IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 226433

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

PIN # 4648-48-3025

APPLICANT: Nest Homes LLC APPLICANT ADDRESS: P.O. Box 3965 Mooresville, NC 28117

SITE ADDRESS: 112 Sisters Cove Court Mooresville, NC PHONE: 704-208-4251 ALT. PHONE:

SITE DIRECTIONS: Rt 21 N from Mooresville → L on Cornelius Rd → L onto Sisters Cove → On Right

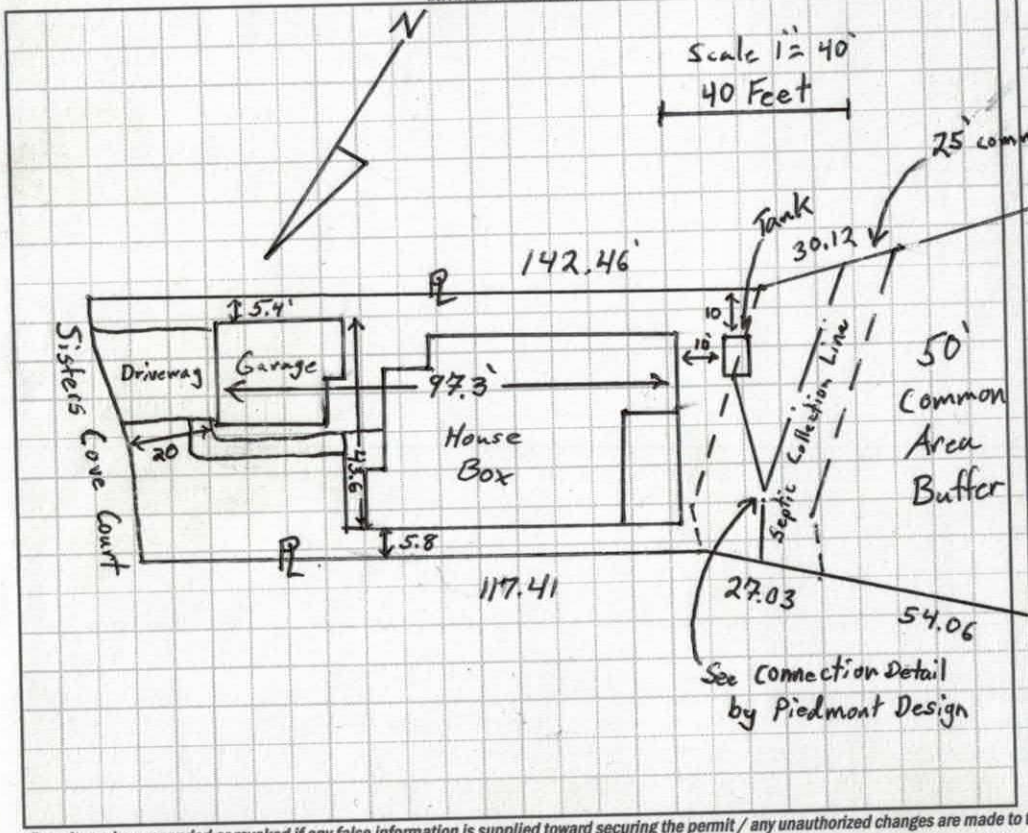
SUBDIVISION: Sisters Cove SECTION: 5 LOT # 11 LOT AREA: 0.30 acres DESIGN FLOW: 360 GPD L.T.A.R.:

Septic Tank	2000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT	Date	System Description: Community TS II Drip Irrigation				☐ Business	No. Persons 6
Pump Make	Model		Serial #	Repair System Description: Community TS II Drip Irrigation				☐ Other	No. Employees
# Nitrification Fields 1	# Lines		Linear Ft:	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space
Trench Width	Max. Trench Bottom Depth		Gravel Depth		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

