Owner: Brian Stoddard + Diane Hoppe

IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 224986

PIN # 4648576822

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

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

SITE ADDRESS: 108 Twin Sisters Ln Mooresville, NC 28117 PHONE: cell 704 996-6330 ALT. PHONE:

SITE DIRECTIONS: Hwy 150 W TR US 21 TL Cornelius Rd TL Twin Sisters on right

SUBDIVISION: Sisters Cove SECTION: 3 LOT # 52 + 52A LOT AREA: .57Ac. + offsite DESIGN FLOW: 480gpd L.T.A.R.: .3I

Septic Tank	1000 (gal)	STB	794	Date	3-16-18	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	27	Date	3-7-18	System Description: LP PPBPS				☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description: Drip				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	270'	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space
Trench Width	min 24"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing

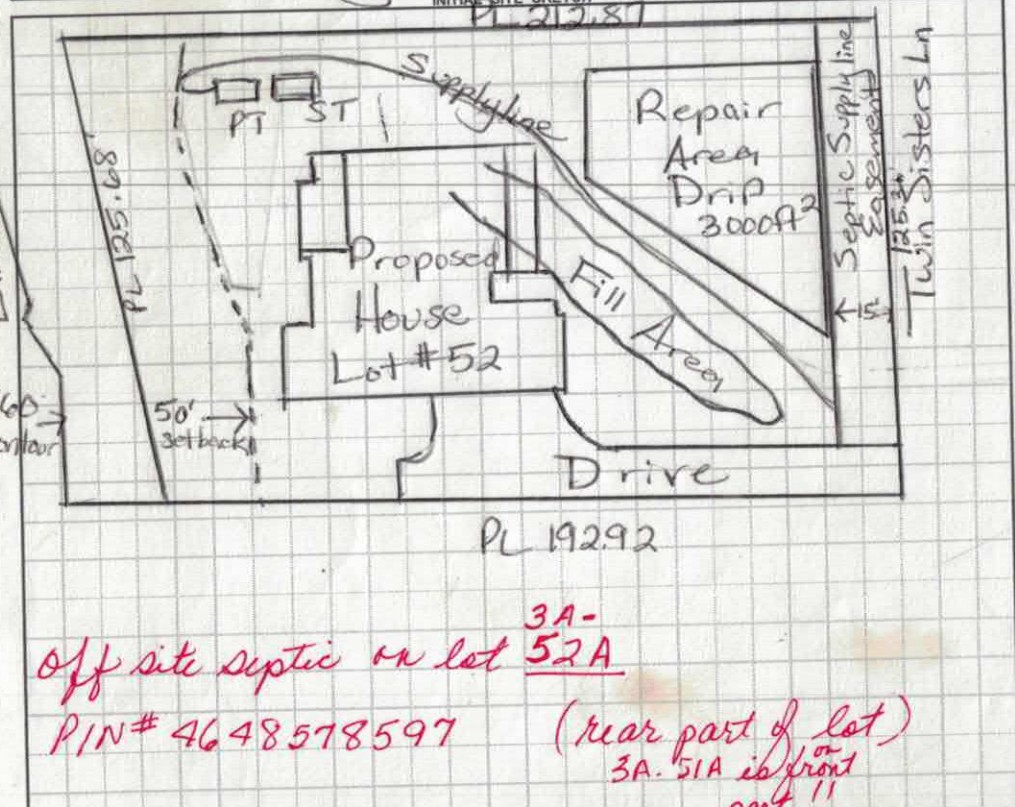
Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Must have all Septic Easements (Supply line & drainfield) recorded prior to issuing AC.

Hole size: 5/32

* See attached site plan for details on Supply line easements
Install Supply line Under Water line with 18" Clear Separation

INITIAL SITE SKETCH



Off site septic on lot 3A-52A

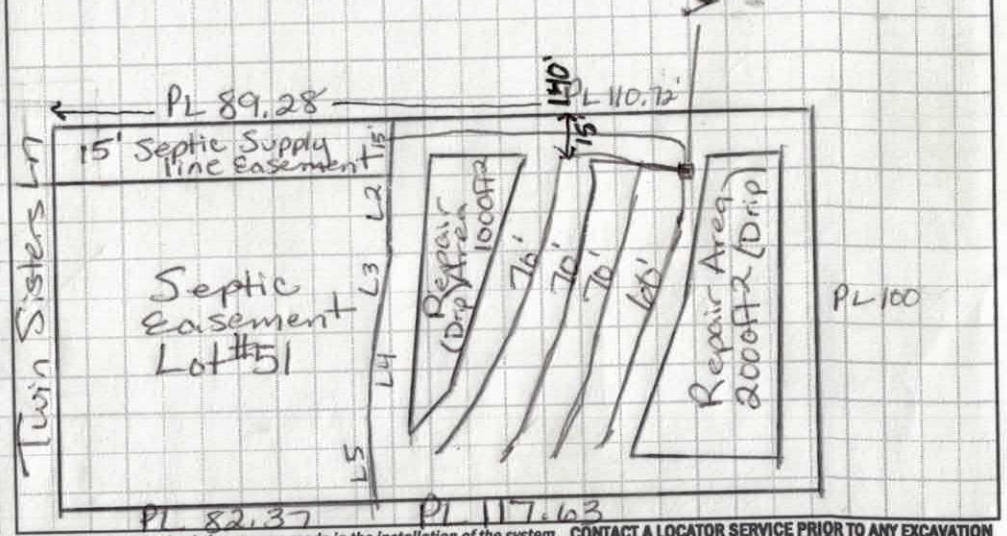
PIN# 4648578597 (rear part of lot) 3A-51A is on front part!!

