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IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: George Bethune Address: 146 Harborcrest Ln Phone: 980-722-0635

Owner Name: Edward + Ann Findy SZ Address: 119 San Agustin Dr Phone: 704 360-4802

Property Information:

Street Address: 119 San Agustin Dr

Subdivision Name: Bells Crossing Section/Phase: _____ Lot Number: 12

Driving Directions: Perth Rd - (going South) Turn Rt. Bells Crossing Dr. Left on San Agustin - House on left

Site Development Information: *(check or complete ALL that apply)*

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
(X) Other Addition/Structure: Roof over existing Deck

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)*
X Year existing system installed: _____
( ) 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?
( ) 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: George Bethune
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3-17-15
DATE

IREDELL COUNTY HEALTH DEPARTMENT

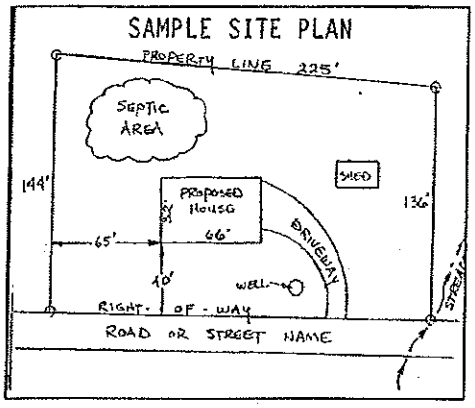
ENVIRONMENTAL HEALTH DIVISION

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
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator of direction

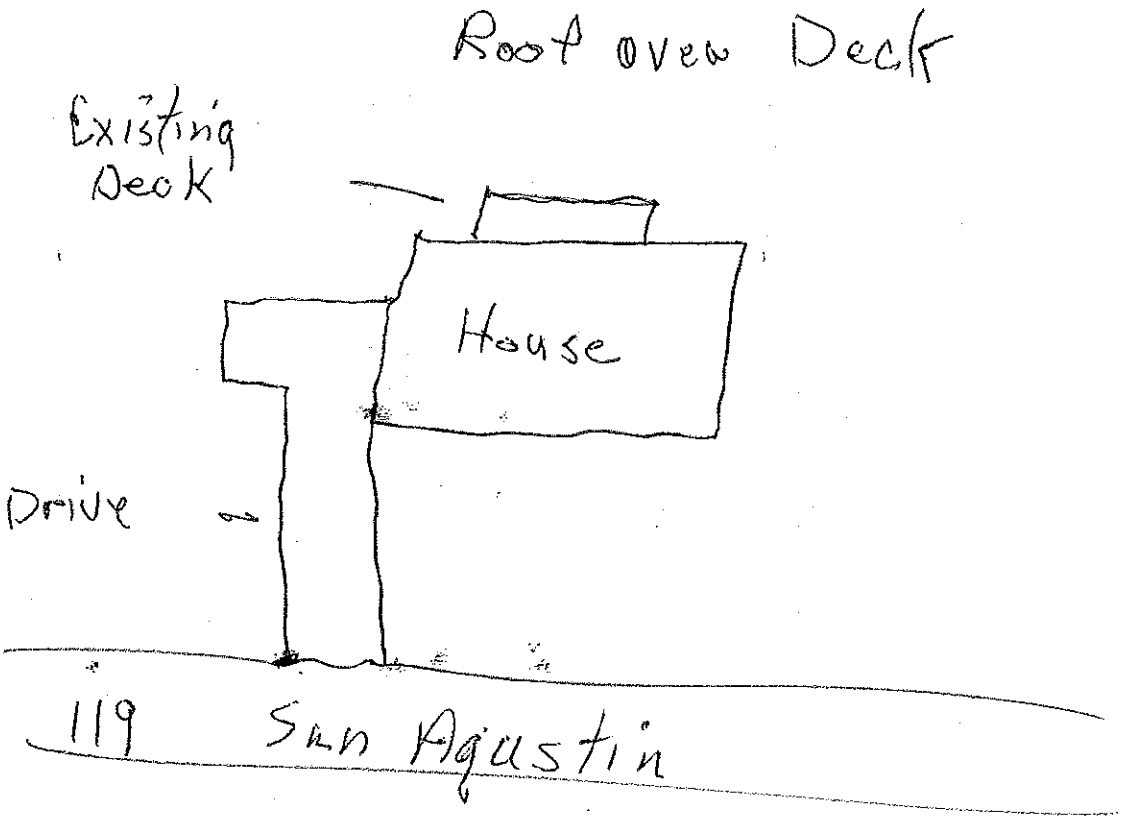


Circle N/A on the following if appropriate:

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

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



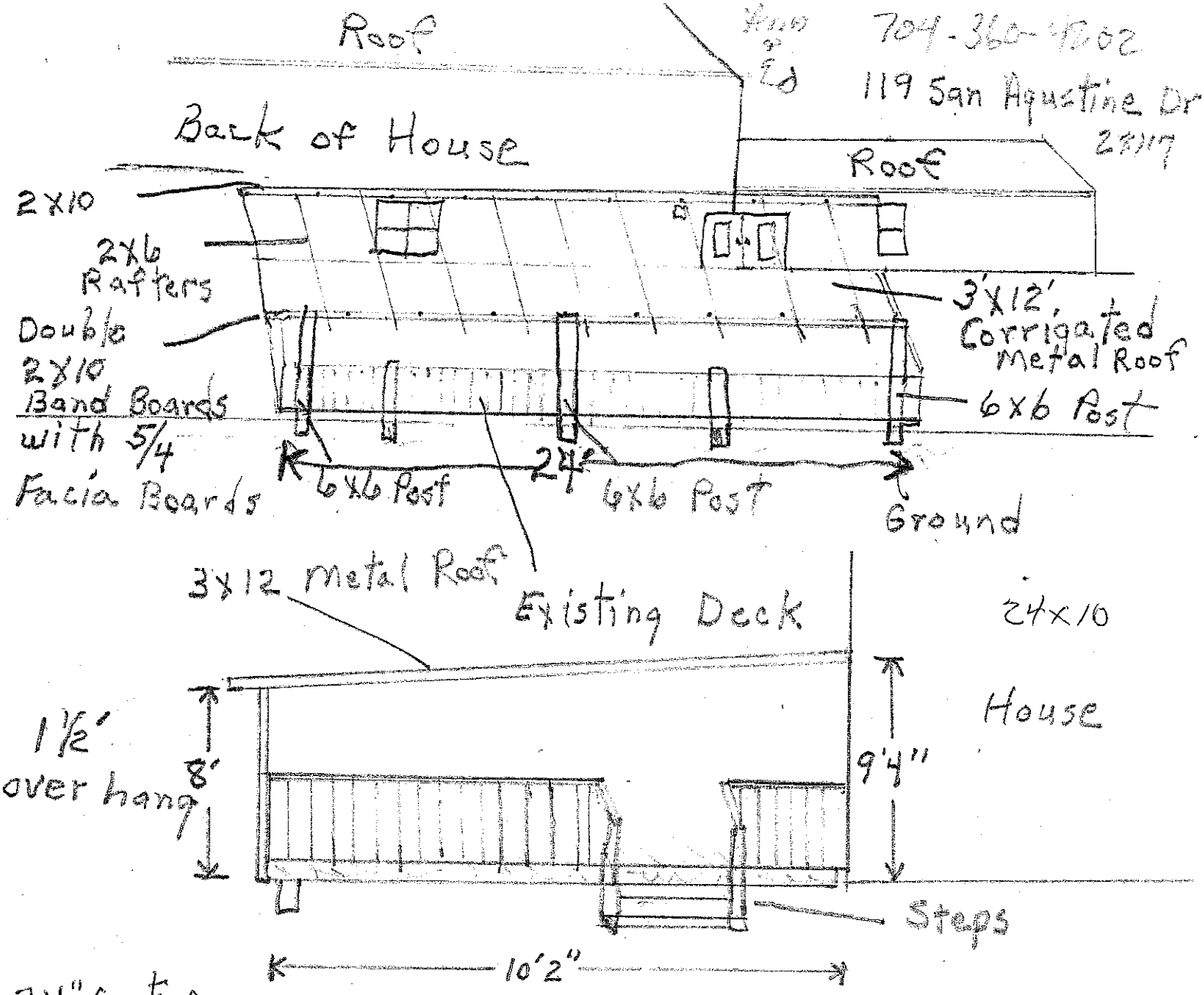
Signature: George Bethea

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

3-17-15

DATE

704-360-4802
119 San Aquatine Dr
28217



24" Centers

Bolt at every stud

