IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 214406

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

PIN # 4654-87-1806

APPLICANT: CHRIS MOZELEY APPLICANT ADDRESS: 4542 IVY RUN LN. MOORESVILLE

SITE ADDRESS: 107 CANTERBERRY PL. - Mooresville PHONE: 704-576-3887 ALT. PHONE:

SITE DIRECTIONS: 115, TL PRESBYTERIAN, TR BUCKINGHAM, TR CANTERBERRY, ON L

SUBDIVISION: DAVIDSON DOWNS SECTION: — LOT # 56 LOT AREA: 1.6 AC DESIGN FLOW: 480 L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	525	Date	5-2-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	8
Pump Tank	1000	(gal)	PT	302	Date	2-3-17	System Description:			PM - 25% REDUCTION	
Pump Make	2 ochsner		Model	N152	Serial #		Repair System Description:			PANEL BLOCK	
# Nitrification Fields	1		# Lines	3 @ 160'	Linear Ft:	480'	Maintenance Agreement Required:		☐ YES	☒ NO	
Trench Width	36"		Max. Trench Bottom Depth	~~X~~ 18" MAX ~~X~~			Gravel Depth	—	☐ GRAVITY	☒ PRESSURE	

☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons		☐ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☒ Community
☒ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: HOLD AC UNTIL LOT IS RECORDED

pressure head - Installed as permitted

INITIAL SITE SKETCH

SEE ATTACHED DRAWING BY MICHAEL ATHANAS & BEN ALDRIDGE OF ICHD

AS BUILT SKETCH

40/41/39

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 plan 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: 1-5-16 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: APPROVED Date: DEC 02 2015 OPERATION PERMIT by: Kayla Wilson Date: 7-17-17

AUTHORIZATION TO CONSTRUCT by: Date: 12/19/16 Existing System Inspected by: Date:

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

BB 1:30

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 214406

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM PIN # 4654-87-1806

APPLICANT: CHRIS MOZELEY APPLICANT ADDRESS: 4542 IVY RUN LN. MOORESVILLE

SITE ADDRESS: 107 CANTERBERRY PL. PHONE: 704-576-3887 ALT. PHONE:

SITE DIRECTIONS: 115, TL PRESBYTERIAN, TR BUCKINGHAM, TR CANTERBERRY, ON L

SUBDIVISION: DAVIDSON DOWNS SECTION: LOT # 56 LOT AREA: 1.6 AC DESIGN FLOW: 480 L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	525	Date	5-2-17	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	302	Date	2-3-17	System Description:	PM - 25% REDUCTION	☐ Business	No. Persons
Pump Make	ZOELLER	Model	N152	Serial #		Repair System Description:	PANEL BLOCK	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3 @ 160'	Linear Ft:	480'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	18" MAX	Gravel Depth	—		☐ GRAVITY ☒ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: HOLD AC UNTIL LOT IS RECORDED

pressure head - Installed as permitted.

INITIAL SITE SKETCH

SEE ATTACHED DRAWING BY MICHAEL ATHANAS & BEN ALDRIDGE OF ICHD

AS BUILT SKETCH

40/41/34.

	Date	Initials
Drain Lines Checked	6/15	BB
Tanks Checked	6/15	BB
Pressure Manifold or Valve Box Checked	6/15	BB
Pressure Head Set	6/15	BB
Electrical Checked	7-17	KW
Floats Set	6/15	BB
Alarm Checked	7-17	KW
Maintenance Contract Y / N	—	—