AS BUILT SKETCH

Scale 1:50

4/20/18: Tanks installed where permitted. Dellinger mid seam conc-tank and top seam 1000-gal tanks w/ a PL-68 filter

5/4/18 Supply line under road checked MD



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.

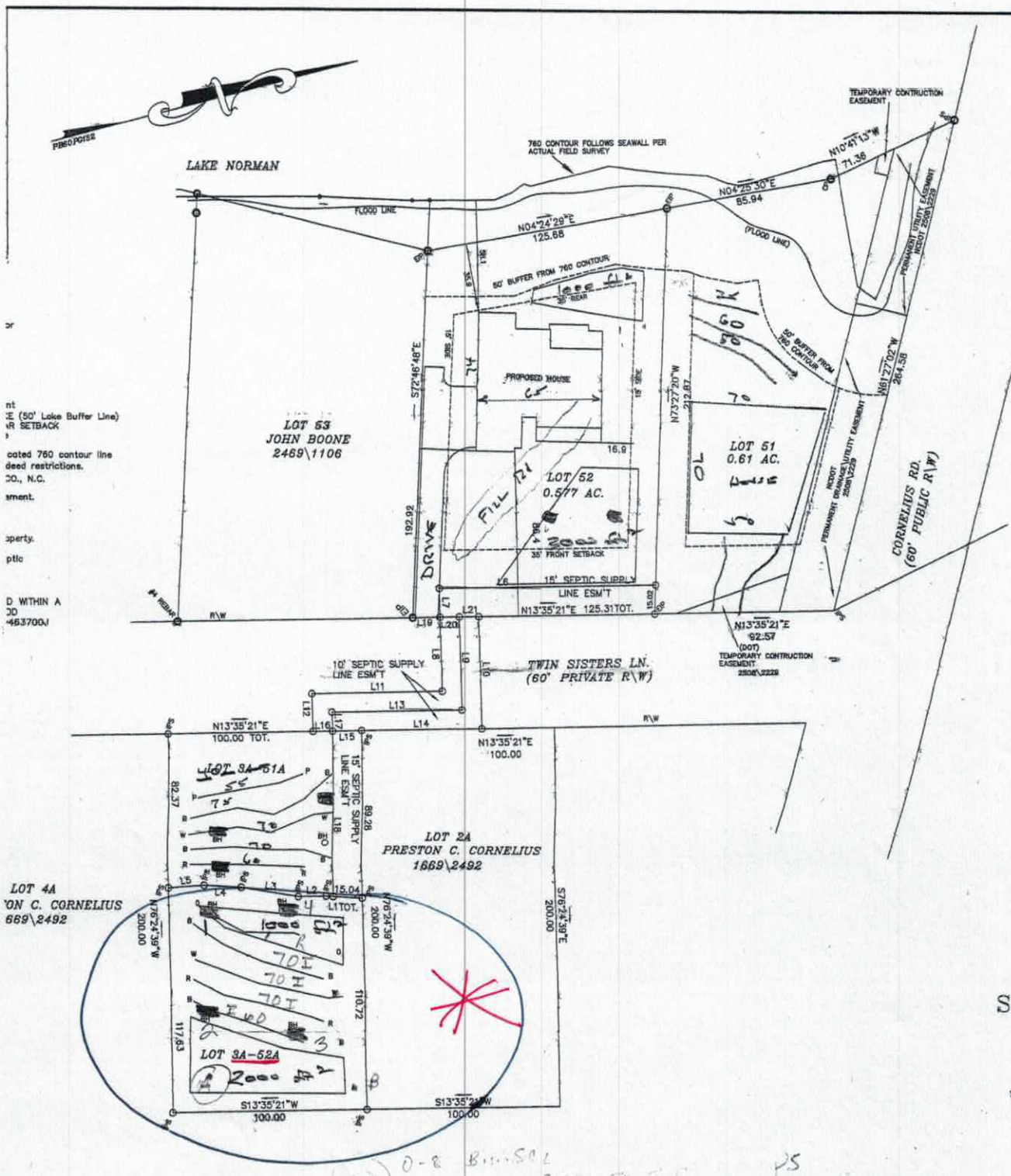
Owner / Applicant Signature: Date: 9-22-17 Installed by: R + H (Brad Russell)

IMPROVEMENT PERMIT by: Maria Dotson Date: 9/18/17 OPERATION PERMIT by: Carla C. Cave Date: 4/19/18

AUTHORIZATION TO CONSTRUCT by: Date: 11-15-17 Existing System Inspected by: Date:

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

	Date	Initials
Drain Lines Checked	5-3-18	KW
Tanks Checked	4.20.18	TS
Pressure Manifold or Valve Box Checked	7/10/18	CC
Pressure Head Set	↓	↓
Electrical Checked	↓	↓
Floats Set	↓	↓
Alarm Checked	↓	↓
Maintenance Contract (Y) / N	✓	✓
Comments: 5/4/18 Supply line Under Rd	5/4/18	MD



nt
(50' Lake Buffer Line)
SETBACK
cated 760 contour line
deed restrictions.
D., N.C.
ment.
perty.
ptic
D WITHIN A
D
463700J

A T E S P. A
s * Multi-Family
* Topographical
ville , N.C. 28117
Fax

LEGEND
□ = DUKE POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY

1" = 50'

FILE : SISTERS COVE 52

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: ___ - ___
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: West Homes
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480 gpd DATE EVALUATED: 9/4/17
LOCATION OF SITE: Sisters Cove Lot 52 PROPERTY SIZE: _____
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other _____ PROPERTY RECORDED: _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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
1	12%	0-21"	R C	m-w SBK SS, SP, SExP, FR					PS
			Buried	A Horizon 21-33"					
		21-33"	Brw	SM, wSBK	FR	SS	SP		.3
		33+61	R C	SBK/AB	SS, SP, SExP, FR				
2	11%	0-10	Rd/Brw	SCL	SS, SP, SExP, FR				PS
		10-44	R C	SBK/ABK	SS, SP, S				
		44+60	B/C	C/M	SS, SP, SExP, FR				.3
			W	Common SAP Inclus	some Litho				
3	10%	0-6	Brw	SCL	SS, SP, SExP, FR				PS
		6-21	R C	ABK/SBK	SS, SP, SExP, FR				
		21-36	R C	wSBK	FR, SS, SP				
		36-53	R C	SS, SP, SExP, FR					.3
			W	Common SAP Inclus					
4	10%	0-17	R/Brw	C/SCL	SS, SP, SExP, FR				PS
		12-17	Buried	A Horizon					
		17-51	R C	wSBK	SS, SP, SExP, FR				.3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPBPS	Drip
Site LTAR	.3	.125

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Maria Doton/Paul Pennoyer
OTHER(S) PRESENT: _____

COMMENTS: _____

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: ____
COUNTY: ____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Nest Homes
ADDRESS: ____ APPLICATION DATE ____
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480gpd DATE EVALUATED: 9/11/17
LOCATION OF SITE: Sister's Cove #52 PROPERTY SIZE: ____
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other ____ PROPERTY RECORDED: ____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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
1 A		0-8	Brw SCL						PS .25-.3 Drip .125
		8-24	RCm wSBK FR, S, P, FR						
		24-48	R C/Cu wSBK SS, SP, SE, P, FR w/ Common Lith Inclus & WRock						
2 B		0-8	Brw SC						PS .25-.3 Drip .125
		8-21	RC wSBK						
		24-36	B/C Horizon w/ Common St Inclus						
		36"	Rock						
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPB PS	Drip
Site LTAR	.3	.125

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: ____
OTHER(S) PRESENT: ____

COMMENTS: ____

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: —
Property ID: 4648576822
Lot #: 52
File #: —
AppID: —

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: HINCHLEY GRAVASH
Address: PO Box 3965 MOORESVILLE
Proposed Facility: Res
Design Flow (.1949) 360
Location of Site: Sisters Cove Lot 52
Applicant: STATE
Date Evaluated: 9-23-13
Property Size: .57
Property Recorded: Y

Water Supply: [ ] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [ ] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
Pit 1	LSS 8%	0-4	B SCL WFSBK	Fr SS SP SE P		62"	—	—	PS .3
		4-27	R C MASBK/SBK	Fr SS SP SE P					
		22-43	R C MFSBK	Fr SS SP SE P	few sap				
		43-62	R CL WFSBK	Fr SS SP SE P	com sap				
Pit 2	LSS 8%	0-35	R [illegible] MFABK	Fr S P SE P		2 chroma 3 @ 30-Y"			
		35-50	L Sap M	Fr SS SP SE P	com/many R Clay vels	horizon 1			
		50-58	L/FSL Sap M	Fr SS SP SE P	com Mica	35"			
Pit 3	LSS 8%	0-11	RB C WFSBK	Fr SS SP SE P		60"			PS .36 43" .25 >43"
		11-43	R C WFSBK	Fr SS SP SE P	com FR, few relic				
		43-60	R C MFABK	Fr SS SP SE P					
Pit 4	LSS 8%	0-38	R C WFSBK/ABK	Fr SS SP SE P	com Mn >16"				PS .275
		38-57	RC/CL WFSBK	Fr SS SP SE P	com mica few sap				

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	PPRPS	PPRPS
Site LTAR	.25	.25

Other Factors (.1946):
Soil Evaluation By:
Others Present:
Site Classification (.1948): ALP/CSF
Site Evaluation By:
Others Present:

