ENGINEERING
INTELLIGENT DESIGN ENGINEERING
1340 J N PEASE PLACE
#200
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
CORPORATE LIC. #C-2119
704-835-7200

Stamp/Seal

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NOT FOR CONSTRUCTION
FOR PRICING ONLY

Project Name/Owner
THE MODEL NAME
COMMUNITY NAME
LOT NUMBER
SITE ADDRESS LINE 1
CITY, STATE ZIP
CLIENT NAME
STREET ADDRESS
CITY, STATE ZIP
PN1000-009-0000

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Date 10/13/2021
Drawn By RES
Reviewed By —
Plan Set Scale
30x42 sheet (E1) 1/4" = 1'-0"
11x17 sheet NOT TO SCALE
Project Plan Code —
Drawing Set NOT FOR CONSTRUCTION
Sheet Title Description FIRST FLOOR PLAN
Sheet Number **A2.0**
Master Plan Version v1.0

RECEIVED JAN 1 1 2022

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-324171 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (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: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: **(PRINT CLEARLY)**

Applicant Name: Nest Homes LLC **Address:** PO Box 3965 , Mooresville NC **Zip:** 28117

Applicant Email: hposton@nesthomes.com **Phone:** 704-208-4251 **Alt. Phone:**

Owner Name: SC Landholdings LLC **Address:** PO Box 3965 , Mooresville NC **Zip:** 28117

Owner Email: hposton@nesthomes.com **Phone:** 704-208-4251 **Alt. Phone:**

Property Information:

Street Address: 729 Cornelius Rd

Subdivision Name: Sisters Cove **Section/Phase:** 4 **Lot Number:** 1

Driving Directions: W Hwy 150, right on Bluefield Rd, left on Cornelius Rd.

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 6 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 12 — (X) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — (X) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
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 (X) 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 (X) Other: Community Septic

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: Heather Poston 01/05/2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

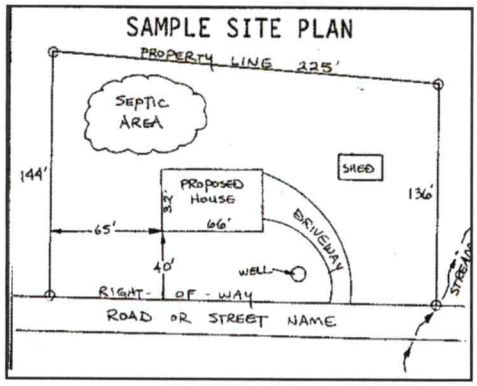
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

