ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 319161

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

PIN # 4658--03--9598

APPLICANT/OWNER: Nest Homes

APPLICANT ADDRESS: 236 Raceway Suite 7 Mooresville NC 28117

SITE ADDRESS: 149 Silverlining Rd, Mooresville NC

PHONE: 704-433-9947

ALT. PHONE

SITE DIRECTIONS: (N) NC 21 → (R) Cornelius → (L) Silverlining → lot on (L)

SUBDIVISION: N/A

SECTION: N/A LOT # N/A LOT AREA: 1.00 ac

SAP CONTROLLED: YES / NO

DESIGN FLOW: 360gpd L.T.A.R.: EXISTING

Septic Tank	1000 (gal)	STB 763	Date 1-17-22	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	1000 (gal)	PT 363	Date 2-6-22	System Description:	Tank Relocation (tie to existing)
Pump Make	Goulds	Model	Serial #	Repair System Description:	50% Reduction
# Nitrification Fields	# ~~Lines~~		Linear Ft	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	Trench Bottom Depth (Low Side) EXISTING		Gravel Depth EXISTING	☐ GRAVITY	☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☒ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees ☐ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Purpose of permit is for new tanks to be installed w/ new house, pump to old tank & use it as a "splash" box that will spill over into drophokes on existing lines.

Pump Dose = 136.5 gallons

Drawdown = 6.5 inches.

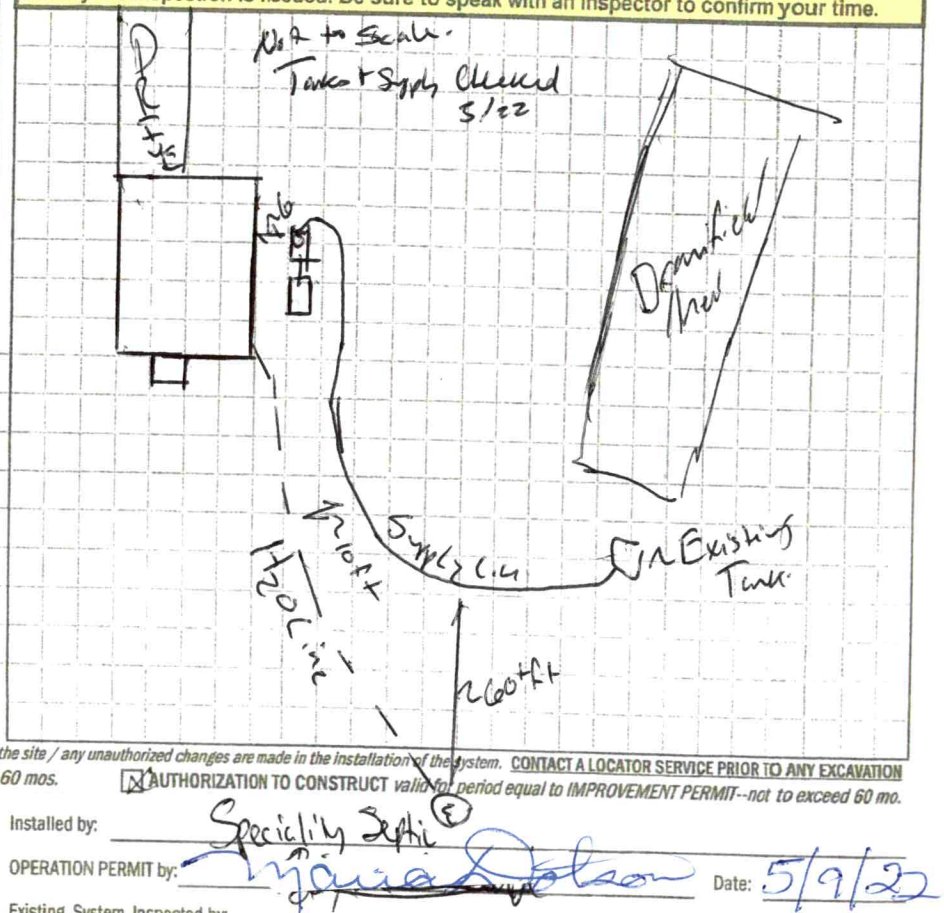
5/9/22 Checked pump & alarm & electrical

