IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 224276

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

PIN # 4648473983.000

APPLICANT: Nest Homes LLC APPLICANT ADDRESS: PO Box 3965 Mooresville

SITE ADDRESS: 116 Sisters Cove Ct Mooresville PHONE: 980 500 1226 ALT. PHONE:

SITE DIRECTIONS: 1775 → NC150 → R Bluefield Rd → L on Cornelius → L Sisters Cove Ct

SUBDIVISION: Sisters Cove SECTION: V LOT # 13 LOT AREA: 0.314 Ac. DESIGN FLOW: 360gpd L.T.A.R.:

Septic Tank 2000 (gal) STB 79 Date 4-20-17
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines Linear Ft:
Trench Width Max. Trench Bottom Depth Gravel Depth

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV (V) VI
System Description: Community TST Drip Irr
Repair System Description: Community TST Drip Irr
Maintenance Agreement Required: ☒ YES ☐ NO
☐ GRAVITY ☒ PRESSURE

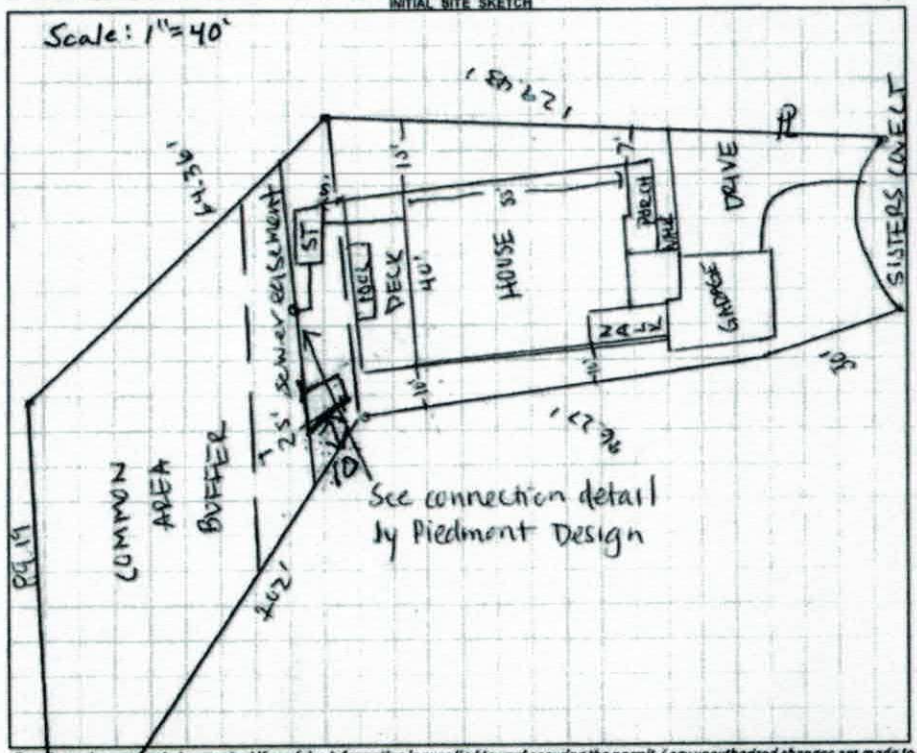
☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Install pump package, control panel and connect to collection line as specified by Piedmont Design

6/28/17 Checked tanks, holding water level

INITIAL SITE SKETCH



AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	Community Septic Sys.	
Tanks Checked	6/28/17	MD
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked	9/15	BB
Floats Set	9/15	BB
Alarm Checked	9/15	BB
Maintenance Contract Y / N		
Comments:		

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: Jaketa Davis Date: 2-1-17 Installed by: Chris Hendricks

IMPROVEMENT PERMIT by: N/A Date: OPERATION PERMIT by: Benjamin A. Bottoms Date: 9/15/2017

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 1-31-17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

RECEIVED JAN 19 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT Paid $500 EFT

(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)

#224276

1. APPLICATION FOR: ___Improvement Permit __✓__Authorization To Construct ___ BOTH ___ 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 #	Alternate Phone #
Nest Homes, LLC	PO Box 3965 Mooresville NC 28117	980-500-1226	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
	PO Box 3965 Mooresville NC 28117		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
116 Sisters Cove Court	Sisters Cove Phase II	Lot 13

Driving Directions: I-77 S to NC150/ W onto 150/R onto Bluefield Rd/L onto Cornelius/L onto Sisters Cove Ct

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(✓) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

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

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other _____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: LaketaDavis — 1/18/17

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, Eric Wood, am the legal owner(s) of the property located at 116 Sisters Cove Court Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4648473977.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Laketa Davis, 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.

