IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 MOORESVILLE 704-664-5281

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

PERMIT# 115947 PIN# 4649 59 0803 ✓ DATE 10/20/03

OWNER OR CONTRACTOR Lux Homes / Troutman PHONE: Business 704-528-0848 Home

ADDRESS 1036 Charlotte Hwy. Troutman, NC. 28166

LOCATION 115-21 N TL FH Loop TL Carlyle Rd. ~ 1.25 miles on R, 242 Carlyle Rd. - Trlr

SUBDIVISION Carlyle Farms ✓ BLOCK / SECTION 2 LOT 23 LOT AREA .58 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 11/4/03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 5 Trench Width 3' Max Trench Bottom Depth 3'

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY → 250 Reduced
Repair System Description: 16" PPB PS
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☒ Individual ☐ Public ☐ Community

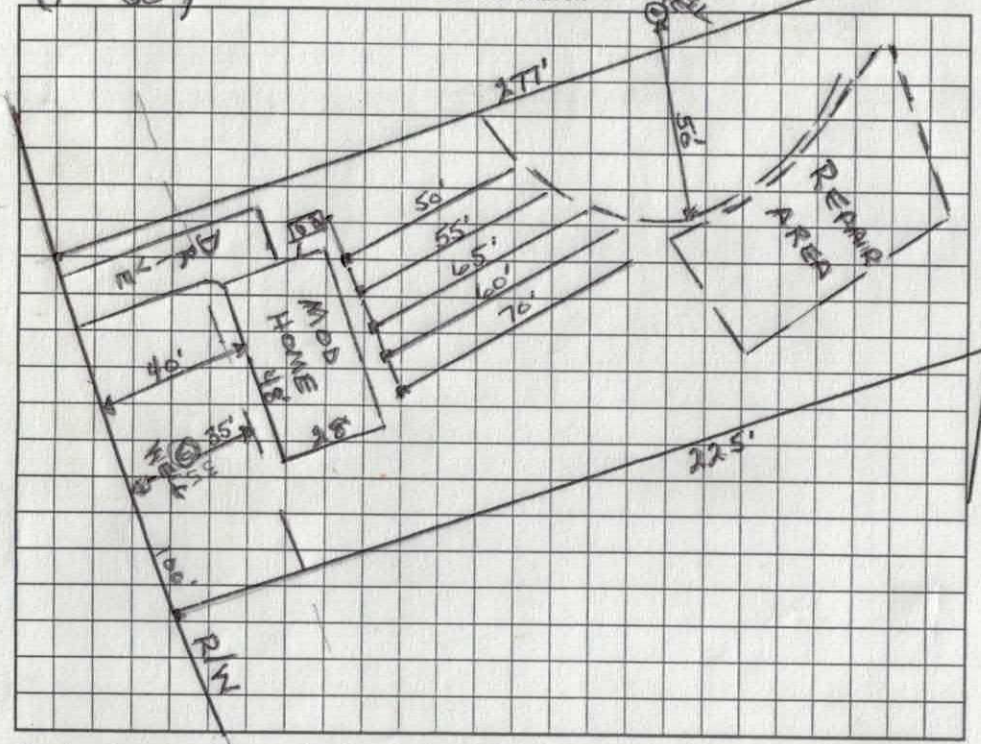
Gravel Depth NA ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: DO NOT GRADE THIS LOT HEAVILY OR A PUMP SYSTEM MAY BECOME NECESSARY

