IREDELL COUNTY HEALTH DEPARTMENT

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

4648-58-0224

PERMIT # 227875

PIN # ~~4648-48-4251~~

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

APPLICANT/OWNER: Nest Homes LLC

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

SITE ADDRESS: 140 Sisters Cove Ct. Mooresville, NC 28117

PHONE: 704-208-4251

ALT. PHONE

SITE DIRECTIONS: Rt 115/21 N from Mooresville → L on Cornelius Rd → L on Sisters Cove Court

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Sisters Cove

SECTION: 5 LOT # 25 LOT AREA: 0.31 acres

DESIGN FLOW: 360 GPD L.T.A.R.:

Septic Tank 2000 (gal) STB 74-2000 Date 1/22/18

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines Linear Ft

Trench Width Trench Bottom Depth(Low side) Gravel Depth

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Community TS II Drip Irrigation

Repair System Description: Community TS II Drip Irrigation

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☐ Crawl Space

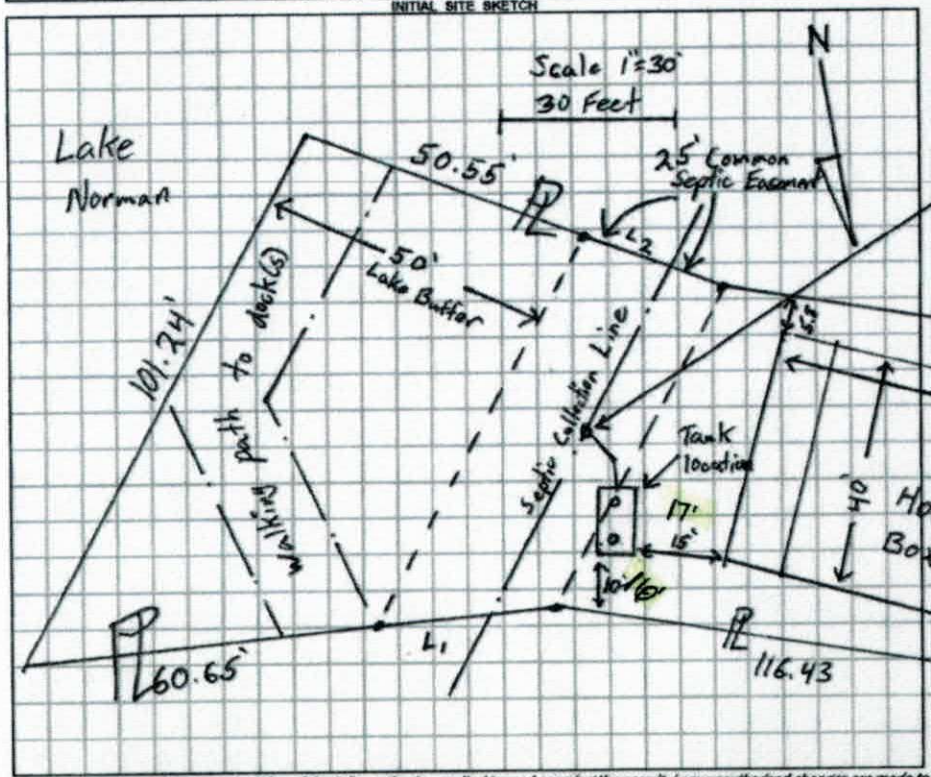
☐ Basement w/plumbing ☒ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

