IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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)

1. APPLICATION FOR: ___ Improvement Permit X 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 X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Sisters Cove of LKN, LLC	8015 W. Kenton Circle Huntersville, NC		704-202-1524
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Same			

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
120 Pinto	Sisters Cove	54

Driving Directions: 21 N, TL Perkins, TL Pinto Cotton Rd

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

- (X) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) Repair To Failing Septic System
- ( ) Other

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

- (X) Crawl Space Foundation?
- (X) 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 (X) Community Well ( ) City Water ( ) Other Public Water

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

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

8. 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. industry) 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.

9. Signature: _____ 12-11-13
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEATLH 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…**
  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…**

See SP

Circle N/A on the following if appropriate:

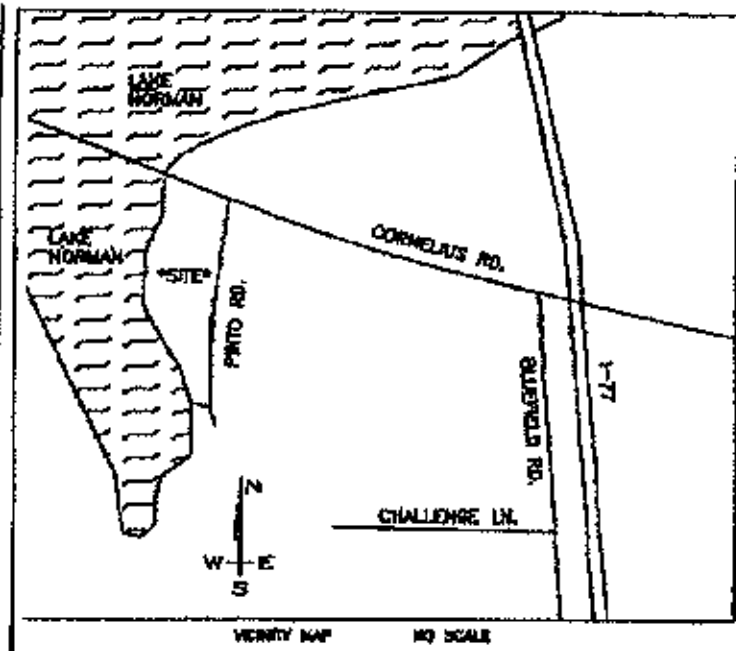
- ____ **Location of septic systems and wells within 100' of your property…** N/A
- ____ **Location of easements and rights of ways on your property…** N/A
- ____ **Location of any designated wetlands on the property…** N/A