Signature of Owner(s)	Date	Signature of Witness	Date
[signature]	1/18/17	Laketa Davis	1/18/17

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

SEPTIC PERMITS - BEDROOM COUNT BREAKDOWN

TWIN SISTERS

LOT	# OF BEDROOMS PERMITTED
51	NO PERMIT AT THIS TIME
52	4
53	3
58	4
61	3
63	3
64	3

OVERLOOK (CUMULATIVE)	67
REMAINING BEDROOMS AVAILABLE	**27**

BLANK 6 AVG/REMAINING 4.5

LOT	# OF BEDROOMS
7	
8	
9	
10	3
11	
12	3
13	3
14	4
15	3
16	3
17	3

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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…**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

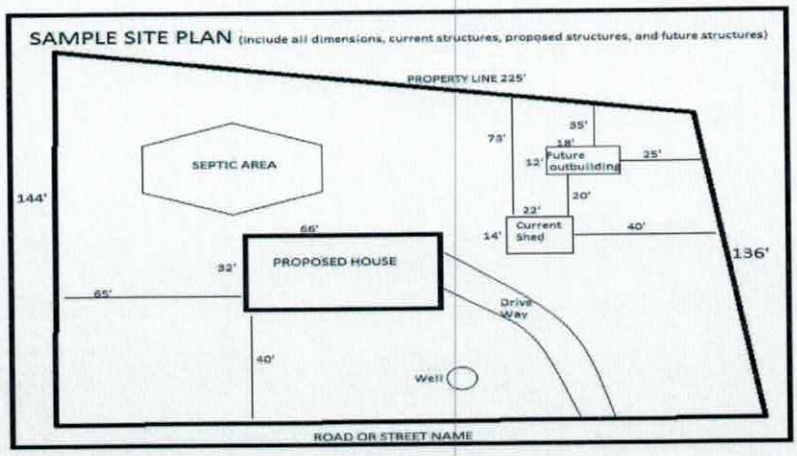
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

see plot plan attached

Signature: LakstaDavis

REQUIRED **property owner or owner's legal representative signature.**

1/19/2017

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 2297, page 193, and/or plat book 63, page 11, 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.

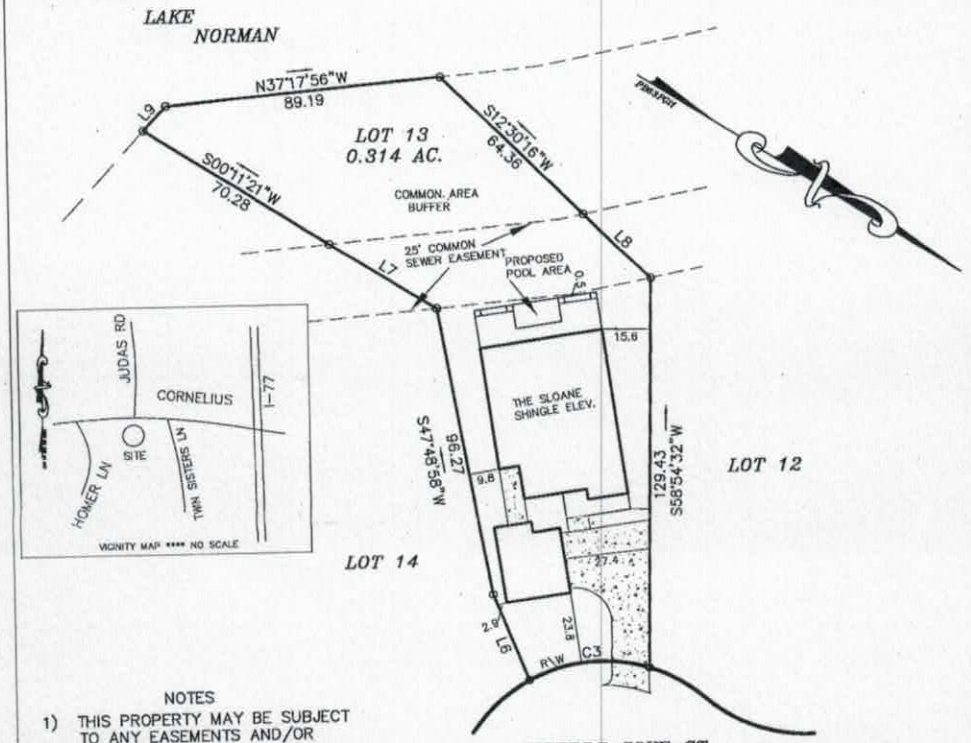
my hand and seal on the 21, day of nov.,
A.D. 20 16. REVISED: DEC.5, 2016 (ROTATED HOUSE)