PS) 0-10 BSBK/RL wsbk
10-57 RC sbk. mwsbk .275

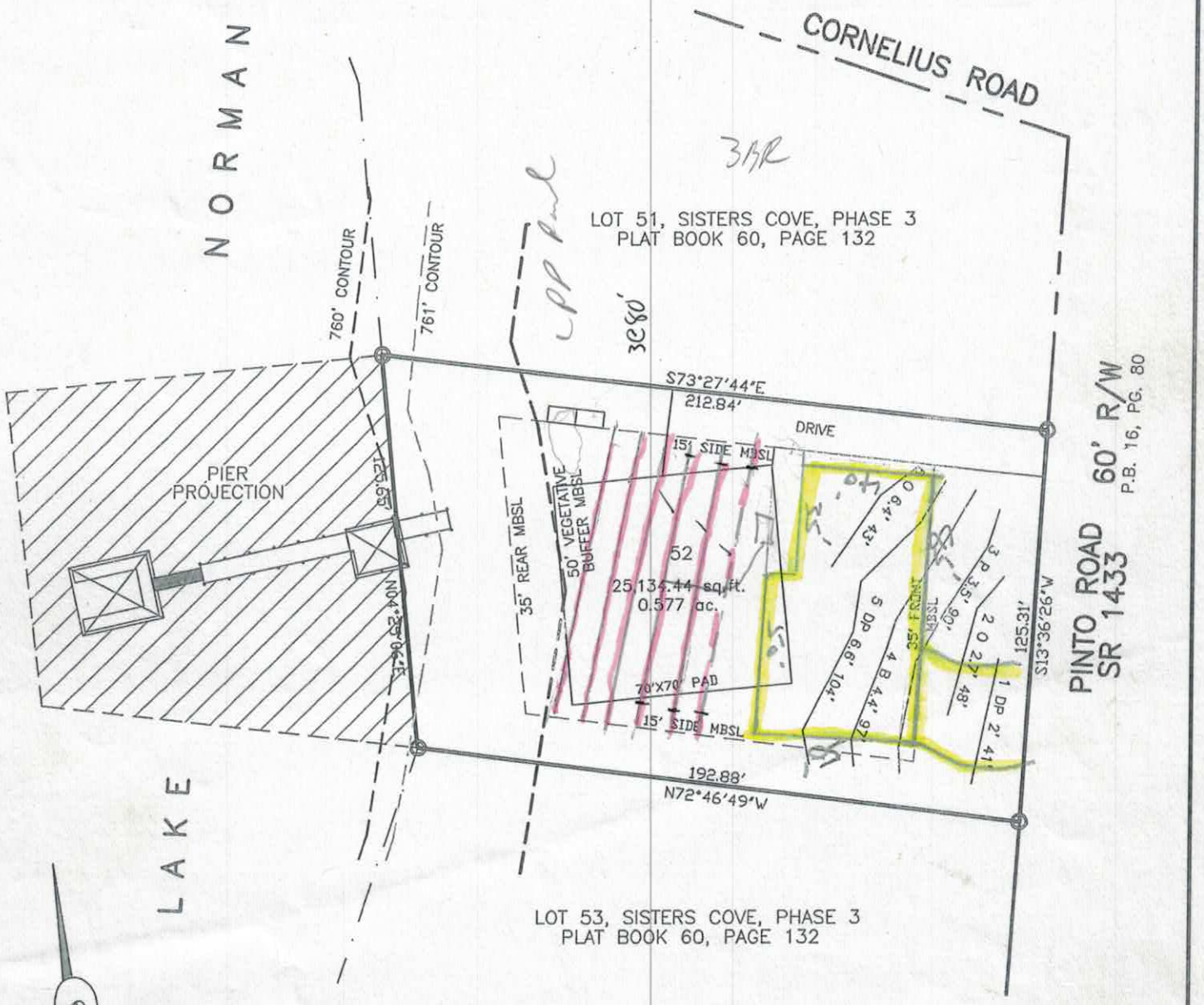
PG) 0-10 BSBK GR
10-56 RC SBK f. SSSP
.3

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

LEGEND:

MBSL – MINIMUM BUILDING SETBACK LINE
EIP – EXISTING IRON PIN
VB – 50' REAR VEGETATIVE BUFFER
◎ – UNMARKED POINT



PIER PROJECTION MAP FOR

LOT 52, SISTERS COVE, PHASE 3

DAVIDSON TOWNSHIP	IREDELL COUNTY	NORTH CAROLINA
PIN NO: 4648-57-6822	SCALE: 1"=50'	DRAWN BY: SMS
DEED REF.: 2174-1392	DATE: 08-19-13	DRAWING NO: K02307-PIER52

KESTLER SURVEYING, INC.
2351 SIMONTON ROAD, STATESVILLE, N.C. 28625 PH. 704 - 872 - 0212

GRAPHIC SCALE

50 0 25 50 100 200

(IN FEET)
1 inch = 50 ft.

