RECEIVED AUG 27 2014 DV

Paid $40.00 Statesville

IREDELL COUNTY HEALTH DEPARTMENT

Paid $110.00 9-12-14

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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:

Applicant Name: JEFFREY FLEMING Address: 106 CROSSRAIL RD. MOORESVILLE Phone: 704-905-4016

Owner Name: SAME Address: _____ Phone: _____

Property Information:

Street Address: 106 CROSSRAIL RD. MOORESVILLE, N.C. 28115

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: FROM I-77 SOUTH. EXIT 33 TURN LEFT ONTO WILLIAMSON RD. STAY STRAIGHT TO GO ONTO CHARLOTTE HWY (21) TURN RT ON TO WATERLYNN RD. TURN RT ONTO NC-115. LESLIE LOOP IS ON RT (SLIGHT RT) CROSSRAIL ON RT. HOUSE IS ON CORNER OF LESLIE LOOP & CROSSRAIL

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

( ) New Single Family Residence
( ) New Multi-Family Residence
(✓) Accessory Building 900 SQ FT.
( ) Bedroom(s) Addition

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

( ) 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 ( ) 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 (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: Jeffrey C Fleming _____

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

Town of Mooresville Jurisdiction

ZONING APPROVAL

For building permit applications

Development Services 413 North Main St. Mooresville, NC 28115 Phone 704-662-7040

Number: 205503 Subdivision: ROYAL OAKS

Proposed Use: ADDITION -ATTACHED GARAGE WITH BREEZEWAY

Location: 106 CROSSRAIL ROAD

Tax PIN: 4656102679.000 Zoning: Residental Mixed Use Lot: PT42 Size: 0.642

Owner:	FLEENOR JEFFREY C	Applicant;	FLEENOR JEFFREY C
Address:	106 CROSSRAIL LANE MOORESVILLE, NC 28117	Address:	106 CROSSRAIL LANE MOORESVILLE, NC 28117
Phone:		Phone:	
Email:		Email:	

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 Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Jeffrey C. Fleenor 8-27-14

Signature of Owner or Authorized Agent Date

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

Lot Area:

Front Yard Depth: 10 FT
Rear Yard Depth: 23 FT
Side Yard Depth: 15 FT
Corner Yard Depth: 15 FT

Remarks: 30 X 30 ATTACHED GARAGE
FRONT SETBACK 10 FT
SIDE 15 FEET
REAR 23 FEET (CONSISENT WITH EXISTING HOME REAR SETBACK)

MG M. Gable
Approved By:

08/27/2014
Date

$50 PAID
Application Fee

106 Crossrail - Attached Garage