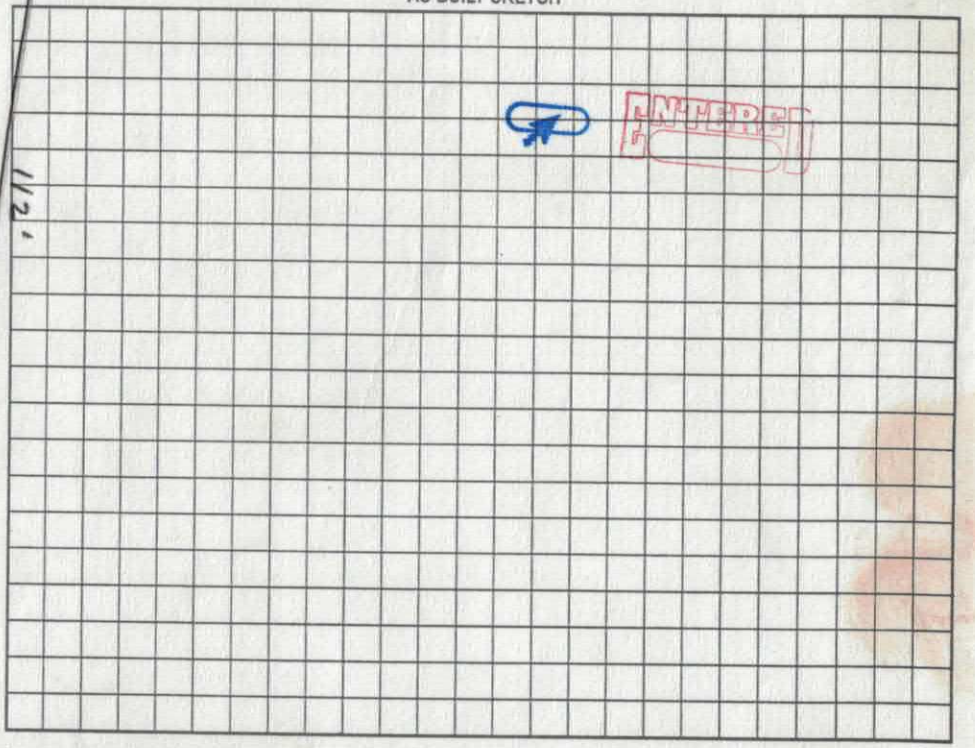
Comments:/Conditions: Infiltrator installed as shown.

(1" = 50')

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: * Shown w/ Lawrence date 10-21-03 Installed by: Marty Tyndall

Improvement Permit by: Wesley Sparks RS. date 10/20/03 Operation Permit by: Wesley Sparks RS date 1/23/04

Authorization to Construct by: Wesley Sparks RS date 10/20/03 Existing System Inspection by: ____ date ____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

STEVE LAWRENCE 704-528-0848

Applicant	Phone #	Mailing Address	City	State	Zip Code
STEVE LAWRENCE	704 528-0848	1036 CHARLOTTE HWY	TROUTMAN	NC	28166

Current Property Owner	Mailing Address	City	State	Zip Code
MARLO CORP				

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
CARLYLE FARMS	#23		

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
PRIVATE WELL		

Specific Directions to Property TROUTMAN HWY 21 LEFT FLOWER HOUSE LOOP TO CARLYLE RD. TURN LEFT LOT 1 MILE ON RIGHT.

TYPE OF FACILITY: (use check (X) or number as appropriate)