All Support Lumber is Treated

6 - 2x10 - 16'
3 - 6x6 - 10'
3 - 4x6 - 8'
20 - 2x6 - 12'
20 - H25 - Hurricane Straps
10 - 1/2 x 12" Bolts, Nuts, Washers
6 - 1/2 x 8" Bolts, Nuts, Washers
6 - 6" x 5/8 1/2 Lag Bolts
10 - 3' x 12' metal Panels

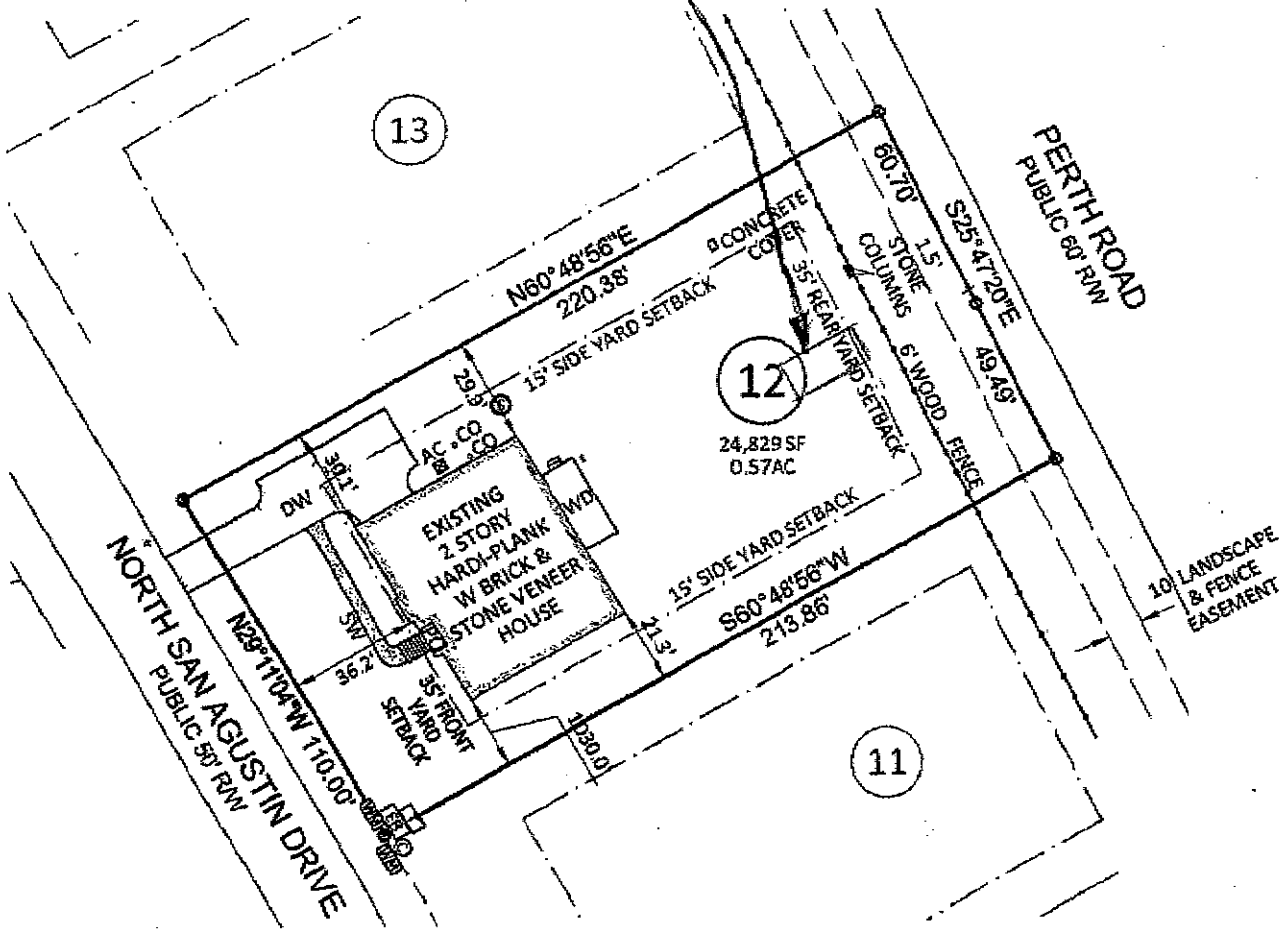
2 - 16' x 5/4 Boards
20 - 1" x 4" x 8' Non Treated
Flashing 8' x 1/4"