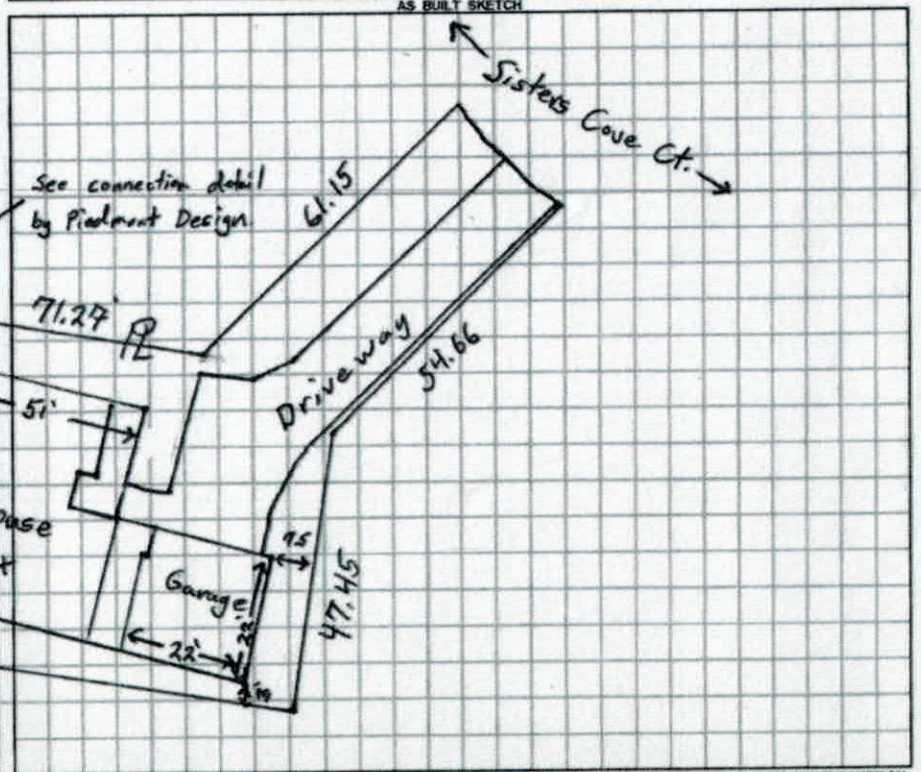
Comments / Conditions: Install pump package, control panel and connect to collection lines as specified by Piedmont Design

51" water check Mon- 704-358-2848- Chris

INITIAL SITE SKETCH



AS BUILT SKETCH



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: Lakeita Davis Date: 6/16/17

IMPROVEMENT PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 6/15/2017

Installed by: R+H of Lake Norman

OPERATION PERMIT by: Carla C. Cave Date: 3/9/18

Existing System Inspected by: Date:

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT

RECEIVED JUN 1 2 2017

(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)

EFT $500.00

1. APPLICATION FOR: X **Improvement Permit** X **Authorization To Construct** X **BOTH** ___ **Existing System**
Inspection Group Septic #227875

****

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	704-208-4251	
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:

140 Sisters Cove Ct	Sisters Cove Phase V	Lot 25
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: I77 south to NC 150 (Exit 36) W on 150 R on Bluefield Rd L on Cornelius Rd L on Sistes Cove Ct

****

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

(X) **New, Single Family Residence** **Maximum Number of Bedrooms** 3 ( ) **Crawl Space Foundation?**
( ) **New, Multi-Family Residence** **Maximum Number of Occupants** 6 ( ) **Concrete Slab Foundation?**
( ) **Expansion of Existing Septic System** **If Expansion, Current Number of Bedrooms** ___ ( ) **Basement w/Plumbing?**
Repair To Failing Septic System due to ___ (X) **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** ( ) **Conventional** ( ) **Innovative** ( ) **Modified Conventional** (X) **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** ( ) **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 — 06/12/2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

828 461 - 6401
8

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 140 Sisters Cove Court Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4648489255, 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]	06/12/2017	Laketa Davis	06/12/2017
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 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