INITIAL SITE SKETCH

See attached site plan by Paul Penninger approved 7/19/21

AS-BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



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: Tim Carr Date: 7/26/21

IMPROVEMENT PERMIT by: D. Weberg Date: 7/19/21

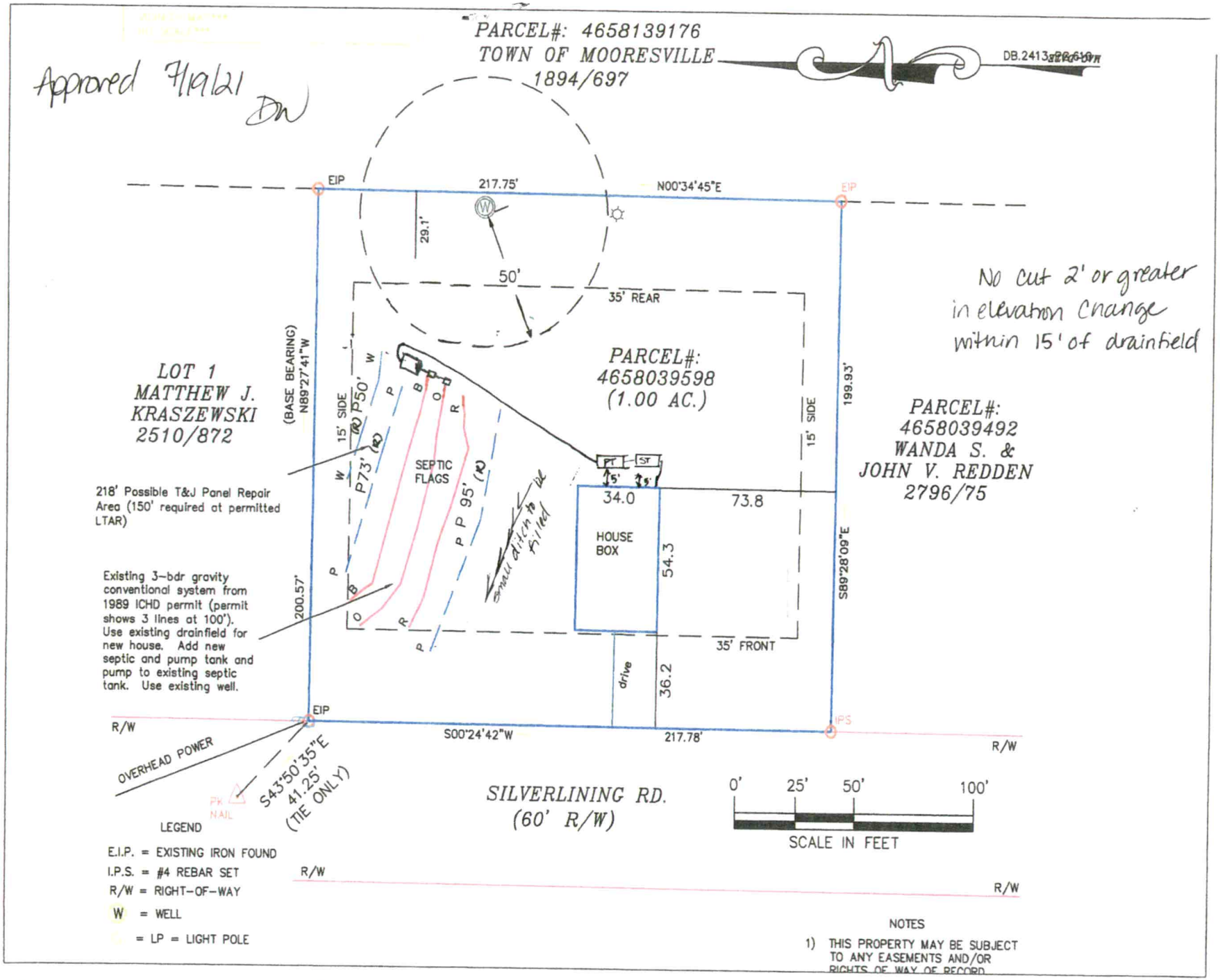
AUTHORIZATION TO CONSTRUCT by: D. Weberg Date: 7/19/21

Installed by: Specialty Septic

OPERATION PERMIT by: Date: 5/9/22

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION CALL 704-664-3703 between 8am-9am



Helmsman Homes – 149 Silverlining Existing System Inspection/IP Septic Site Plan 6.16.21

DAS staked lot and proposed house pad and located existing, home, well, septic tank and drainfield, and proposed repair. Other septic details by Penninger Soil Consulting. Existing System Inspection/Improvement Permit must be approved and permitted by ICHD.

PJB

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 319161

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

PIN # 4658--03--9598

APPLICANT/OWNER: Nest Homes | APPLICANT ADDRESS: 236 Raceway Suite 7 Mooresville NC 28117

SITE ADDRESS: 149 Silverlining Rd, Mooresville NC | PHONE: 704-433-9947 | ALT. PHONE

SITE DIRECTIONS: (N) NC 21 → (D) Cornelius → (L) Silverlining → lot on (L) | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: N/A | SECTION: N/A | LOT #: N/A | LOT AREA: 1.00 ac | DESIGN FLOW: 300gpd | L.T.A.R.: EXISTING

Septic Tank	1000 (gal)	STB	Date	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms 3
Pump Tank	1000 (gal)	PT	Date	System Description: Tank Relocation (tie to existing)				[ ] Business	No. Persons 6
Pump Make		Model	Serial #	Repair System Description: 50% Reduction				[ ] Other	No. Employees
# Nitrification Fields	# ~~Lines~~ EXISTING		Linear Ft	Maintenance Agreement Required:	[ ] YES	[X] NO		[X] Slab	[ ] Crawl Space
Trench Width	Trench Bottom Depth (Low side)		Gravel Depth EXISTING		[ ] GRAVITY	[X] PRESSURE		[ ] Basement w/plumbing	[ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Purpose of permit is for new tanks to be installed w/ new house, pump to old tank & use it as a "splash" box that will spill over into droppoxes on existing lines.