04/23/2015 08:28 #567 P.003/003

DRIVEWAY = 1,127 SF
SIDEWALK = 121 SF
PORCH = 32 SF
CONCRETE COVER = 5 SF
AC PAD = 9 SF
EXISTING IMPERVIOUS = 4,250 SF
PERCENT IMPERVIOUS = 17.8 %

Proposed building will be located at the rear of the back yard – 5 ft. from the fence. It will be centered on the lot.





LEGEND

PO = PORCH
CP = COVERED PORCH
P = CONCRETE PATIO
WD = WOOD DECK
SW = SIDEWALK
DW = CONC DRIVEWAY
⊗ = CALCULATED POINT
○ = IRON PIPE FOUND
⊕ = IRON PIPE SET
● = DRILL HOLE FOUND
WM = WATER METER
CO = CLEAN OUT
AC = AIR CONDITIONER
Ⓢ = SEWER MANHOLE
EB = ELECTRIC BOX
Ⓒ = CABLE BOX
TP = TELEPHONE PEDESTAL
CI = CURB INLET
TUA = TRANSITIONAL USE AREA
☼ = LIGHT POLE

BUILDING SETBACKS:

FRONT = 35 ft
REAR = 35 ft
SIDE = 15 ft
CORNER = 25 ft

FINAL

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From:

Architectural Request Form
Multiple Requests Should Be Submitted Separately
Incomplete forms will cause delays in review of your application

Date: 4/8/2015
Homeowners Name: EDWARD & ANN FINDYSZ

Property Address: 1195 SAN AGUSTIN DRIVE

Phone: 704 360 4807 Email: AFINDYSZ@ROADRUNNER.COM

Any changes to the exterior appearance of your home must include the following with this ARC application: a picture or drawing of the improvement, pictures of any bordering fences and easements on the lot and a certified stamped survey of the lot showing the exact location of the item for which approval is requested.

Project:

BUILD ON SITE HEARTLAND SHED AT BACK MIDDLE OF YARD FOR THE PURPOSE OF HOUSING YARD AND PROJECT TOOLS.

Description of Project (including dimensions and all colors):

Contractor's Name and phone LOWE'S HOME IMPROVEMENT 704 660
Location: 509 RIVER HIGHWAY MOORESVILLE, NC 704 7177
Size/Dimensions(height,width,length) 12'W X 20' LONG X 10FT HIGH
Color:(Please include color swatch if applicable) TRIM, ROOF AND SIDING TO MATCH HOUSE
Materials: 2X4 FRAMING, WOOD SIDING, 3/4" TREATED FLOOR, SHINGLES
Expected Start-up Date: UPON APPROVAL OF PROJECT Expected Completion Date: 1 WEEK AFTER START

I have read the Bells Crossing POA Declaration of Covenants, Conditions and Restrictions and I understand the restrictions for the item I want approved.
Please initial here _____.

Note: The ACC/Board has 30 days from receipt of a complete application to respond to this request. Your plans must be approved in writing by the ACC/Board prior to beginning the project. Please keep a copy of the written approval for your records.

It is the responsibility of the homeowner to obtain all necessary permits/approvals. The homeowner must also take responsibility for ensuring that all items installed lie entirely within lot lines as shown on a plat or survey.

Please send architectural forms and other required documents to:
Bells Crossing POA c/o Kuester Management Group
P.O. Box 3340
Fort Mill, SC 29708