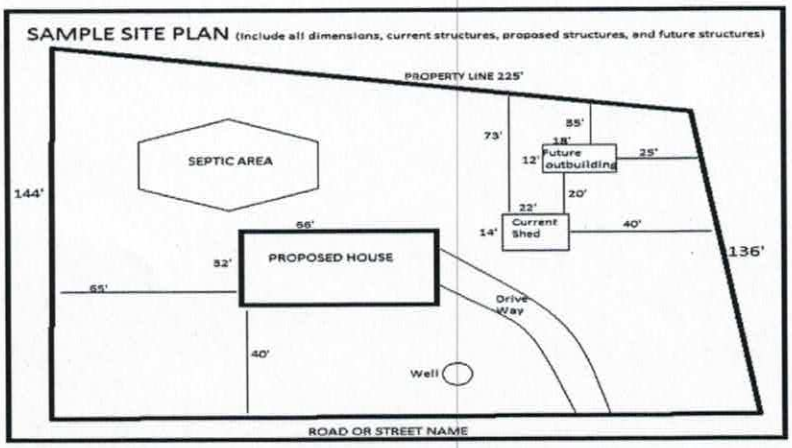
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

Signature: Laketa Davis

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

06/12/2017

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

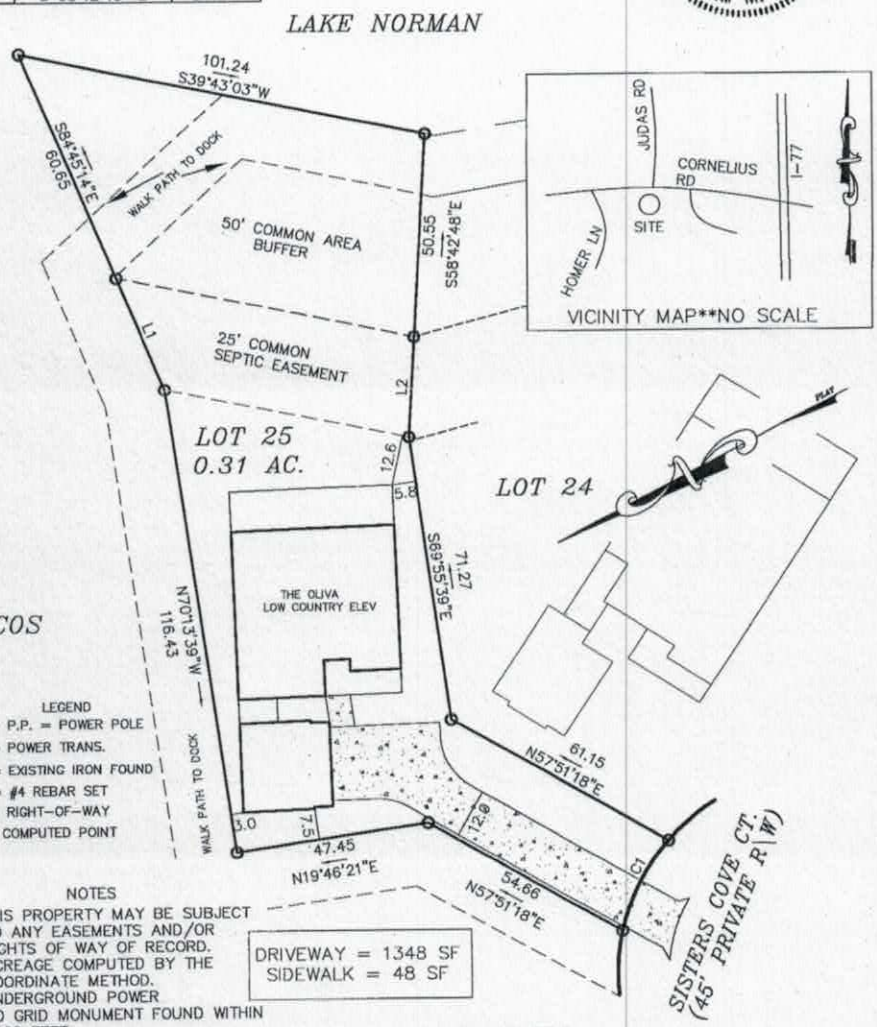
I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2458, page 51, and/or plat book 66, page 21, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 14, day of JUNE, A.D. 20 17.