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AS BUILT SKETCH

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[ ] IMPROVEMENT PERMIT *with plat valid without expiration.* [X] IMPROVEMENT PERMIT *with site plan valid for 60 mos.* [X] AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Tim Conr | Date: 7/26/21 | Installed by:

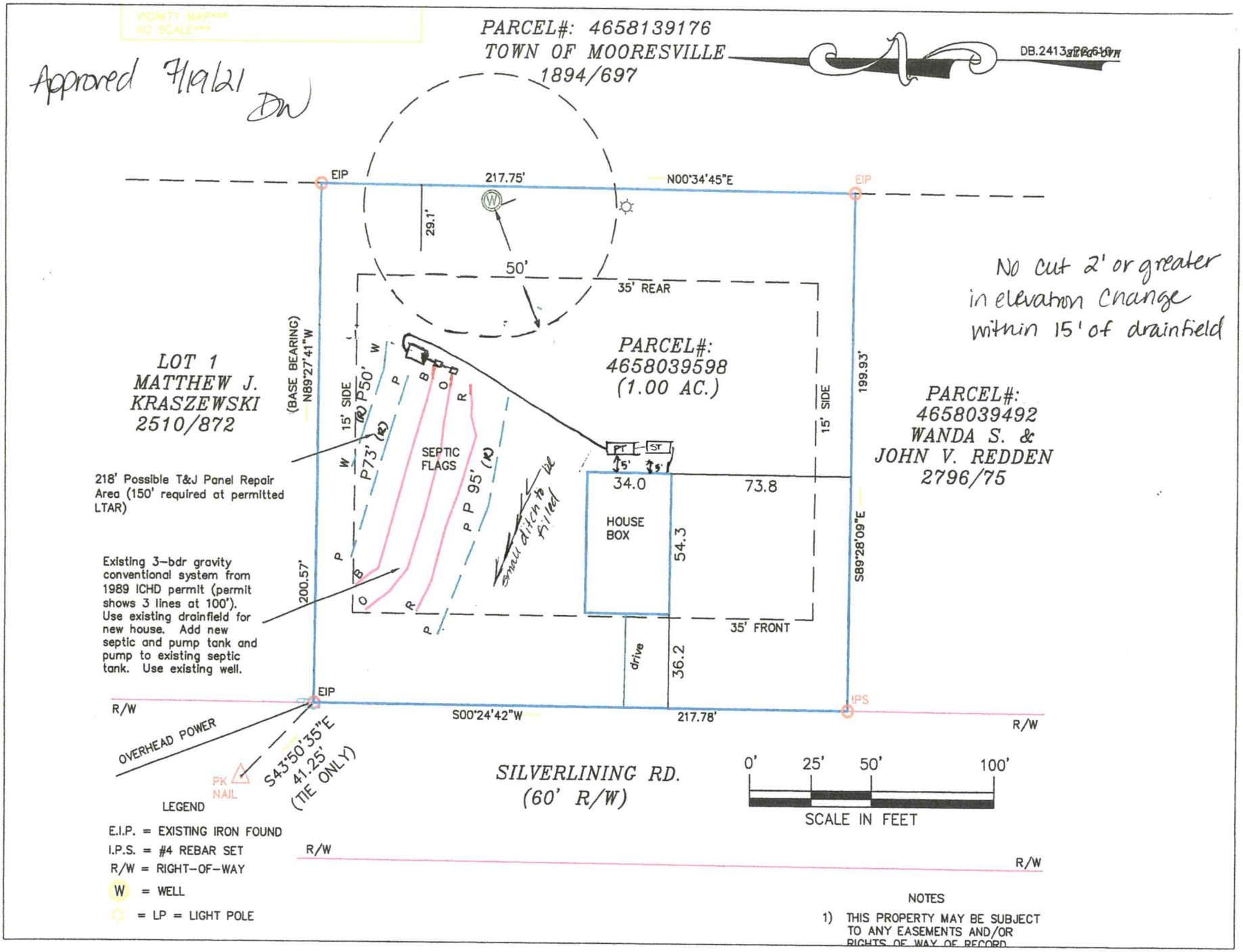
IMPROVEMENT PERMIT by: D. Meberg | Date: 7/19/21 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: D. Meberg | Date: 7/19/21 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed

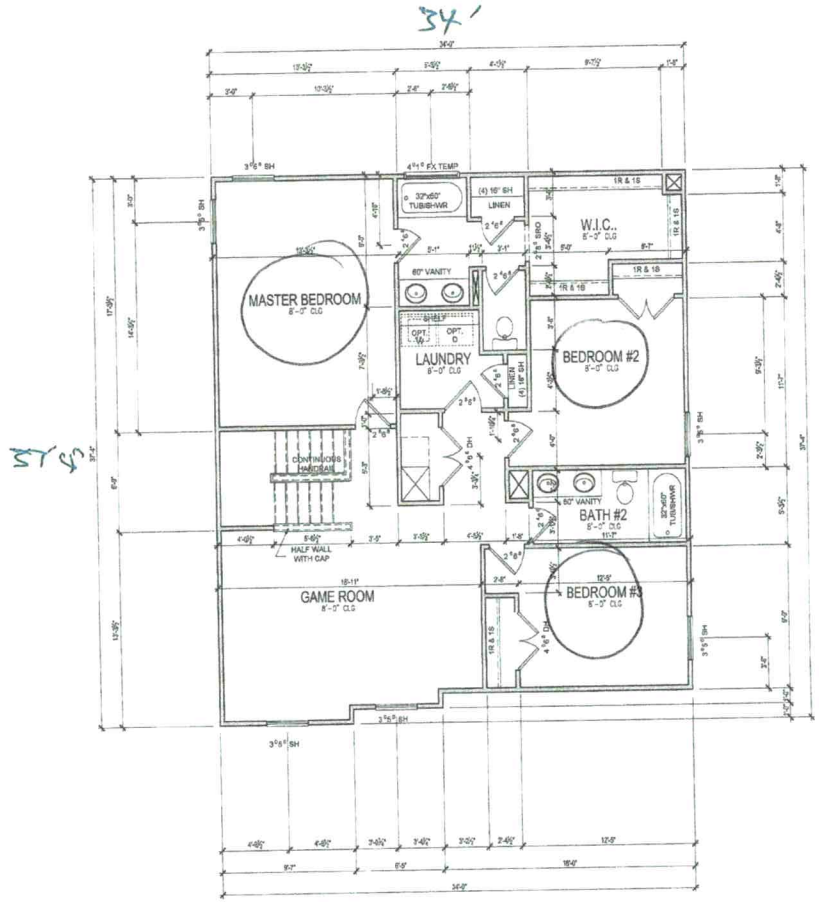
Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	