WILLIAM M. ALLEN, PLS

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

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C3	50.50'	40.17'	S 37°13'51" E	39.12'

LINE TABLE		
LINE	BEARING	LENGTH
L6	S 36°42'19" W	31.13'
L7	S 00°11'21" W	41.08'
L8	S 12°30'16" W	30.20'
L9	N 79°15'56" W	10.81'



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
= POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
CP = COMPUTED POINT

0' 20' 40' 100'
SCALE IN FEET

BREEZEWAY= 124 SF
DRIVEWAY = 950 SF
SIDEWALK = 32 SF

PLOT PLAN SURVEY

OF

116 SISTERS COVE CT.
LOT 13 SISTERS COVE PHASE V

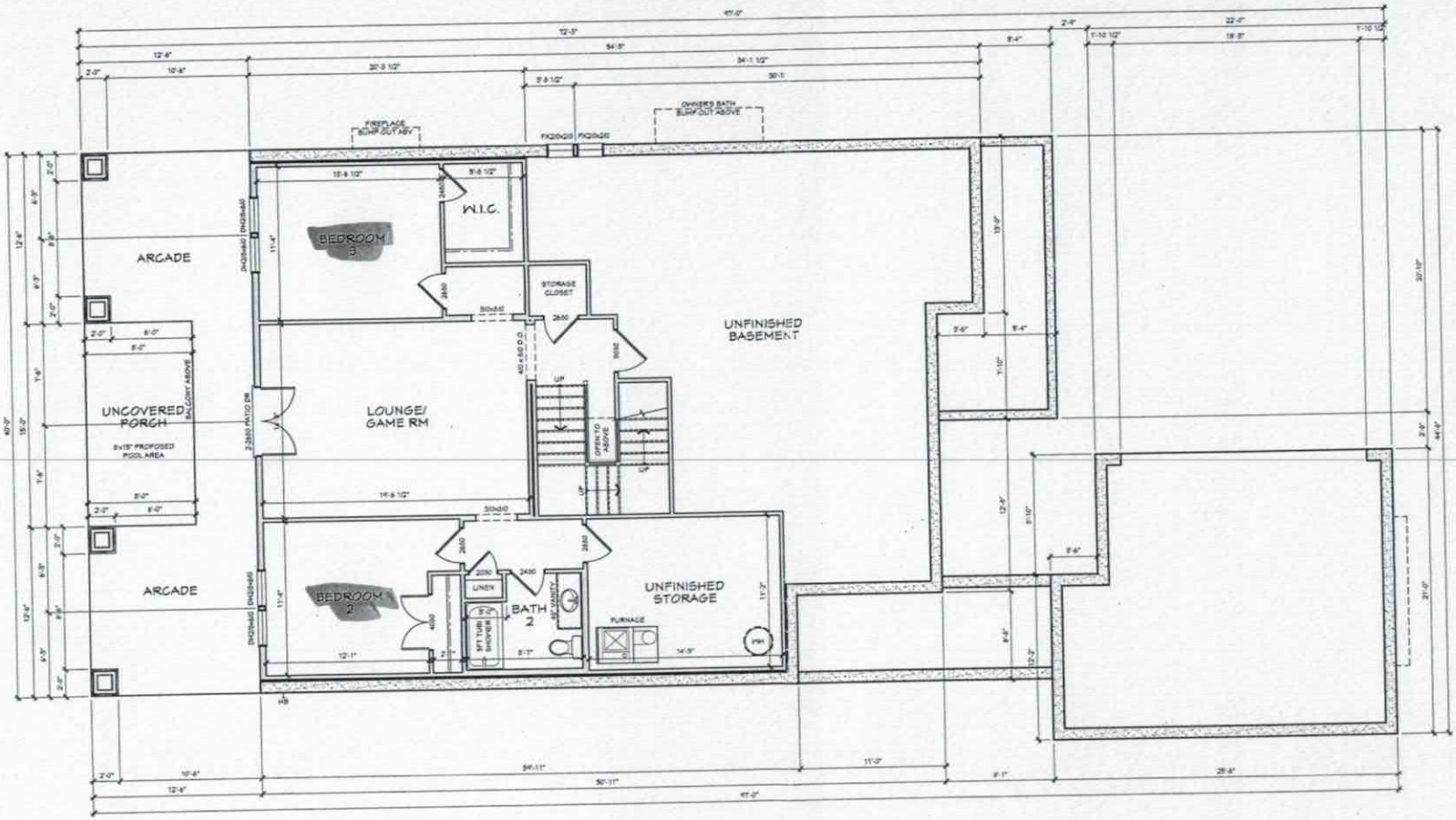
SCALE 1" = 40'
DAVIDSON TWSP., IREDELL CO., N.C.
ACQUIRED BY: NEST HOMES

FIELD BOOK:
FILE: SISTERS COVE 13
DC FILE:
TAX MAP NO: 4648473983

Acknowledgement of Plans Submittal ONLY!

Date 1-31-17

Date 2-7-17



LAKE LEVEL FLOOR PLAN - SLOANE SHINGLE ELEVATION

SCALE: 1/4" = 1'-0"
9'-0" FRAMED WALL HEIGHT
WINDOW HEADERS @ 8'-0" A.F.F.

DSC HOMES
225 Rosedale Drive Suite 7
Huntersville, NC 28137
Ph: 704.228.4091
www.dschomes.com

Township/County
TOWNSHIP
COUNTY

Engineer
INTELLIGENT DESIGN ENGINEERING
1945 J N PEASE PLACE, #204
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
704-335-7200

Stamp/seal

Project name/owner
THE SLOANE
SHINGLE ELEVATION

SISTERS COVE
LOT 13

OWNER NAME/TITLE
ADDRESS LINE 1
ADDRESS LINE 2
PH: 000-000-0000
PH: 000-000-0000

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Date
January 18, 2017

Drawn by
RES

Reviewed by
INITIALS

Plan set scale
24x36 sheet
1/4" = 1'-0"
11x17 sheet
1/8" = 1'-0"