House _____ Mobile Home ✓ Commercial _____ No. Bedrooms 3 No. Baths 2

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing _____

Crawl Space ✓ Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

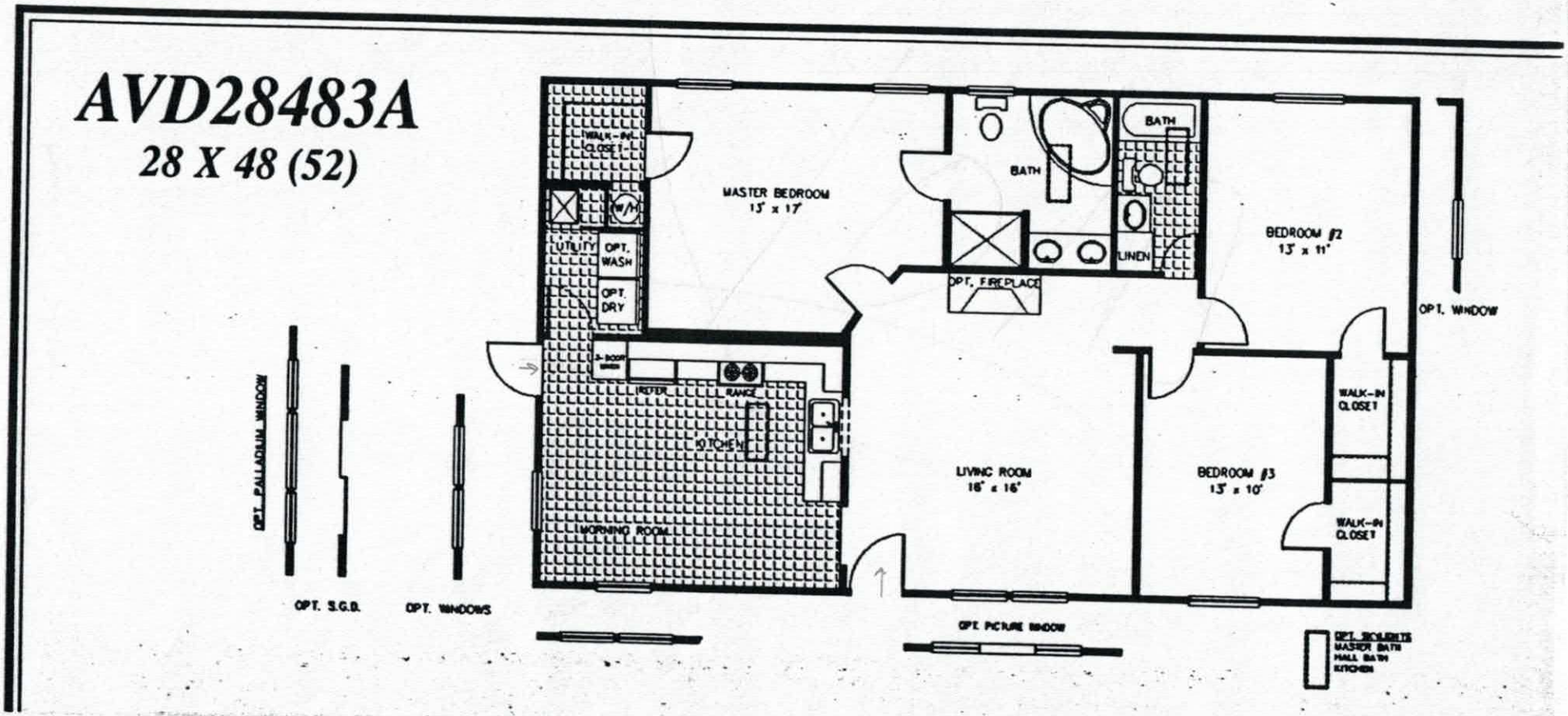
I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

10-14-03 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

AVD28483A

28 X 48 (52)



Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	115947zo	Subdivision:	Carlyle Farms
Proposed Use:	Double Wide	Township:	1600 Barringer
Location of Property:	242 Carlyle Rd Troutman NC 28166		
Parcel #:	4649-59-0803	Zoning:	RA
Lot #:	23 Size: .58	Flood Plain:	No Watershed: WSIV-PA
Applicant:	Luv Homes of Troutman	Owner:	Marlo Corporation
Address:	1036 Charlotte Highway Troutman NC 28116	Address:	
Phone:	704-528-0848	Phone:	
Property Recorded:	Yes Site Plan Reviewed:	Community Water:	No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 21780	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width: RA	Min: Rear Yard: 35 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front and rear entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line

Directions:

115S, right on Flower House, right on Carlyle, 1.5 Miles on right

FEES

Zoning Permit/Inspection Fee	✔	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	✔	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

STEPHANIE WHITLOCK

Printed: 9/16/03