Helmsman Homes – 149 Silverlining Existing System Inspection/IP Septic Site Plan 6.16.21

DAS staked lot and proposed house pad and located existing, home, well, septic tank and drainfield, and proposed repair. Other septic details by Penninger Soil Consulting. Existing System Inspection/Improvement Permit must be approved and permitted by ICHD.



SECOND FLOOR PLAN

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

Acknowledgement Of Plans Submittal ONLY!

Date 7/26/21

Date 7/19/21

WALL STUD REQUIREMENTS	
EXT. WALL HEIGHT (h)	STUD SIZE AND SPACING
h < 10'-0"	2x4 @ 16" O.C.
10'-0" < h <11'-0"	2x4 @ 12" O.C.
11'-0" < h < 18'-0"	2x6 @ 16" O.C.
h > 18'-0"	CONSULT ENGINEER

I-JOIST NOTES

FRAMING CONSTRUCTION NOTES:

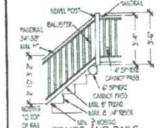
BRACED WALL LINE NOTE:
THIS STRUCTURE HAS BEEN ANALYZED FOR LATERAL LOADING USING CONTINUOUSLY SHEATHED WALL SHEATHING AS INDICATED IN THE GENERAL NOTES. WHERE BRACED WALLS DO NOT MEET THE PRESCRIPTIVE REQUIREMENTS OF SECTION R602.10 OF THE CODE, IT HAS BEEN ANALYZED BY ENGINEERING ANALYSIS INCORPORATING ENGINEERED LATERAL BRACING ELEMENTS WHERE NEEDED TO MEET THE INTENT OF THE CODE.

1. I-JOISTS ARE DESIGNED TO BE CONTINUOUS IN SOME AREAS. I-JOIST MANUFACTURER TO STOP AND START JOISTS WHERE SHOWN ON PLAN TO ALLOW FOR CONTINUOUS ACTION.
2. "DBL" INDICATES DOUBLE JOIST
3. RIM BOARDS AND BANDS PARALLEL TO FLOOR FRAMING TO BE DOUBLED.
4. ALL LOAD- BEARING HEADERS SHALL BE (2)2X8 SPF#2 UNLESS OTHERWISE NOTED ON THE PLAN.
5. WHERE DIMENSIONS ARE NOT INDICATED, BEAMS THAT RUN PARALLEL TO FLOOR JOISTS ARE INTENDED TO ALIGN UNDER LOAD BEARING WALLS. SEE THE ARCHITECTURAL PLANS FOR DIMENSIONS TO WALLS.
6. ALL WALLS UP TO 10 FT. TALL SHALL BE 2X4 SPF#2 @ 16" O.C. UNLESS NOTED OTHERWISE ON THE PLAN. TALLER WALLS SHALL COMPLY WITH TABLE R602.3(4) OF THE CODE OR AS NOTED ON THE PLAN.
7. WOOD BEAMS SHALL BE SUPPORTED BY METAL HANGERS OF ADEQUATE CAPACITY WHERE FRAMING INTO BEAMS OR LEDGERS. THE FOLLOWING HANGER SCHEDULE MAY BE USED UNLESS NOTED OTHERWISE ON THE PLAN:

MEMBER SIZE	SIMPSON HANGERS
(2) 2X8	LUS 28-2
(2) 2X10	LUS 210-2
(2) 2X12	LUS 210-2
(2) 1¾" X 9¼" LVL	HUS 410
(2) 1¾" X 11⅞" LVL	HUS 412
(2) 1¾" X 14" LVL	HUS 412
ALL TRIPLE LVLs	HHUS 5.50/10