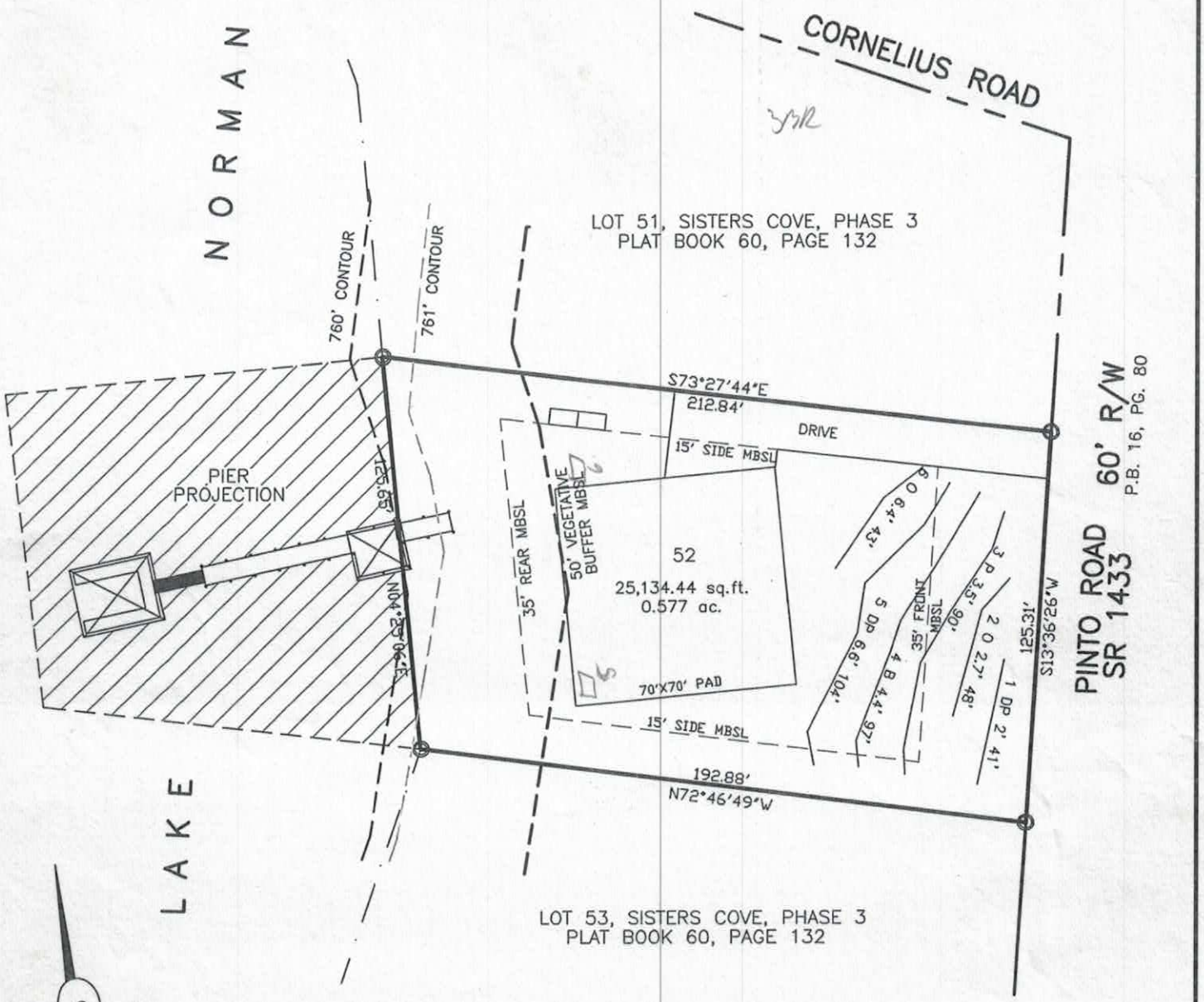
NAD83

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

LEGEND:

MBSL – MINIMUM BUILDING SETBACK LINE
EIP – EXISTING IRON PIN
VB – 50' REAR VEGETATIVE BUFFER
◉ – UNMARKED POINT



PIER PROJECTION MAP FOR

LOT 52, SISTERS COVE, PHASE 3

DAVIDSON TOWNSHIP	IREDELL COUNTY	NORTH CAROLINA
PIN NO: 4648-57-6822	SCALE: 1"=50'	DRAWN BY: SMS
DEED REF.: 2174-1392	DATE: 08-19-13	DRAWING NO: K02307-PIER52

KESTLER SURVEYING, INC.
2351 SIMONTON ROAD, STATESVILLE, N.C. 28625 PH. 704 - 872 - 0212

GRAPHIC SCALE

50 0 25 50 100 200

(IN FEET)
1 inch = 50 ft.