Project/plan code
1231

Drawing set
NOT FOR CONSTRUCTION

Sheet title/description
FIRST FLOOR PLAN
FARMHOUSE ELEVATION

Sheet no.
A3.0

Master plan version
v1.0

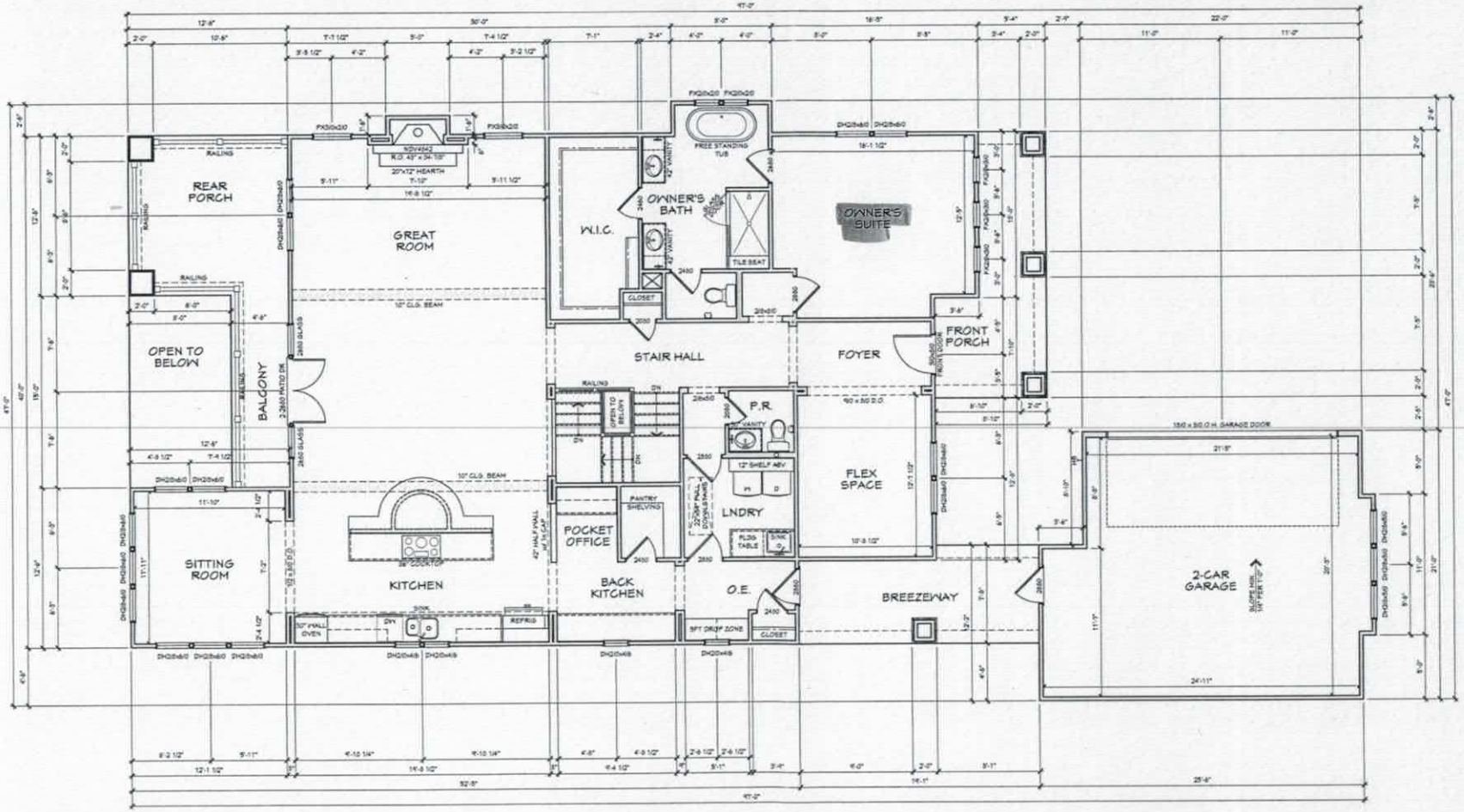
16 - 4/17/17

C:\Users\Russell Smith\Dropbox (Test Homes)\Architecture\Services\PRODUCTION\SISTERS COVE\Lot 13\SLOANE SHINGLE.dwg Plot Date: Wednesday, January 18, 2017 11:30:26 AM Plot Scale: 11"x17" = 1/8"=1'-0" 22"x36" = 1/4"=1'-0" Plotted by: Russell Smith

Acknowledgement of
Plans Submittal ONLY!

Steven Schwab Date 1-31-19

Date 2-1-19



MAIN FLOOR PLAN - SLOANE SHINGLE ELEVATION

SCALE: 1/4" = 1'-0"
10'-1 1/8" FRAMED WALL HEIGHT
WINDOW HEADERS @ 6'-8" A.F.F.

CASTLE HOMES
236 Rockwell Drive Suite 7
Mooresville, NC 28117
Ph: 704-238-4201
www.castlehomes.com

Township/County
TOWNSHIP
COUNTY

Engineer
INTELLIGENT DESIGN ENGINEERING
1945 J N PEASE PLACE #204
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
704-336-7200

Stamp/seal

Project name/owner
THE SLOANE SHINGLE ELEVATION
SISTERS COVE LOT 13
OWNER NAME/TITLE
ADDRESS LINE 1
ADDRESS LINE 2
PH: 000-000-0000
PH: 000-000-0000

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Date
January 18, 2017

Drawn by
RES

Reviewed by
INITIALS

Plan set scale
24x36 sheet
1/4" = 1'-0"
11x17 sheet
1/8" = 1'-0"