8. NOTE: FILL ALL OF THE HOLES IN HANGERS WITH 10d x 3" COMMON NAILS (.38"x 0.162") OR 16d X 3½" (.38"x 0.162") NAILS UNLESS OTHERWISE SPECIFIED BY THE MANUFACTURER. DO NOT BEND OR MODIFY THE HANGER OR USE INAPPROPRIATE FASTENERS. DO NOT USE 10dX 1½" "HANGER NAILS" UNLESS OTHERWISE NOTED ON THE PLANS OR IN SITUATIONS WHERE ONLY ½" OR LESS OF WOOD IS PROVIDED TO NAIL INTO.
9. STEEL BEAMS MUST HAVE (6)-2X4 OR (4)-2X6 STUDS UNDER EACH END SUPPORT UNLESS NOTED OTHERWISE.
10. "LVL" AND GLU-LAM BEAMS MUST HAVE SNOUGH STUDS TO SUPPORT ALL PLIES AT EACH END WITH A MINIMUM OF (3)-2X4 OR (2)-2X6 STUDS UNDER EACH END UNLESS NOTED OTHERWISE.
11. ALL POINT LOADS FROM ROOF BRACES, JACK STUDS, BEAM SUPPORTS -WHETHER WOOD OR STEEL-CANNOT BEAR ON SHEATHING ALONE. BLOCKING EQUAL TO OR BETTER THAN THE POINT LOAD SUPPORTS ABOVE MUST BE CARRIED THROUGH ALL CONSTRUCTION TO THE FOUNDATION. INSTALL 2X4 SQUASH BLOCKS (S.B.) OF EQUAL NUMBER TO COLUMN ABOVE BETWEEN SUBFLOOR AND FOUNDATION WALL OR LOWER PLATE. RIM BOARDS AND I-JOIST BLOCKING SHALL NOT BE CONSIDERED AS AN ACCEPTABLE MEANS OF SUPPORT UNDER CONCENTRATE POINT LOADS FROM LVL AND STEEL BEAMS OR WHERE "SLB" IS INDICATED ON THE PLAN.
12. FASTEN ALL TRIPLE PLY LVLs TOGETHER WITH TWO ROWS OF 5" LONG TRUSSLOK OR SIMPSON SDS SCREWS @ 16" O.C. AND FOUR PLY LVLs WITH TWO ROWS OF 6½" TRUSSLOK SCREWS @ 16" O.C. UNLESS NOTED OTHERWISE ON THE PLANS. THE SCREWS SHALL BE LOCATED A MINIMUM OF 2" AND A MAXIMUM OF 3" FROM THE TOP OR BOTTOM OF THE BEAM.
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14. JACK AND KING STUD SCHEDULE AT WALL OPENINGS:
TO BE INSTALLED AT EACH END OF OPENING UNLESS OTHERWISE NOTED AS "NJ" OR "NK" ON PLAN)
SPANS UP TO 4'-0" ..... 1 JACK, 1 KING
SPANS >4'-0" TO 6'-0" ..... 1 JACK, 2 KINGS
SPANS >6'-0" TO 8'-0" ..... 2 JACK, 3 KINGS
SPANS >8'-0" ..... SEE PLAN

STAIRS SHOULD BE NO LESS THAN 24" IN WIDTH
2. THE LENGTH OF RUN AND HEIGHT OF RISER SHALL NOT VARY MORE THAN ⅜" IN ENTIRE RUN OF STAIRS
3. TOWERS ARE ASSUMED TO BE ILLUMINATED
4. OPEN SIDED TERMINATED IF OPENING IS LESS THAN 4'
5. GUARDRAIL REQUIRED ON DECKS AND STAIRWAYS MORE THAN 30" ABOVE GRADE OR FLOOR BELOW
6. Handrails with a circular cross section shall have an outside diameter of not less than 1.25" and not greater than 2". If the handrail is not circular, it shall have a perimeter dimension of not less than 4 inches (102 mm) and not greater than 6.5" with a cross section of dimension of not more than 2.25". Edges shall have a radius of not less than 0.01" inch



STAIRS AND RAILS

Township/County
TOWNSHIP
COUNTY

Engineer

Stamp/seal

Project name/owner
FITS THE BILL
ELEVATION A

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

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Date
May 31, 2021

Drawn by
MGML

Reviewed by
NBST

Plan set scale
24x36 sheet
1/4" = 1'-0"
11x17 sheet
1/8" = 1'-0"

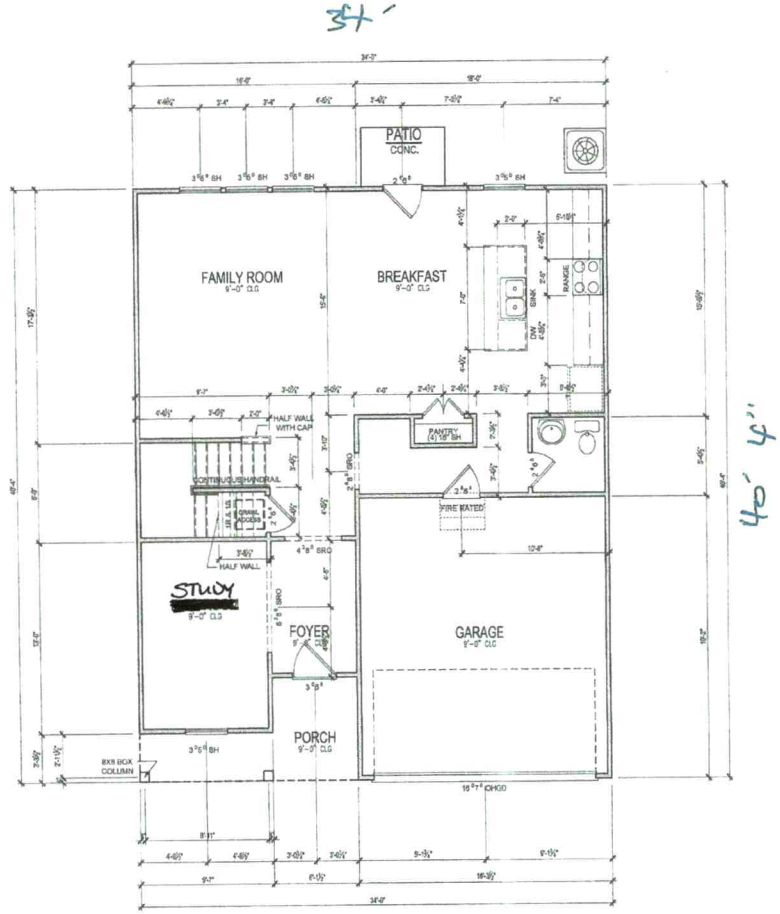
Project/plan code
XX.XX.XXXX

Drawing set
FOR CONSTRUCTION

Sheet title/description

Sheet no.
A-4.0

Master plan version



FIRST FLOOR PLAN

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

WALL STUD REQUIREMENTS	
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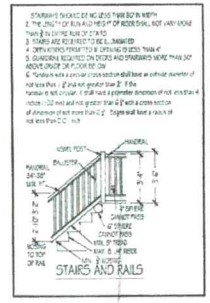
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TO BE INSTALLED AT EACH END OF OPENING UNLESS OTHERWISE NOTED AS "AJ" OR "PC" ON PLAN)