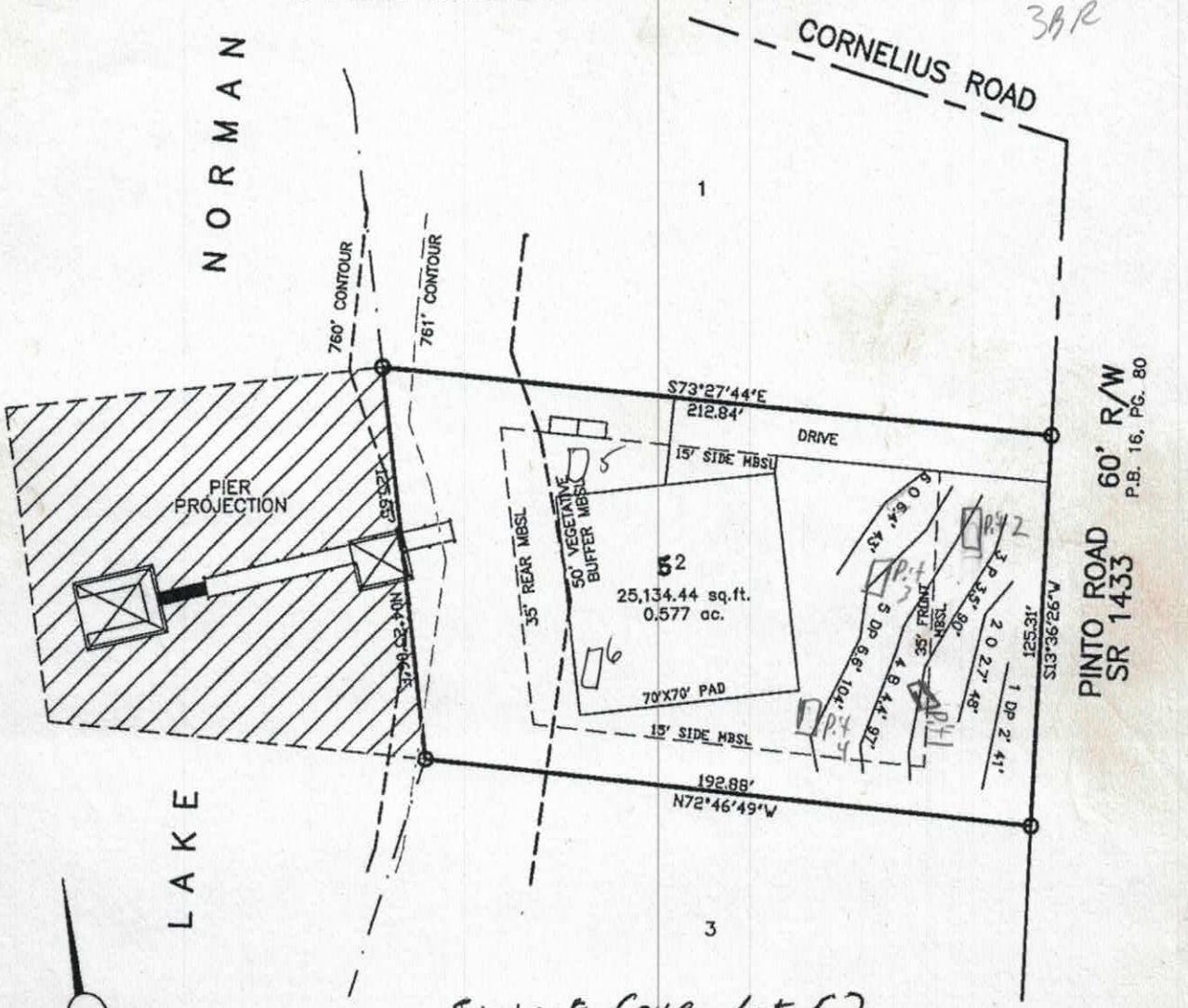
MINIMUM BUILDING SETBACK LINES:

FRONT----------35 FEET
SIDELINE----------15 FEET
SIDELINE ABUTTING STREET-------25 FEET
REAR----------35 FEET FROM PROJECT BOUNDARY OR
50' FROM 760' CONTOUR LINE

LEGEND:

MBSL – MINIMUM BUILDING SETBACK LINE
EIP – EXISTING IRON PIN
VB – 50' REAR VEGETATIVE BUFFER
◉ – UNMARKED POINT

3BR



Sisters Cove Lot 52

PIER PROJECTION MAP FOR

~~MAGNOLIA BAY EAST~~

DAVIDSON TOWNSHIP	IREDELL COUNTY	NORTH CAROLINA
PIN NO: 4648-57-6822	SCALE: 1"=50'	DRAWN BY: SMS
DEED REF.: 1876-2391	DATE: 09-20-07	DRAWING NO: K02307-PIER2

KESTLER SURVEYING, INC.
P.O. BOX 1793, STATESVILLE, N.C. 28687 PH. 704 - 872 - 0212

GRAPHIC SCALE

50 0 25 50 100 200

(IN FEET)
1 inch = 50 ft.

RECEIVED NOV 13 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT

(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: __x__ **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	704-433-9947	
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Nest Homes, LLC	PO Box 3965 Mooresville NC 28117	704-433-9947	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

****

4. **Property Information:**

108 Twin Sisters Lane, Mooresville, NC 28117	Sisters Cove	Phase 3/ lot 52
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: Hwy 150 west, right on to Bluefield, left on Cornelius Road, left on Sisters Cove Lane, lot on right

****

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

(X) New, Single Family Residence — Maximum Number of Bedrooms 4 — (x) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
( ) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?
( ) Other _____

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)* ( ) EXISTING SYSTEM installed ____ *Year*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. **Please Answer The Following** ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) 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:** _____ 11/10/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED SEP 7 - 2017

Comp. Rel to WD

229986
Pd $1200

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: NEST HOMES Address: P.O. Box 3965 MOORESVILLE Zip: 28117
Applicant Email: bgeorge@gmail.com Phone: 704-996-6538 Alt. Phone:
Owner Name: SC LAND HOLDINGS LLC Address: SAME Zip:
Owner Email: LDAVIS@nsdhomes.com Phone: 704-208-4251 Alt. Phone:

Property Information:

Street Address: 108 TWIN SISTERS LN
Subdivision Name: SISTERS COVE Section/Phase: 3 Lot Number: 52
Driving Directions: I-40, TR HWY 21, TL CORNELIUS TL TWIN SISTERS, LOT 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
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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:
(X) No Preference ( ) Alternative ( ) 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? LAKE NORMAN
( ) 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: _____ 9-5-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Supply line 18" under water line

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 104 & 108 TWIN SPRINGS, identified as PIN (Parcel Identification Number) 4648576943.000, 4648576422.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) PAUL PERKINS, 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 _____

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

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, Preston Cornelius, am the legal owner(s) of the property located at 115 Twinstreas, identified as PIN (Parcel Identification Number) 4685785330.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) ERIC WOOD, Paul Pennington, 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.

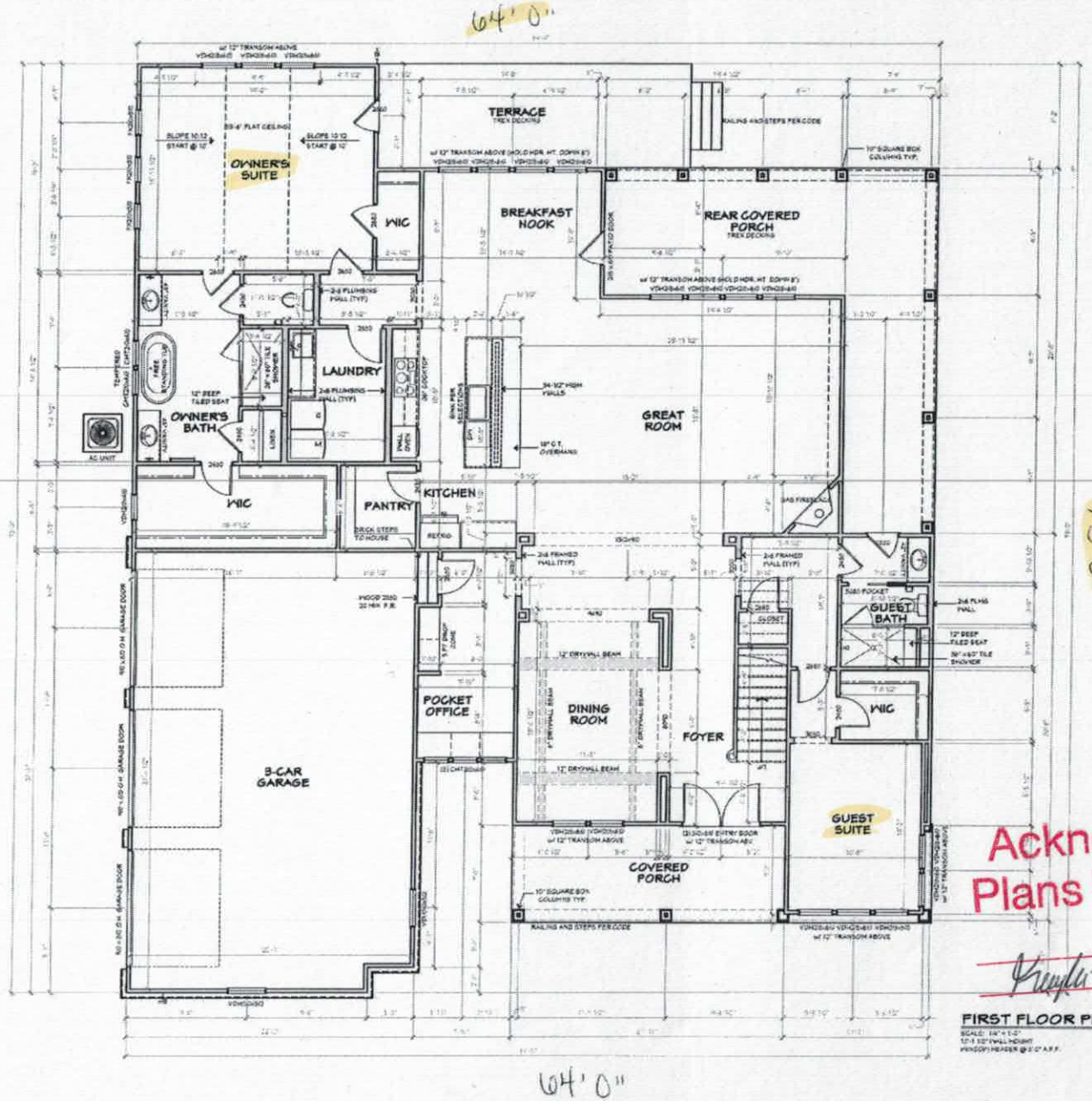
Signature of Owner(s) _____ Date _____

Signature of Witness _____ Date _____

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



FIRST FLOOR PLAN

Acknowledgement of Plans Submittal ONLY!