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. WITHIN 5 WORKING DAYS PRIOR TO FINAL INSPECTION

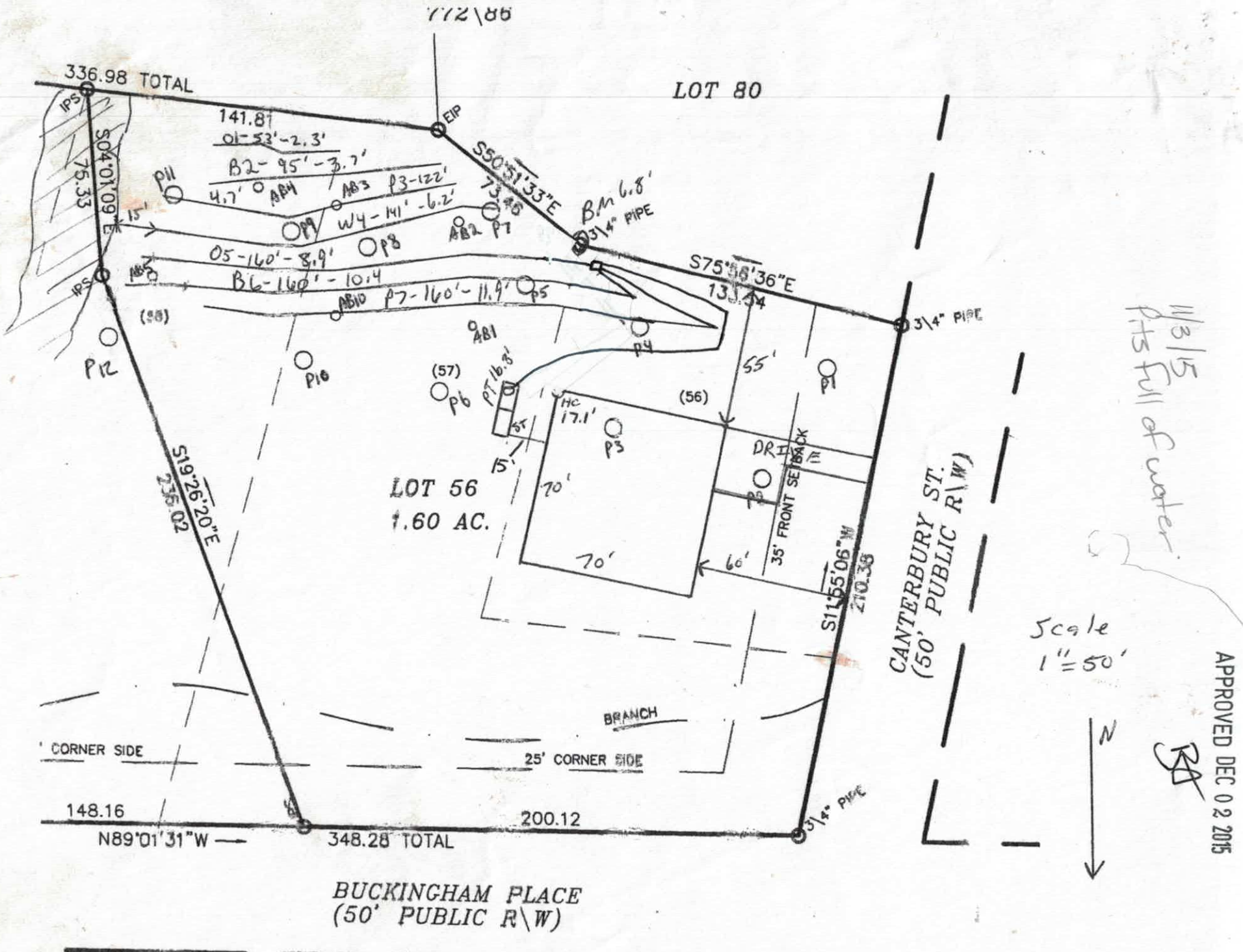
☐ IMPROVEMENT PERMIT with plot valid without expiration. ☒ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: 1-5-16 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: APPROVED DEC 02 2016 OPERATION PERMIT by: Date: 7-17-17

AUTHORIZATION TO CONSTRUCT by: Date: 12/19/16 Existing System Inspected by: Date:

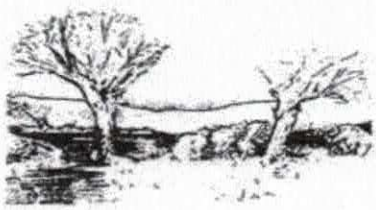
Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK



11/3/15
Pits full of water.

APPROVED DEC 02 2015

APPROVED DEC 0 2 2015



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for Davidson Downs Lot 56
House Footprint: 70' x 70'
Building Setbacks: 35' front/rear, 15' side, 25' side street
Water Source: Community well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.25 GPD/FT2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Pressure manifold
Flow per Tap: 7.11 GPM
Tap Size and Material: ½" SCH 40
System Flow: 21.33 GPM
Dosing Volume: 210 gallons
Pump Run Time: 9.8 minutes
Elevation Head: 12.9'
Friction Head: 1.3'
Pressure Head: 2'
Total Dynamic Head: 16.2'
Supply Line Length: 95'
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 18" (initial), 30-36" (repair)

Line	Design Length	Actual Length	Elevation
Orange 1		53'	2.3'
Blue 2		95'	3.7'
Pink 3		122'	4.7'
White 4		141'	6.2'
Orange 5	**160'**	**165'**	**8.9'**
Blue 6	**160'**	**207'**	**10.4'**
Pink 7	**160'**	**200'**	**11.9'**