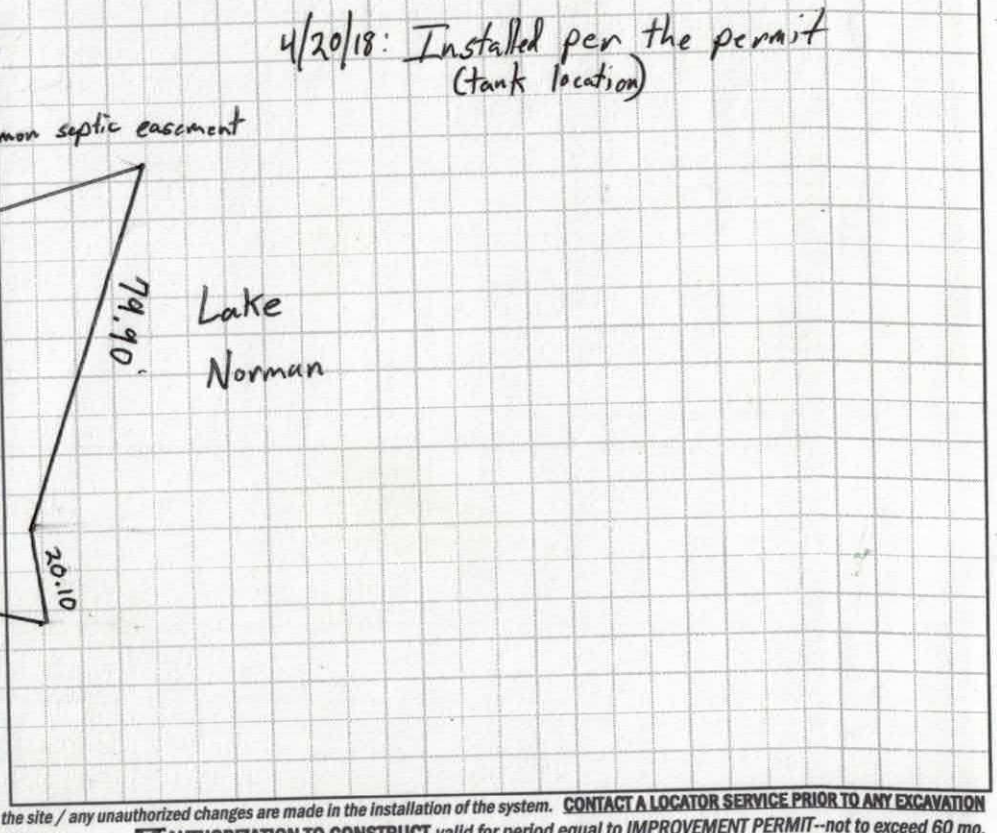
Water Supply: ☐ Private ☐ Public ☒ Community

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

INITIAL SITE SKETCH



AS BUILT SKETCH



CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system.

☐ **IMPROVEMENT PERMIT** *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: Laketa Davis Date: 5/12/17 Installed by: R+H (Brad Russell)

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Thomas Shuck Date: 4/20/2018

AUTHORIZATION TO CONSTRUCT by: Thomas Shuck Date: 5/12/2017 Existing System Inspected by: Date:

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

RECEIVED APR 19 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT Paid $500.00 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)

226433

1. APPLICATION FOR: ✓ Improvement Permit ✓ Authorization To Construct ✓ BOTH ___ Existing System

Inspection Group Septic

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:

Nest Homes LLC	PO Box 3965 Mooresville, NC 28117	704-208-4251	
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
	PO Box 3965 Mooresville, NC 28117	704-208-4251	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

112 Sisters Cove Court	Sisters Cove Ph. V	11
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: I77 South exit NC150 West, Right onto Bluefield Rd, Left onto Cornelius Rd, Left onto Sisters Cove

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) 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 To The Best of Your Ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) 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: Lakota Davis — 04/14/17

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 M Wood, am the legal owner(s) of the property located at 112 Sisters Cove Court Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4648483036.000, 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