WILLIAM M. ALLEN

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

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	50.00'	25.30'	N 34°49'35" W	25.03'

LINE TABLE		
LINE	BEARING	LENGTH
L1	S 84°45'14" E	30.32'
L2	S 58°42'48" E	25.27'



COS

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

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.

DRIVEWAY = 1348 SF
SIDEWALK = 48 SF

PLOT PLAN SURVEY

OF

LOT 25 SISTERS COVE PHASE 5

SCALE 1" = 30' DAVIDSON TWSP., IREDELL CO., N.C.

ACQUIRED BY: NEST HOMES

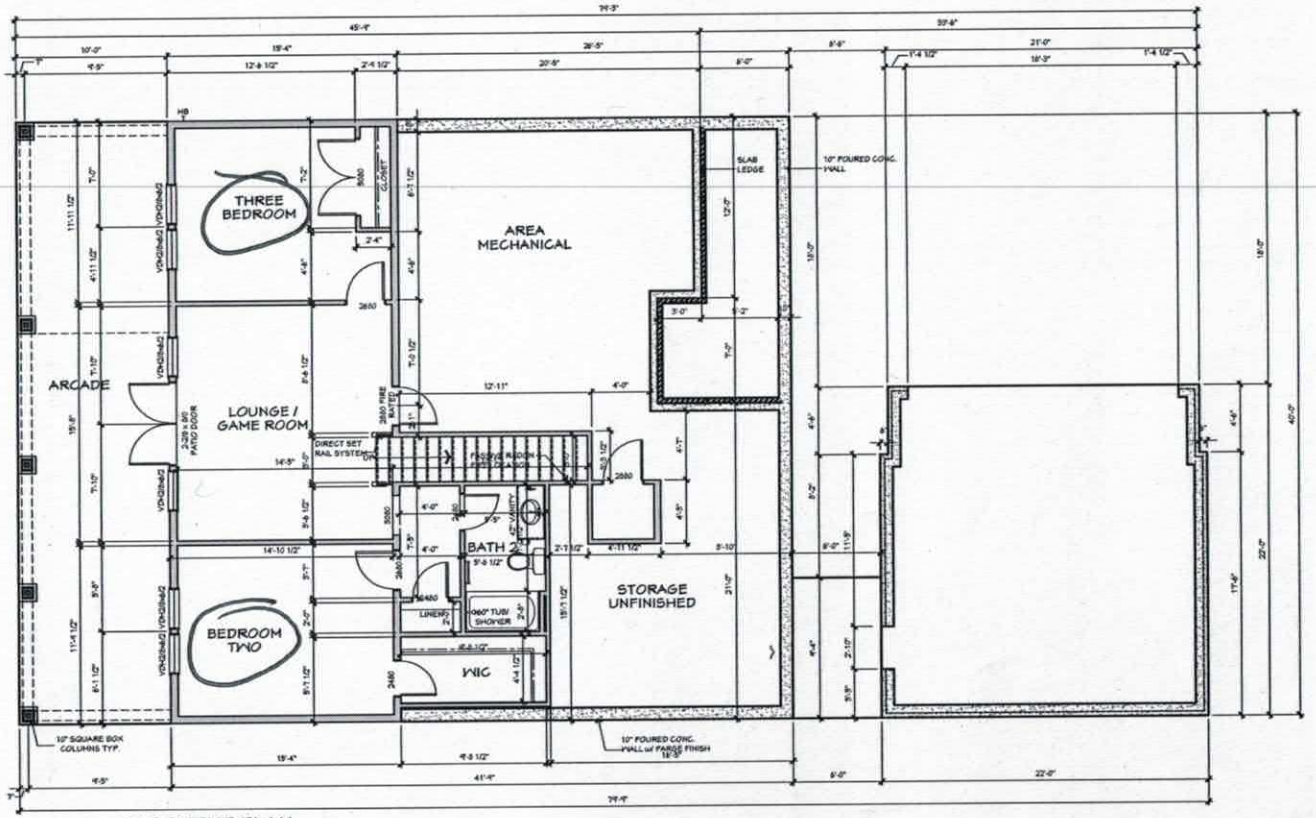
FIELD BOOK:
FILE: SISTERS COVE 25
DC FILE:
TAX MAP NO: 4648580224

Acknowledgement of
Plans Submittal ONLY!