Project/plan code
1231

Drawing set
NOT FOR CONSTRUCTION

Sheet title/description
SECOND FLOOR PLAN
FARMHOUSE ELEVATION

Sheet no.
A4.0

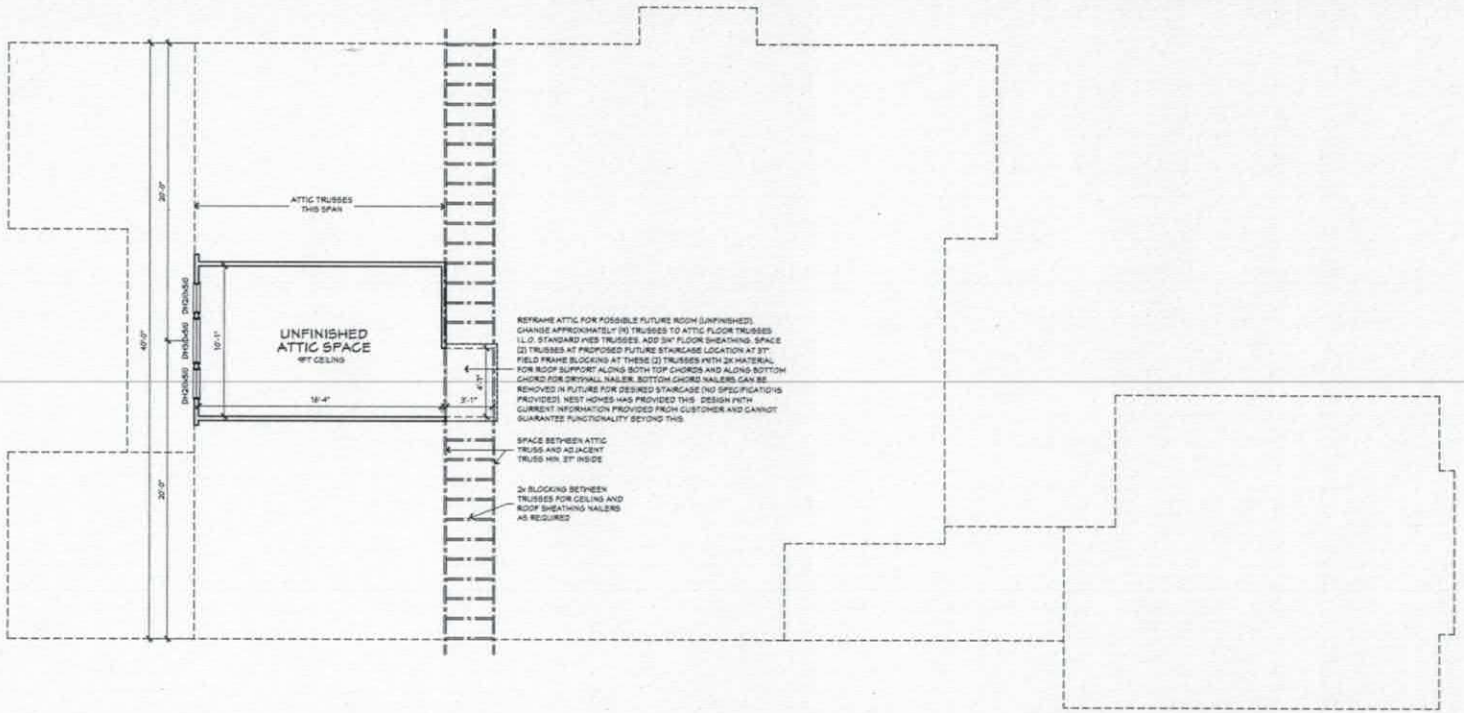
Master plan version
v1.0

C:\Users\Robert Smith\Dropbox (Nest Homes)\Architectural Services\PRODUCTION\SISTERS COVE\Lot 13\SLOANE SHINGLE.dwg Plot Date: Wednesday, January 18, 2017 11:50:29 AM Plot Scale: 1"=1'-0" • 1/8"=1'-0" 22"x36" • 1/4"=1'-0" Plotted by: Robert Smith

Acknowledgement of
Plans Submittal ONLY!

Jabeta Daby Date 2-1-17

Tom Shuch Date 1-31-17



UNFINISHED ATTIC SPACE

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

9'-1 1/8" FRAMED WALL HEIGHT

WINDOW HEADERS @ 6'-0" A.F.F.

NEST HOMES

239 Rockway Drive Suite F
Mooresville, NC 28117
PH: 704.228.4201
www.nesthomes.com

Township/County
TOWNSHIP
COUNTY

Engineer
INTELLIGENT DESIGN ENGINEERING
1945 J N PEASE PLACE
#204
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
704-335-7290

Stamp/seal

Project name/owner
THE SLOANE
SHINGLE ELEVATION

SISTERS COVE
LOT 13

OWNER NAME/TITLE
ADDRESS LINE 1
ADDRESS LINE 2
PH: 000-000-0000
PH: 000-000-0000

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Date
January 18, 2017

Drawn by
RES

Reviewed by
INITIALS

Plan set scale
24x36 sheet
1/4" = 1'-0"
11x17 sheet
1/8" = 1'-0"

Project/plan code
1231

Drawing set
NOT FOR CONSTRUCTION

Sheet title/description
SECOND FLOOR PLAN
FARMHOUSE ELEVATION

Sheet no.
A4.1

Master plan version
v1.0

C:\Users\Robert Smith\Dropbox (Nest Homes)\Architectural Services\PRODUCTION\SISTERS COVE\Lot 13\SISTERS COVE 13 SLOANE SHINGLE.dwg Plot Date: Wednesday, January 18, 2017 11:30:24 AM Plot Scale: 11"x17" = 1'0"-1'0" 22"x36" = 1/8"=1'-0" Plotted by: Robert Smith