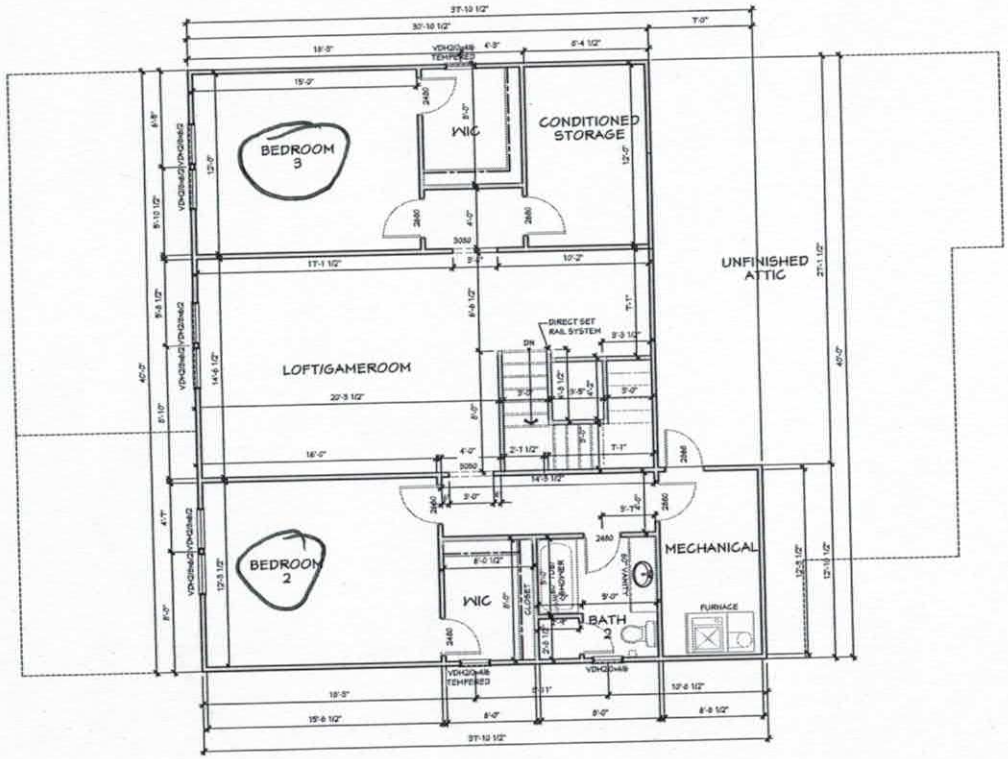
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	Date	Signature of Witness	Date
Eric M. Wood	04/14/17	Laketa Davis	04/14/17

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



SECOND FLOOR PLAN

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

Acknowledgement of Plans Submittal ONLY!

Tom Rhud Date 5/12/17

Loketa Davis Date 5/12-17

NEST HOMES

216 Rosemary Drive, Suite 7
Mooresville, NC 28117
(o) 704-360-4553
www.nesthomesnc.com

Township/County
DAVIDSON TOWNSHIP
IREDELL 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
LOW COUNTRY ELEVATION
SISTERS COVE
LOT 11
MARKET READY