Date

Date 11-15-17

11/13/17

DAVIDSON TOWNSHIP
IREDELL COUNTY

INSPECTOR NAME
000-000-0000

INTELLIGENT DESIGN ENGINEERING
CHAD RITTER, P.E.
704-332-7200

THE KATE
LOW COUNTRY

SISTERS COVE
LOT 82

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

September 22, 2017

MWH

CAD

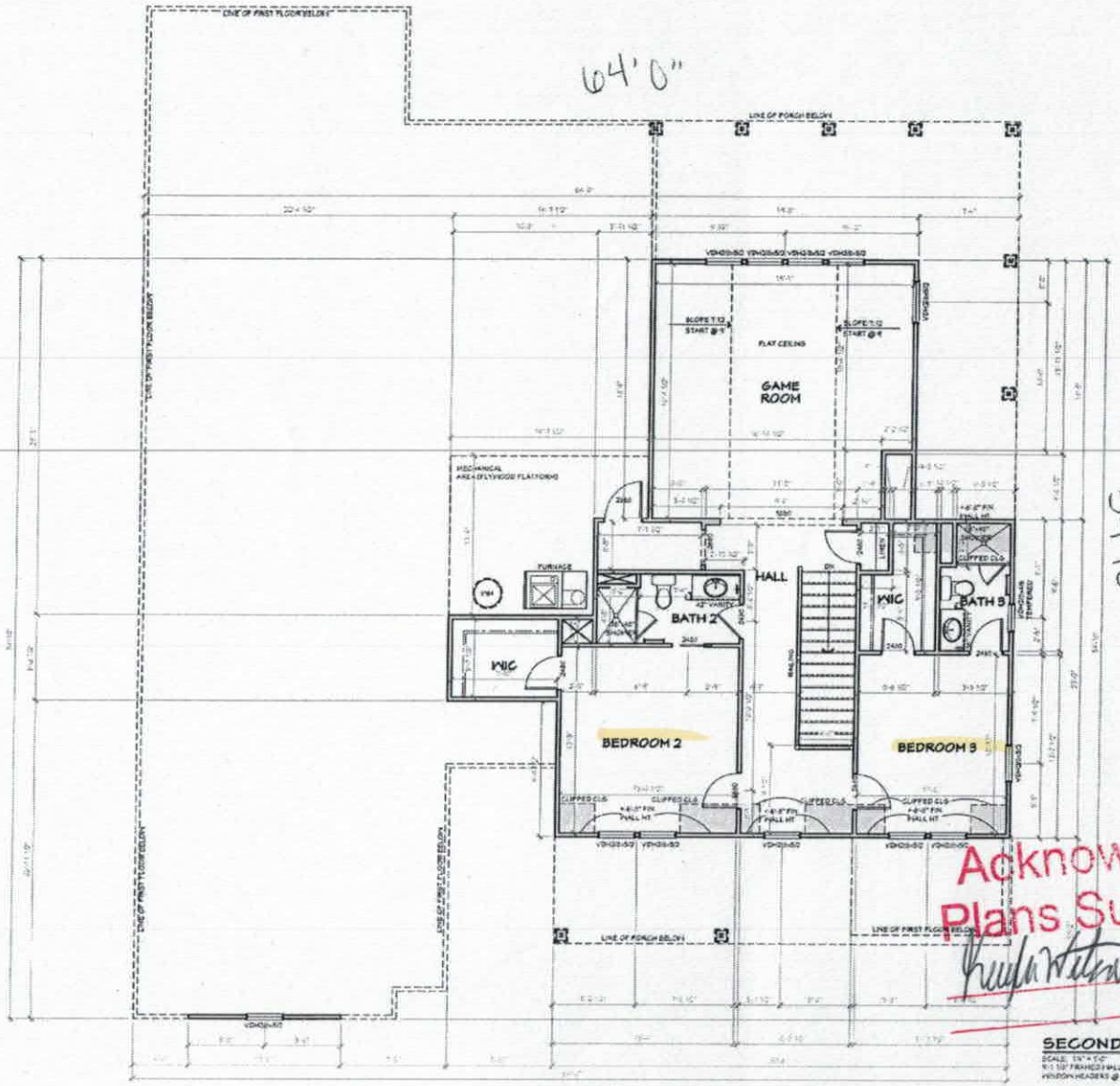
24x36 sheet
1/4" = 1'-0"
11x17 sheet
1/8" = 1'-0"

XX.XX.XXXX

CONSTRUCTION SET

FIRST FLOOR PLAN
CRAFTSMAN ELEVATION

A3.0



Acknowledgement of Plans Submittal ONLY!

11-15-17 Date

Date 11/3/17

SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0"
9:1 30" FRAMED WALL HEIGHT
WINDOW HEADERS @ 7'-0" A.F.F.

DAVIDSON TOWNSHIP
IREDELL COUNTY

INSPECTOR NAME
000-000-0000

INTELLIGENT DESIGN ENGINEERING
CHAD RITTER, P.E.
704-333-7200

THE KATE
LOW COUNTRY

SISTERS COVE
LOT 62

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

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Date: September 25, 2017
Drawn by: MWH
Reviewed by: CAD
Plan set scale: 24x36 sheet 1/4" = 1'-0" 11x17 sheet 1/8" = 1'-0"
Plan project code: XX.XX.XXXX
Drawing set: CONSTRUCTION SET
Sheet title/description: SECOND FLOOR PLAN CRAFTSMAN ELEVATION

Sheet no: A4.0
Master plan reference: 40.1