Signature: _____ _____

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

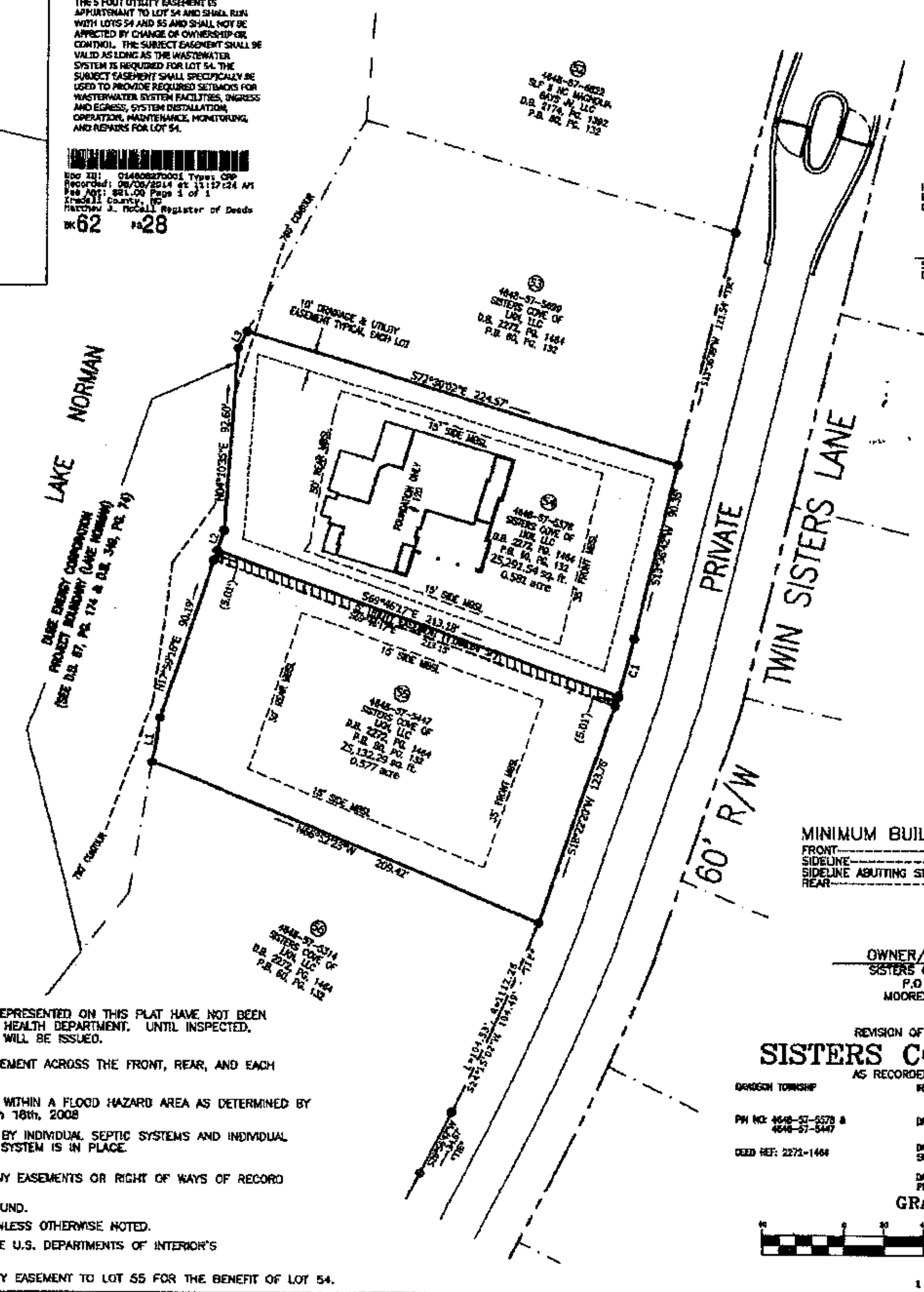
USE THIS SPACE TO DRAW YOUR SITE PLAN

SEE Kestler Surveying, Inc Site Plan



THE 5 FOOT UTILITY EASEMENT IS APPURTENANT TO LOT 54 AND SHALL RUN WITH LOTS 54 AND 55 AND SHALL NOT BE AFFECTED BY CHANGE OF OWNERSHIP OR CONTROL. THE SUBJECT EASEMENT SHALL BE VALID AS LONG AS THE WASTEWATER SYSTEM IS REQUIRED FOR LOT 54. THE SUBJECT EASEMENT SHALL SPECIFICALLY BE USED TO PROVIDE REQUIRED SETBACKS FOR WASTEWATER SYSTEM FACILITIES, INGRESS AND EGRESS, SYSTEM INSTALLATION, OPERATION, MAINTENANCE, MONITORING, AND REPAIRS FOR LOT 54.

Doc ID: 014608270001 Type: CRP
Recorded: 08/08/2014 at 11:17:24 AM
Fee Amt: $21.00 Page 1 of 1
Iredell County, NC
Matthew J. McCall Register of Deeds
BK 62 PG 28



LINE TABLE		
LINE	LENGTH	BEARING
L1	23.42'	N09°07'29"E
L2	10.90'	N17°59'16"E
L3	9.40'	N28°31'35"E

CURVE TABLE				
CURVE	ARC	RADIUS	CHORD BRG	CHORD DIST.
C1	30.48	1112.25	S14°23'34"W	30.48'

LEGEND:

MBSL - MINIMUM BUILDING SETBACK LINE
EIR - EXISTING IRON REBAR
EIP - EXISTING IRON PIPE
OEL - OVERHEAD ELECTRIC LINE
SE - 10' X 70' SIGHT EASEMENT
TP - TELEPHONE PEDESTAL
CA - CABLE TV BOX
SP - SEPTIC PUMP
VB - VEGETATIVE BUFFER
- POWER POLE
- LIGHT POLE
- WELL

NOTES:

AS OF THE DATE OF THIS RECORDING, THE LOTS REPRESENTED ON THIS PLAT HAVE NOT BEEN INSPECTED OR APPROVED BY THE IREDELL COUNTY HEALTH DEPARTMENT. UNTIL INSPECTED, THERE IS NO ASSURANCE THAT A BUILDING PERMIT WILL BE ISSUED.

THERE IS A TEN FOOT DRAINAGE AND UTILITIES EASEMENT ACROSS THE FRONT, REAR, AND EACH SIDELINE OF LOTS 54-55.

A PORTION OF THE SURVEYED PROPERTY DOES LIE WITHIN A FLOOD HAZARD AREA AS DETERMINED BY FLOOD MAP 3710464800J, EFFECTIVE DATE March 16th, 2008

LOTS 54-55 IN THIS SUBDIVISION WILL BE SERVED BY INDIVIDUAL SEPTIC SYSTEMS AND INDIVIDUAL WELL, UNTIL SUCH TIME THAT A COMMUNITY WATER SYSTEM IS IN PLACE.

THE LOTS IN THIS SUBDIVISION ARE SUBJECT TO ANY EASEMENTS OR RIGHT OF WAYS OF RECORD WHICH MAY EXIST ACROSS SAID PROPERTY.

ALL NEW POWER LINES WILL BE PLACED UNDERGROUND.