**** Please see attached plot plan ****

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

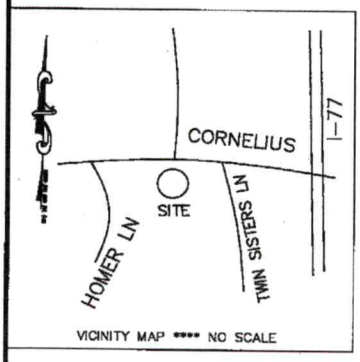
01/05/2022
DATE

DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

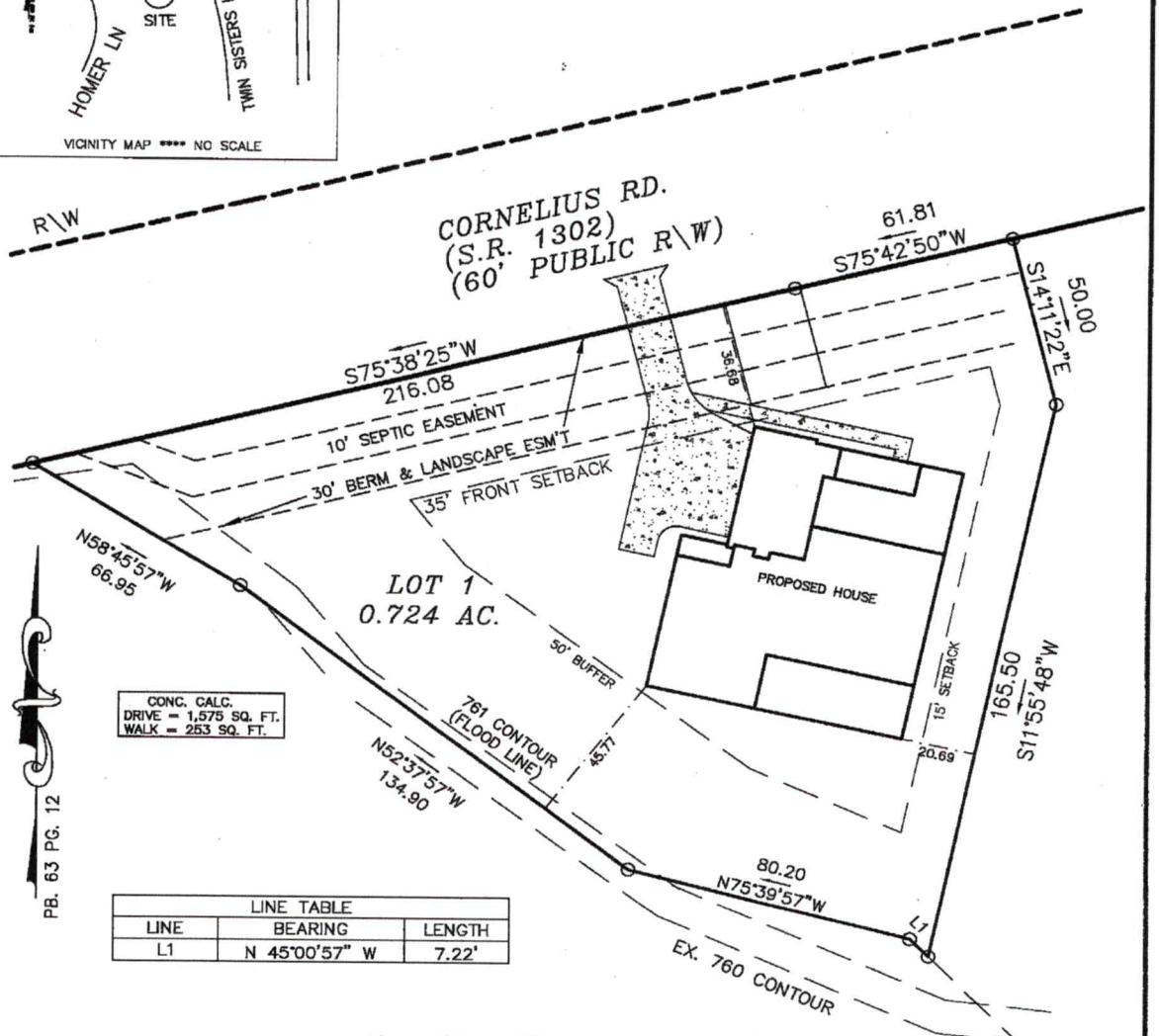
I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2458, page 46, and/or plat book 63, page 12, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 16, day of DECEMBER, A.D. 20 21.

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN

WILLIAM M. ALLEN, PLS



VICINITY MAP **** NO SCALE



LINE TABLE		
LINE	BEARING	LENGTH
L1	N 45°00'57" W	7.22'

0' 20' 40' 100'
SCALE IN FEET

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

LEGEND
P.P. = POWER POLE
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
PDE = PUBLIC DRAINAGE EASEMENT
CP = COMPUTED POINT

HOUSE FIT SURVEY

OF

LOT 1 SISTERS COVE, PH. IV

DAVIDSON TWSP., IREDELL CO., N.C.

SCALE 1" = 40'

ACQUIRED BY: SC LANDHOLDINGS, LLC.

FIELD BOOK:
FILE: SISTERS COVE 1
DC FILE:
TAX MAP NO:

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

(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, Eric Wood, am the legal owner(s) of the property located at SC Landholdings LLC, identified as

PIN (Parcel Identification Number) 4648384099.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Heather Poston, Nest Homes LLC, 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.

Eric Wood
Signature of Owner(s)

01/05/22
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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

HP **Complete all Environmental Health forms**:
- × Application
- x Site Plan with dimensions of proposed structure, addition, pool etc.
- x Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- x Copy of Zoning Permit when applicable
- x Sign this sheet after you have completed all items

HP **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

HP **Clearly mark all property corners by locating existing iron or concrete markers**. Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only).
'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

HP **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. **must be staked** out on the property as per the site plan.

HP If an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.
- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.**

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Heather Poston **Date** 01/05/2022

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625