Initial System: 480' **Repair System:** 411'
Pump Tank: 16.8' **House Corner:** 17.1' **Benchmark:** 6.8'

APPROVED DEC 02 2015

Comments:

The foundation drain at the house must be 25 ft down slope from the septic lines. Do not cut within 15 ft of the septic area. The house is marked in red and blue flags. All septic lines were located by Don Allen Surveying.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: _Davidson Downs 56_
COUNTY: _Iredell___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

APPROVED DEC 0 2 2015
JA

OWNER: _Chris Mozeley_____ APPLICATION DATE_____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD_____ PROPERTY SIZE: __1.60 AC_____
LOCATION OF SITE: _Buckingham Place, Davidson Downs Lot 56_____ PROPERTY RECORDED: __2015_____
WATER SUPPLY: ☐ Private ☒ Public ☒ 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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 1	LS 5%	0-30	YR C SBK	FR SS SP	CHR 2 @ 30"	30"	N/A	N/A	PS 0.25
PIT 2	LS 5%	0-23	YR C SBK	FR SS SP	CHR 2 @ 23"	23"	N/A	N/A	US
PIT 3	LS 5%	0-27	YR C SBK	FR SS SP	CHR 2 @ 27"	27"	N/A	N/A	PS 0.25
PIT 4	LS 8%	0-18	Br SCL WSBK	FR SS SP	Few YB CHR 2 @ 39"	39"	N/A	N/A	PS 0.25
		18-39	R C SBK	FR SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1440 FT2	1233 FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.25	0.25

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): ____PS_____
EVALUATED BY: ____M A & A_____
OTHER(S) PRESENT: _____

COMMENTS: _____

SOIL/SITE EVALUATION

APPROVED DEC 0 2 2015 BA

Sheet 2 of 4

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: Davidson downs 56_
DATE OF EVALUATION: _____
COUNTY: _IREDELL____

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
P 5	LS 8%	0-18	Br SCL WSBK	FR SS SP	Few YB CHR 2 @ 34"	34"	N/A	N/A	PS 0.25
		18-34	R C SBK	FR SS SP					
P 6	LS 5%	0-14	Br SCL WSBK	FR SS SP	Com Mn CHR 2 @ 36"	26"	N/A	N/A	PS 0.25
		14-26	RY C SBK	FR SS SP					
P 7	LS 8%	0-21	Br SCL WSBK	FR SS SP	Few YB CHR 2 @ 48"	48"	N/A	N/A	PS 0.25-0.275
		21-48	R C SBK	FR SS SP					
P 8	LS 8%	0-7	R C (deposition)	FR SS SP	38-48 YB's	48"	N/A	N/A	PS 0.25
		7-21	R SCL WSBK	FR SS SP					
		21-48	R C SBK	FR SS SP					
P 9	LS 8%	0-3	Br CL WSBK	FR SS SP	N/A	36"	F-C SAP PS	N/A	PS 0.3
		3-36	R C SBK	FR SS SP					
		36-60	L SAP M	FR SS SP					

COMMENTS: _____

SOIL/SITE EVALUATION

APPROVED DEC 02 2015 Sheet 3 of 4

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: Davidson Downs 56
DATE OF EVALUATION: _____
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
P 10	LS 8%	0-12	Br CL WSBK	FR SS SP	CHR 2 @ 36"	36"	N/A	N/A	PS 0.25
		12-36	R C ABK	FR SS SP					
P 11	LS 8%	0-6	Br CL WSBK	FR SS SP	N/A	16"	F-C SAP PS	N/A	PS 0.5
		6-16	R C SBK	FR SS SP					
		16-60	L/SL SAP M	FR SS SP					
AB 1	LS 8%	0-12	Br CL WSBK	FR SS SP	CHR 2 @ 24"	24"	N/A	N/A	PS 0.25
		12-24	R C SBK	FR SS SP					
AB 2	LS 8%	0-18	Br SCL WSBK	FR SS SP	Few YB	48"	N/A	N/A	PS 0.275
		18-48	R C SBK	FR SS SP					
AB 3	LS 8%	0-12	Br CL WSBK	FR SS SP	Few YB	48"	N/A	N/A	PS 0.3-0.25
		12-48	R C SBK	FR SS SP					

COMMENTS: _____

SOIL/SITE EVALUATION APPROVED DEC 0 2 2015 *Sheet __4__ of _4___*

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: Davidson Downs 56_
DATE OF EVALUATION: _____
COUNTY: _IREDELL_____