SPANS UP TO 4'-0" ..... 1 JACK, 1 KING
SPANS >4'-0" TO 8'-6" ..... 1 JACK, 2 KINGS
SPANS >8'-6" TO 8'-6" ..... 2 JACK, 3 KINGS
SPANS >8'-6" ..... SEE PLAN



Township/County
TOWNSHIP
COUNTY

Engineer

Stamp/seal

Project name/owner
FITS THE BILL
ELEVATION A

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

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Date
May 31, 2021

Drawn by
MCML

Reviewed by
NEST

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

Sheet no.
A – 3.0

Master plan version
v1.0

Acknowledgement Of Plans Submittal ONLY!

tim vom Date 7/26/21

Date 7/19/21

4658 03 9598

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Zollie C. Young DATE 4/4/89 PERMIT NO. 18C

PHONE: Business _____ Home _____

LOCATION 21 N. TL 1302 (Cornelius Rd.) ~3/4 mi TL SR 2721 at end on L. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

DW

House ( ) Mobile Home (✓) Business ( ) Other _____

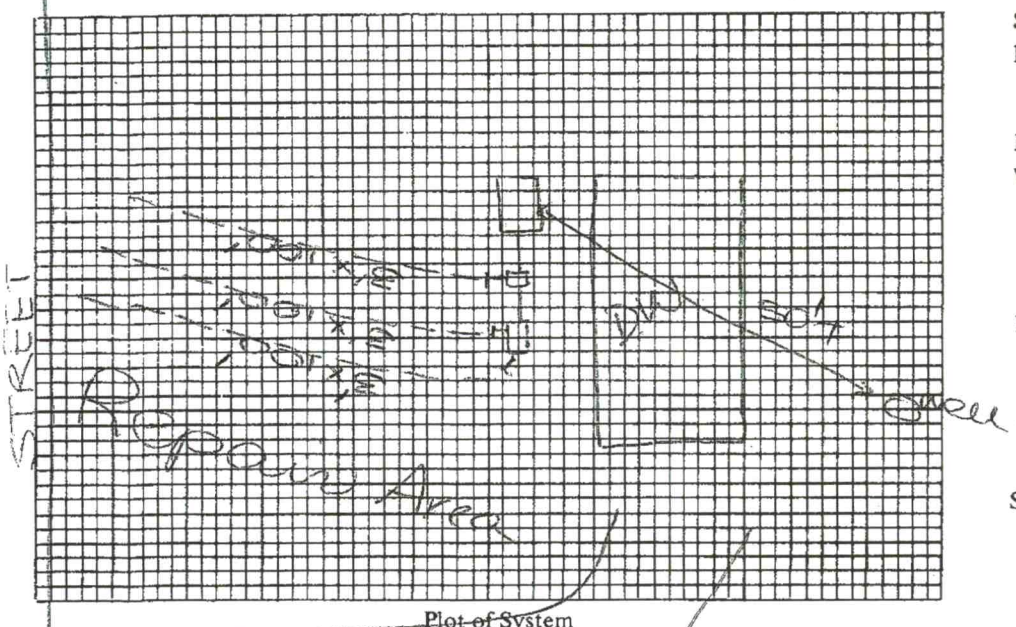
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site ~~Suitable~~ PS	Yes (✓)	No ( )	

Lot Area 20000 ft²

Character & Porosity of Soil clay
Percolation Rate ~.4
Topography 6-8%
Depth to Water Table 4'+
Rock or other impervious formations none obs

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by J. Wayne Potts

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____ DRH

COMMENTS: Baffle wall is off set slightly Should cause no problems.

CERTIFICATE OF COMPLETION BY Andre C. Green DATE 4/4/89

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

RECEIVED JUN 3 0 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-319161 $250.00

Application For:
( ) Septic Improvement Permit (X) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit (X) Existing System Inspection ( ) Well Abandonment ( ) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Helmsman Homes **Address:** 236 Raceway, Suite 7, Mooresville, NC **Zip:** 28117
Applicant Email: mwetter@nesthomes.com **Phone:** 704.433.9947 **Alt. Phone:**
Owner Name: JOHN REDDEN+ALM IRA LLC **Address:** 514 Williamson Rd, Ste 421 Mooresville, NC **Zip:** 28117
Owner Email: mwetter@nesthomes.com **Phone:** 704.433.9947 **Alt. Phone:**

Property Information:

Street Address: 149 SILVERLINING RD

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

Driving Directions: CORNELIUS RD, LEFT SILVERLINING RD, AT END ON LEFT

Site Development Information: *(check or complete ALL that apply)* NEW HOUSE TO USE EX. DRAINFIELD

CHECK FOUNDATION TYPE

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure:

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

Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1989
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: EX

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: 6-16-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

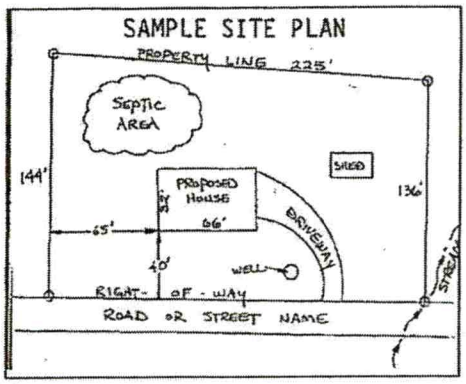
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT*!!!