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Date
April 14, 2017

Drawn by
MWH

Reviewed by
CAD

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

Project/plan code
XX XX XXXX

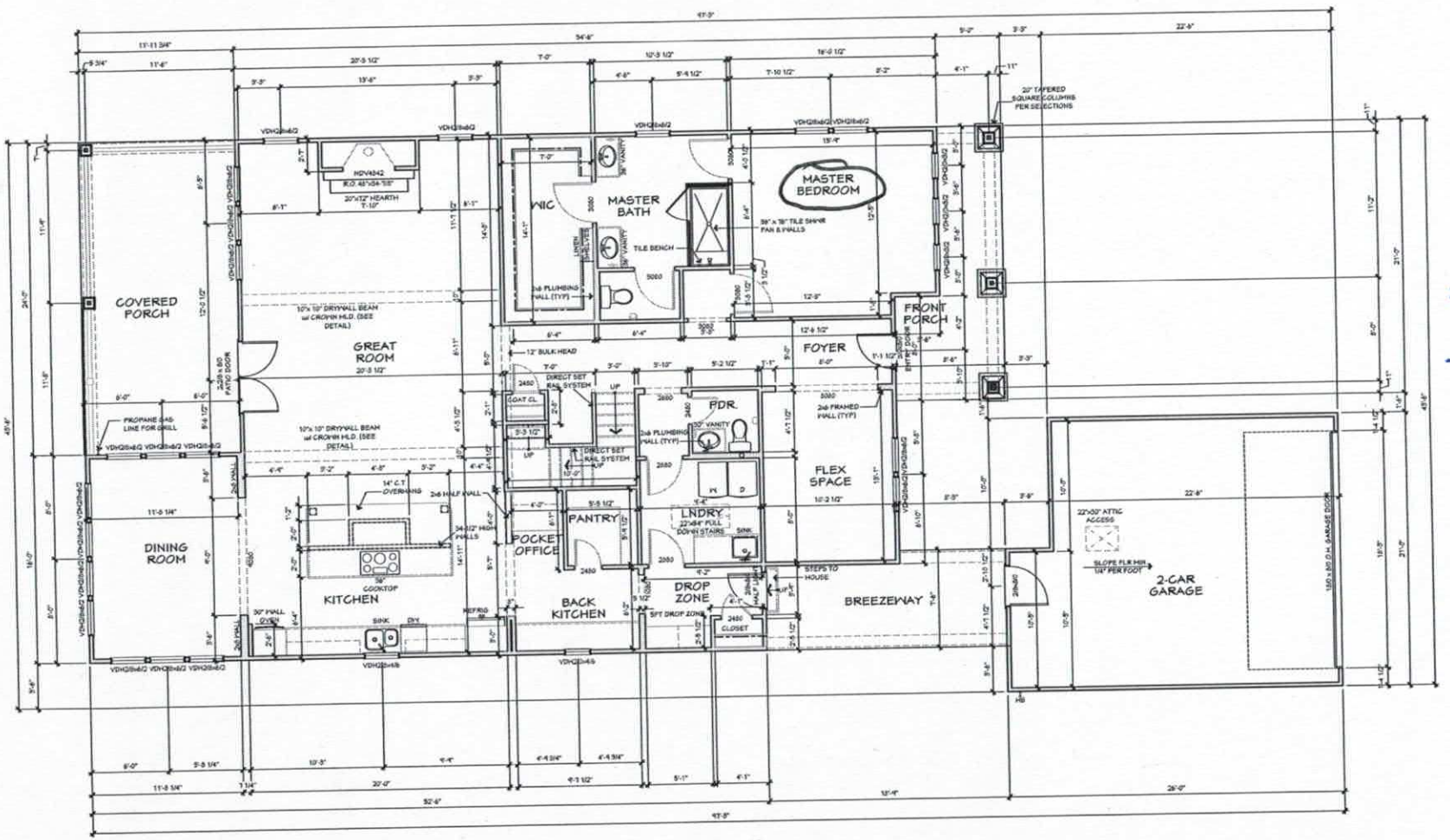
Drawing set
CONSTRUCTION SET

Sheet title/description
SECOND FLOOR PLAN
CRAFTSMAN ELEVATION

Sheet no.
A4.0

Master plan version
v0.1

97'-3"



FIRST FLOOR PLAN

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

Acknowledgement of Plans Submittal ONLY!

Tom Shuh Date 5/12/17

Labela Davis Date 5/12/17

TEST HOMES

Township/County
DAVIDSON TOWNSHIP
IREDELL COUNTY

Engineer
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11x17 sheet
1/8" = 1'-0"

Project/plan code
XX.XX.XXXX

Drawing set
CONSTRUCTION SET

Sheet title/description
FIRST FLOOR PLAN
CRAFTSMAN ELEVATION

Sheet no.
A3.0

Master plan version
v0.1

IREDELL COUNTY

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

APPLICATION NUMBER
226433
Issue Date: 04/19/2017

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4648483025.000	112 SISTERS COVE COURT, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SISTERS COVE OF LKN LLC	Applicant: NEST HOMES LLC
Address: ATTN: HIGHLAND HINKLEY LLC PO BOX 3965 MOORESVILLE, NC 28117	Address: PO BOX 3965 MOORESVILLE, NC 28117
Phone:	Phone: 704-208-4251

Use Requested	Zone Code
SFD CLUSTER SUBDIVISION;UNIQUE SETBACKS APPLY RH 5/8/17	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.297	1.00	75.00	1.00	1.00	CACL	AE

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	99978	TOTAL FEES:	$ 77.25