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
AB 4	LS 8%	0-4	Br CL WSBK	FR SS SP	N/A	38"	F-C SAP	N/A	PS 0.3
		4-38	R C SBK	FR SS SP					
		38-48	L SAP M	FR SS SP					
AB 5	LS 5%	0-8	Br CL WSBK	FR SS SP	CHR 2 @ 40"	40"	N/A	N/A	PS 0.25
		8-40	R C SBK	FR SS SP					
AB 9	LS 6%	0-12	Br CL WSBK	FR SS SP	CHR 2 @ 34"	34"	N/A	N/A	PS 0.25
		12-34	R C SBK	FR SS SP					
AB 10	LS 8%	0-12	Br CL WSBK	FR SS SP	CHR 2 @ 38"	38"	N/A	N/A	PS 0.25
		12-38	R C SBK	FR SS SP					

COMMENTS: _____

RECEIVED DEC 15 2016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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:

Applicant Name: CHRIS MOZELEY **Address:** 4542 IVY RUN LN, DENVER, 28037 **Phone:** 980-297-278[illegible]

Owner Name: DAVIDSON DOWNES INC **Address:** 4542 IVY RUN LN, DENVER, 28037 **Phone:** 980-297-2787

Property Information:

Street Address: 107 CANTERBURY PLACE RD, MOORESVILLE, 28115

Subdivision Name: DAVIDSON DOWNES **Section/Phase:** 1 **Lot Number:** 56

Driving Directions: 115, TL PRESBYTERIAN, TR BUCKINGHAM, TR CANTERBURY, LOT ON LEFT

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

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

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

(X) 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 ( ) 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:** _____
( ) 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: _____ 12-15-14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

On Hold 11/17/15 RECEIVED OCT 28 2015

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $500.00 1-5-16

#214406

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: (X) 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:

Applicant Name: Chris Mozeley **Address:** Denver, NC **Phone:**

Owner Name: Same **Address:** **Phone:**

Property Information:

Street Address: 107 Canterberry Place

Subdivision Name: Davidson Downes **Section/Phase:** **Lot Number:** 5C

Driving Directions: 115 S, TL Presbyterian, TR Buckingham, TR ~~Canterbury~~ Canterberry, on Lt

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

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

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

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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 ( ) 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:**

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: Accepted

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: _____ 10/28/2015

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

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, CHRIS MOZELEY / DAVIDSON DOWNES I am the legal owner(s) of the property located at LOT 56 DAVIDSON DOWNES, CANTERBURY PLACE RD, identified as PIN (Parcel Identification Number) 4654871806, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) GARY MC NEELY, MICHAEL ATHANIS & ASSOCIATES, 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
	10-22-15	Wendy Mosley	10-22-15

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

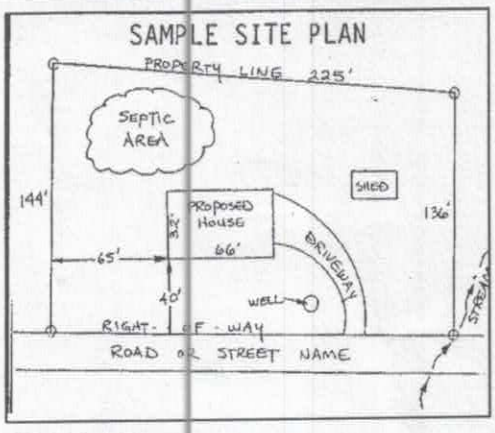
ENVIRONMENTAL HEALTH DIVISION

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

See Attached Plan

Signature: _____

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

10/28/2015

DATE

Acknowledgement of
Plans Submittal ONLY!