Place an (X) beside each item as you complete the site plan:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) 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 site plan.

pump to existing tank as splash box, drop boxes stay in place

pump existing tank

remove maple in drainline

Signatures: _____ 6-16-21

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

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

2. I, JOHN V REDDEN +ALM IRA LLC, am the legal owner(s) of the property located at 149 Silverlining, identified as

PIN (Parcel Identification Number) 4658039598.000, located in Iredell County, North Carolina.
I do hereby authorize (**print legal representative/company name**) SEE ATTACHED REAL ESTATE CONTRACT _____, 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.

John Redden Angela McConnell ON BEHALF OF ALM IRA LLC 06-24-2021
Signature of Owner(s) Date

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 · NC

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

APPLICATION NUMBER
319161
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4658039598.000	149 SILVERLINING RD	Iredell County

Owner Information	Applicant Information
Name: REDDEN JOHN V+ALM IRA LLC	Name: HELMSMAN HOMES
Address:	Address: PO BOX 3965
,	MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks
SFD

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.

Date: 06/25/2021

Signature of Owner/Contractor

Permit Number	319161	TOTAL FEES:	$77.25

Department of Development Services
PLANNING DIVISION
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3113 / FAX (704)878-3171

Residential Zoning Permit Application

What are you building? (Please check)

Stick built X Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

OLD MH TO BE REMOVED

Is there a septic tank on the property? Yes No If residence how many bedrooms? 3 and stories? 2

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? Yes No If yes, please list who provides it: _____

Does the property have community sewer? Yes No If yes, please list who provides it: _____

Owner Information

Property Owner's Name JOHN REDDEN+ALM IRA LLC Phone # 704.433.9947

Owner's Current Address 514 Williamson Rd, Ste 421 Mooresville, NC 28117

Property Information

Property Address 149 Silverlining Parcel # 4658039598.000

Subdivision:_____ Lot:___ Zoning:___ Watershed: Y or N Flood Plain: Y or N Township:____

Directions to property (from a MAIN ROAD) _____
CORNELIUS RD, LEFT SILVERLINING, LOT AT END ON LEFT

Application Information

Applicant's Name or Company HELMSMAN HOMES Applicant's Phone # 704.433.9947

Applicant's Address 236 Raceway, Suite 7, Mooresville, NC 28117

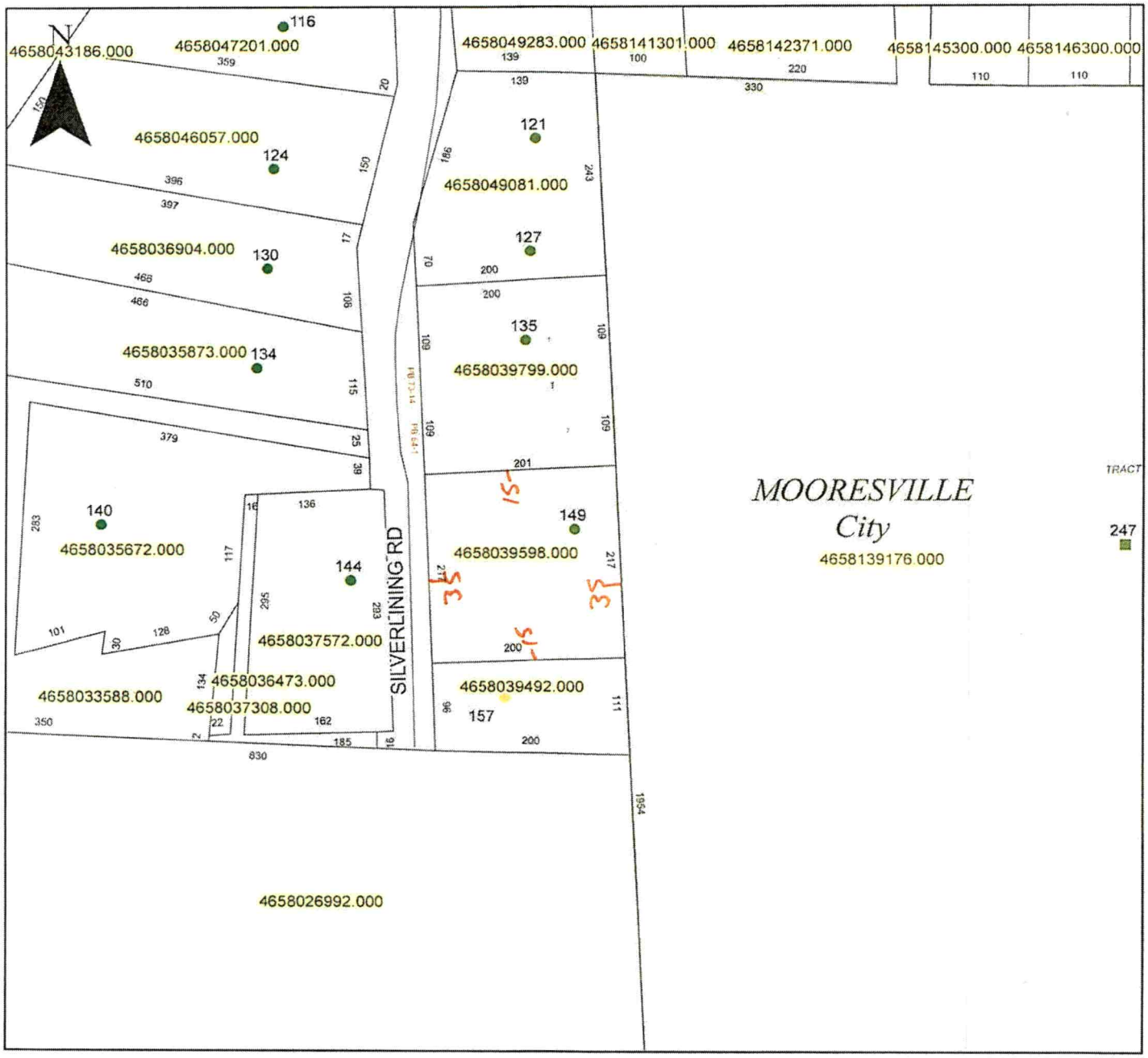
If Company, Representative's Name and Title Michael Wetter