Lakeita Davis Date 4-16-17

Tom Pruitt Date 6/15/17

79'-3"



BASEMENT PLAN

SCALE: 1/4" = 1'-0"
9'-0" WALL HEIGHT
WINDOW HEADER @ 6'-0" A.F.F.

79'-9"

40'-0"

TRU HOMES
816 Wossang Corn Gate 7
Mooresville, NC 28117
PH: 704-658-1021
www.truhomes.com

Township/County
DAVIDSON TOWNSHIP
IREDELL COUNTY

Inspector
INSPECTOR NAME
000-000-0000

Engineer
INTELLIGENT DESIGN ENGINEERING
1145 J.N PEASE PLACE #204
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
CORP. LIC #C-3116
704-335-7200

Stamp/seal

Project name/owner
THE OLIVIA
LOW COUNTRY ELEVATION

SISTERS COVE
LOT 25

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

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Date
June 6, 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
FOR CONSTRUCTION

Sheet title/description
LOWER LEVEL FLOOR PLAN

Sheet no.
A3.0

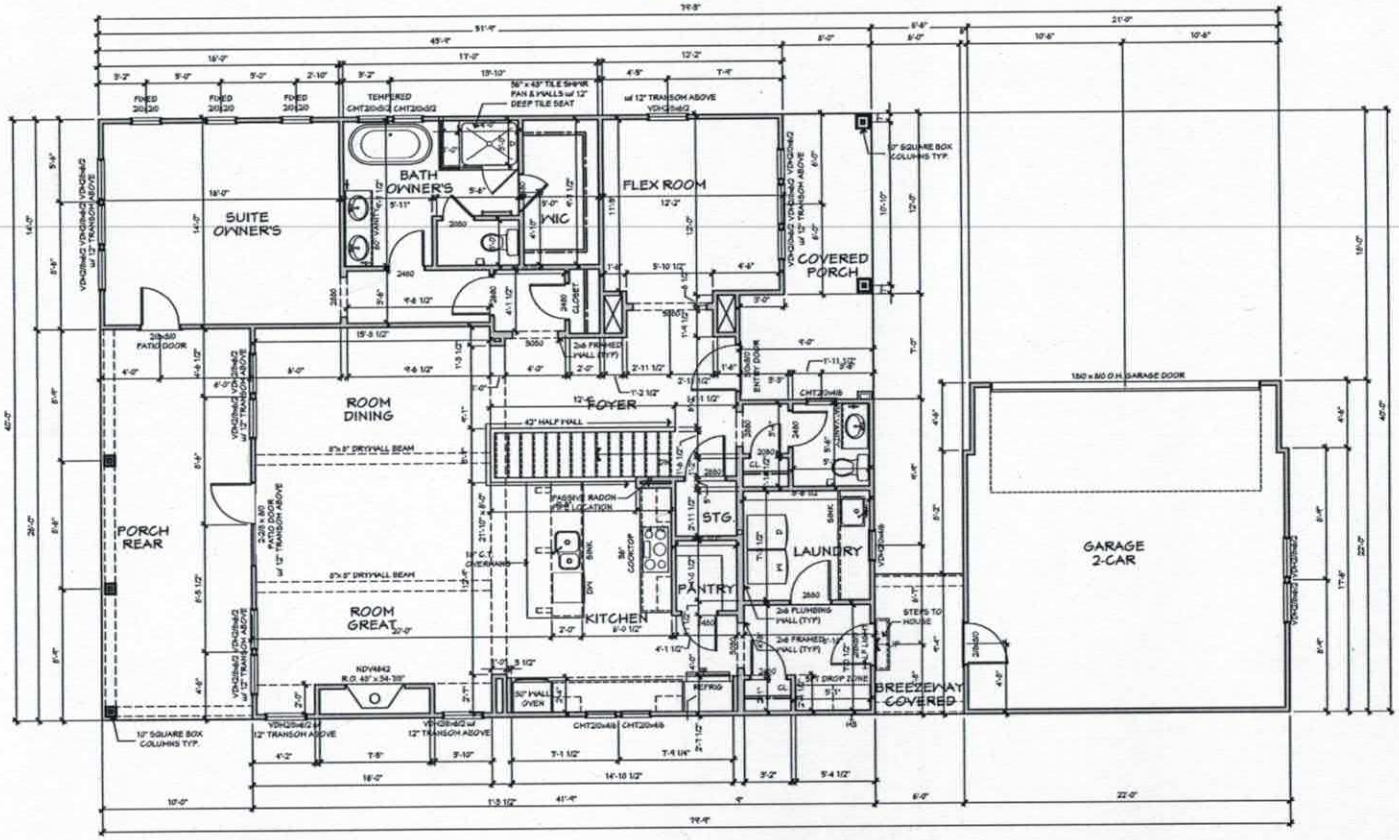
Master plan version
v0.1

Acknowledgement of
Plans Submittal ONLY!

Lakeeta Davis Date 6/12-19

Tom Shuck Date 6/15/2019

79'-3"



40'-0"

40'-0"

FIRST FLOOR PLAN

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

10'-1 1/8" WALL HEIGHT

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

79'-9"

NEST HOMES

816 Processing Drive Suite 7
Mooresville, NC 28117
PH: 704-658-4011
www.nesthomesnc.com

Township/County
DAVIDSON TOWNSHIP
IREDELL COUNTY

Inspector
INSPECTOR NAME
980-000-0000

Engineer
INTELLIGENT DESIGN ENGINEERING
1945 J N PEASE PLACE #204
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
CORP. LIC #C-3118
704-395-1200

Stamp/seal

Project name/owner
THE OLIVIA
LOW COUNTRY ELEVATION

SISTERS COVE
LOT 25