IRON PINS ARE SET AT ALL PROPERTY CORNERS UNLESS OTHERWISE NOTED.

THE SURVEYED PROPERTY DOES NOT LIE WITHIN THE U.S. DEPARTMENTS OF INTERIOR'S NATIONAL REGISTER OF HISTORIC PLACES.

THE PURPOSE OF THIS PLAT IS TO ADD A 5' UTILITY EASEMENT TO LOT 55 FOR THE BENEFIT OF LOT 54.

I, GERALD V. GRANT, HEREBY CERTIFY THAT THE SURVEY IS OF ANOTHER CATEGORY, SUCH AS THE RECOMBINATION OF EXISTING PARCELS, A COURT ORDERED SURVEY, OR OTHER EXCEPTIONS TO THE DEFINITION OF SUBDIVISION

[signature]
GERALD V. GRANT
PROFESSIONAL LAND SURVEYOR NO. 1593

07-22-2014
DATE

I HEREBY CERTIFY THAT THE PLAT FOR RECORDATION IS AN EXCEPTION TO THE SUBDIVISION ORDINANCE OF IREDELL COUNTY, NORTH CAROLINA.

[signature] 8-8-14
SUBDIVISION ADMINISTRATOR DATE
IREDELL COUNTY, NORTH CAROLINA

STATE OF NORTH CAROLINA
COUNTY OF IREDELL

I, [signature] REVIEW OFFICER OF IREDELL COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

[signature]
REVIEW OFFICER

DATE: 8-8-14

THIS SUBDIVISION, TO THE BEST OF MY KNOWLEDGE, LIES WITHIN THE WS-IV CA OF THE LAKE NORMAN - CATAWBA RIVER BASIN AS DESIGNATED BY THE NORTH CAROLINA DIVISION OF ENVIRONMENTAL MANAGEMENT AND AS APPEARS ON WATERSHED PROTECTION MAP OF IREDELL COUNTY

8-5-14 [signature]
DATE SUBDIVISION ADMINISTRATOR

MINIMUM BUILDING SETBACK LINES:
FRONT------------------------35 FEET
SIDELINE---------------------15 FEET
SIDELINE ABUTTING STREET--------25 FEET
REAR-------------------------35 FEET FROM PROJECT BOUNDARY OR 50' FROM 760' CONTOUR LINE (TYPICAL)

OWNER/DEVELOPER
SISTERS COVE LKN, LLC
P.O BOX 3985
MOORESVILLE, NC 28117

REVISION OF LOTS 54 & 55 OF

SISTERS COVE PHASE III

AS RECORDED IN P.B. 60, PG. 132

DAVIDSON TOWNSHIP IREDELL COUNTY NORTH CAROLINA

PIN NO: 4648-57-5578 & 4648-57-5447 DRAWN BY: SMS SCALE: 1"=40'

DEED REF: 2271-1464 DATE OF SURVEY : 07-18-14 DRAWING NO: K02307-KEY-54-55-REC

DATE OF PLAT : 07-18-14

GRAPHIC SCALE

(IN FEET)
1 inch = 40 ft.

KNOW ALL MEN BY THESE PRESENTS, THAT I HEREBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON AND THAT I HEREBY ACKNOWLEDGE THIS PLAT AND ALLOTMENT TO BE MY FREE ACT AND DEED.

[signature]

7/31/14
DATE

[signature] Linda H. Swanson
NORTH CAROLINA
Mecklenburg COUNTY

THIS 22nd DAY OF JULY, 2014.

[signature]
SURVEYOR REG. NO.: L-1593

NORTH CAROLINA PROFESSIONAL SEAL L-1593 LAND SURVEYOR GERALD V. GRANT

KSI
KESTLER SURVEYING, INC.
2351 SIMONTON ROAD
STATESVILLE, NC 28625
PHONE: (704) 872-0212

RECEIVED AUG 07 2014
ALP

02-13 pd #500.00 @ Stool N/S

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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1. APPLICATION FOR: X **Improvement Permit** ___ **Authorization To Construct** ___ **BOTH** ___ **Existing System Inspection**

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
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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 #
Magnolia Lakes Partners	PoBox 3965 Mooresville NC 28117		(704) 202-1524
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
SLF-IINC Magnolia Bay, NC	8015 W. Kenton Cir., Huntersville		(704) 202-1524

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
Pinto Rd, Mooresville	Sisters Cove Ph III ~~Magnolia Bay East~~	PB 7-73 lot # 54

Driving Directions: from Hwy 150 take Right on Bluefield Rd, Left onto Cornelius, 1st left onto Pinto Rd (entrance has fence + stone)

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

- (X) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) Repair To Failing Septic System
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Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

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8. Please Answer The Following To The Best of Your Ability:

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

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ENVIRONMENTAL HEALTH DIVISION
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- X **Location of easements and rights of ways on your property…** **N/A**
- X **Location of any designated wetlands on the property…** **N/A**

Signature: E W W

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

2/13/13
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

(See attached)