Date 12-20-16

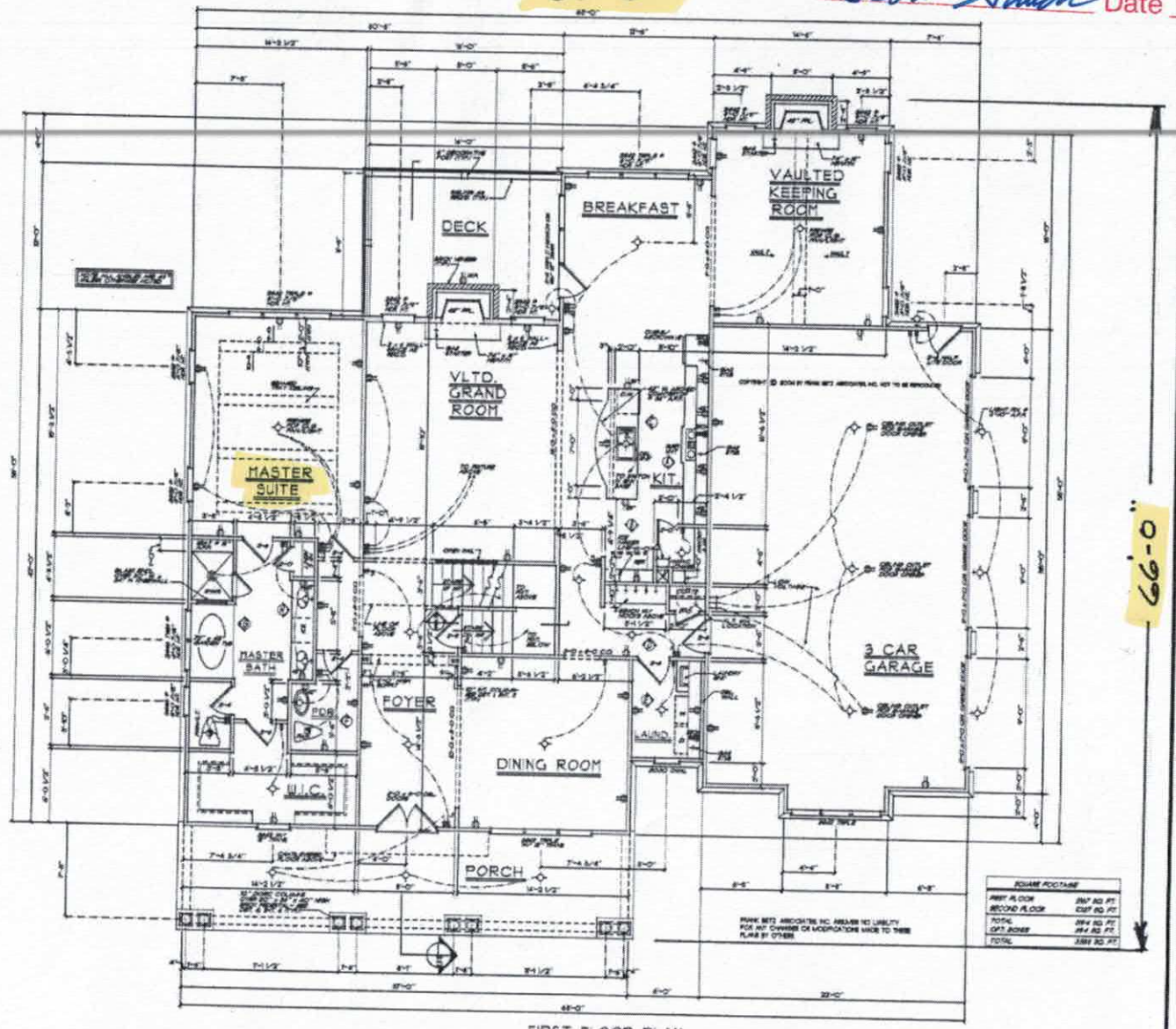
Date 12/19/16

65'-0"

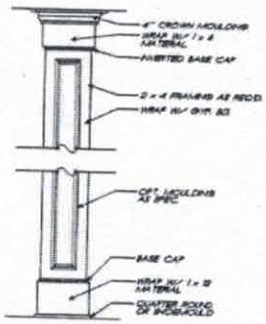
66'-0"

GENERAL NOTES

GENERAL FRAMING NOTES



FIRST FLOOR PLAN



1/3 INT. COLUMN DETAIL

SQUARE FOOTAGE	
FIRST FLOOR	2167 SQ. FT.
SECOND FLOOR	1227 SQ. FT.
TOTAL	3394 SQ. FT.
OPT. BONUS	494 SQ. FT.
TOTAL	3888 SQ. FT.