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

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Date
June 9, 2017

Drawn by
MMH

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
FOR CONSTRUCTION

Sheet title/description
FIRST FLOOR PLAN

Sheet no.
A4.0

Master plan version
v0.1

IREDELL COUNTY

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

APPLICATION NUMBER
227875
Issue Date: 06/12/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4648580224.000	140 SISTERS COVE COURT, MOORESVILLE, NC 28117	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	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.308	1.00	1.00	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	105715	TOTAL FEES:	$ 77.25

IREDELL COUNTY

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

APPLICATION NUMBER
227875
Issue Date: 06/12/2017

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4648580224.000	140 SISTERS COVE COURT	IREDELL COUNTY

Owner Information	Applicant Information	Contractor Information
Owner: SISTERS COVE OF LKN LLC Address: ATTN: HIGHLAND HINKLEY LLC PO BOX 3965 MOORESVILLE, NC 28117 Phone:	Applicant: NEST HOMES LLC Address: PO BOX 3965 MOORESVILLE, NC 28117 Phone: 704-208-4251	Contractor: NEST HOMES LLC Address: PO BOX 3965 MOORESVILLE, NC 28117 Phone: 704-208-4251 License Type: BLDG License Number: 74867

Project Description

NEW SINGLE FAMILY - IREDELL

Scope of Work

SFD

Permit Details:

EFT	IMPROVEMENT PERMIT FEE	Amount:	500.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Date: 06/12/2017

Signature of Owner/Contractor

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	105716	TOTAL FEES:	$ 500.00