FRANK BETZ ASSOCIATES, INC. HAS/ARE NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS

HOMEPLANS Designed for Today's Markets www.frankbetz.com

FIRST FLOOR PLAN

THE LILLIAN RIDGE

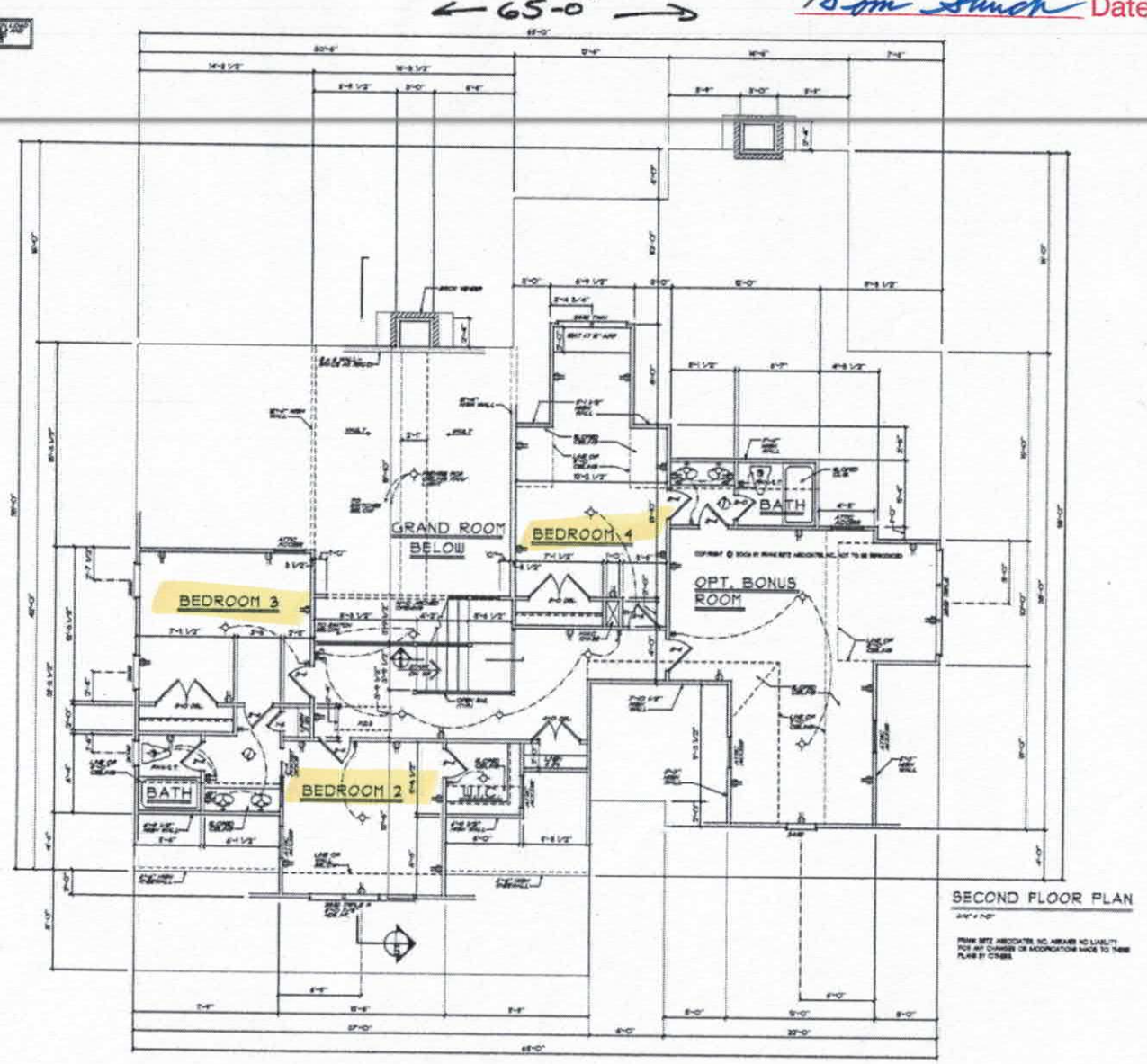
FRANK BETZ ASSOCIATES, INC.

SHEET 3

Acknowledgement of
Plans Submittal ONLY!

Date 12-20-16

Tom Shuch Date 12/19/16



HOMEPLANS
Designed for Today's Market
www.frankbetz.com

SECOND FLOOR PLAN

THE LILLIAN RIDGE

FRANK BETZ ASSOCIATES, INC.

4

IREDELL COUNTY

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

APPLICATION NUMBER
214406
Issue Date: 10/22/2015

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4654871806.000	107 CANTERBURY PLACE ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: DAVIDSON DOWNES INC	Applicant: MOZELEY, CHRIS
Address: C/O R C MOZELEY 4542 IVY RUN LN MOORESVILLE, NC 28037	Address: DENVER, NC
Phone:	Phone:

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.459	35.00	35.00	15.00	15.00	NOT	X

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	52192	TOTAL FEES:	$ 77.25