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT _____ DATE 6.16.21

1.0
RA
WS-IV-PA
NO

ZONING DISCLAIMER

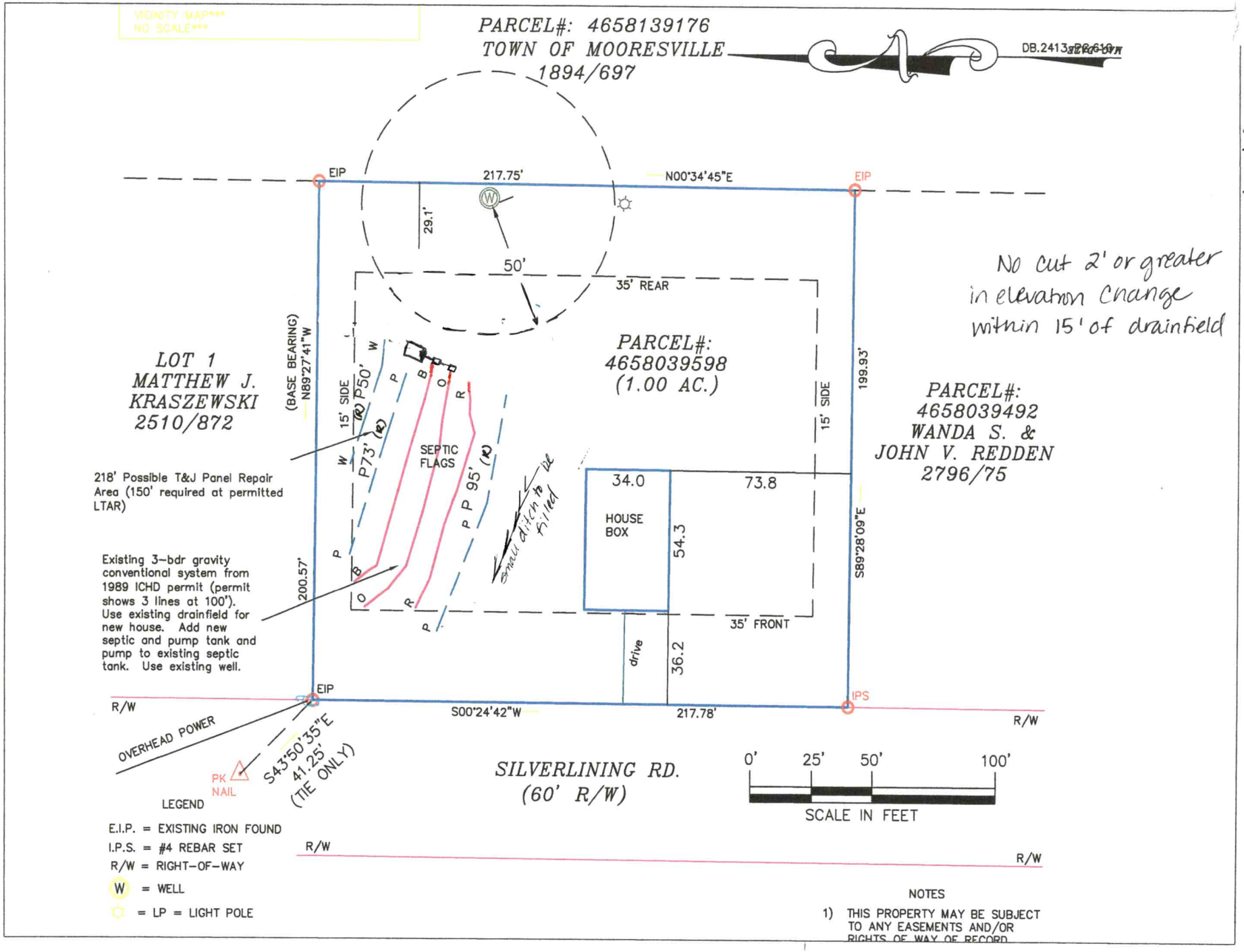


Property Address 149 Silverlining

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. Applicant further acknowledges that the 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.

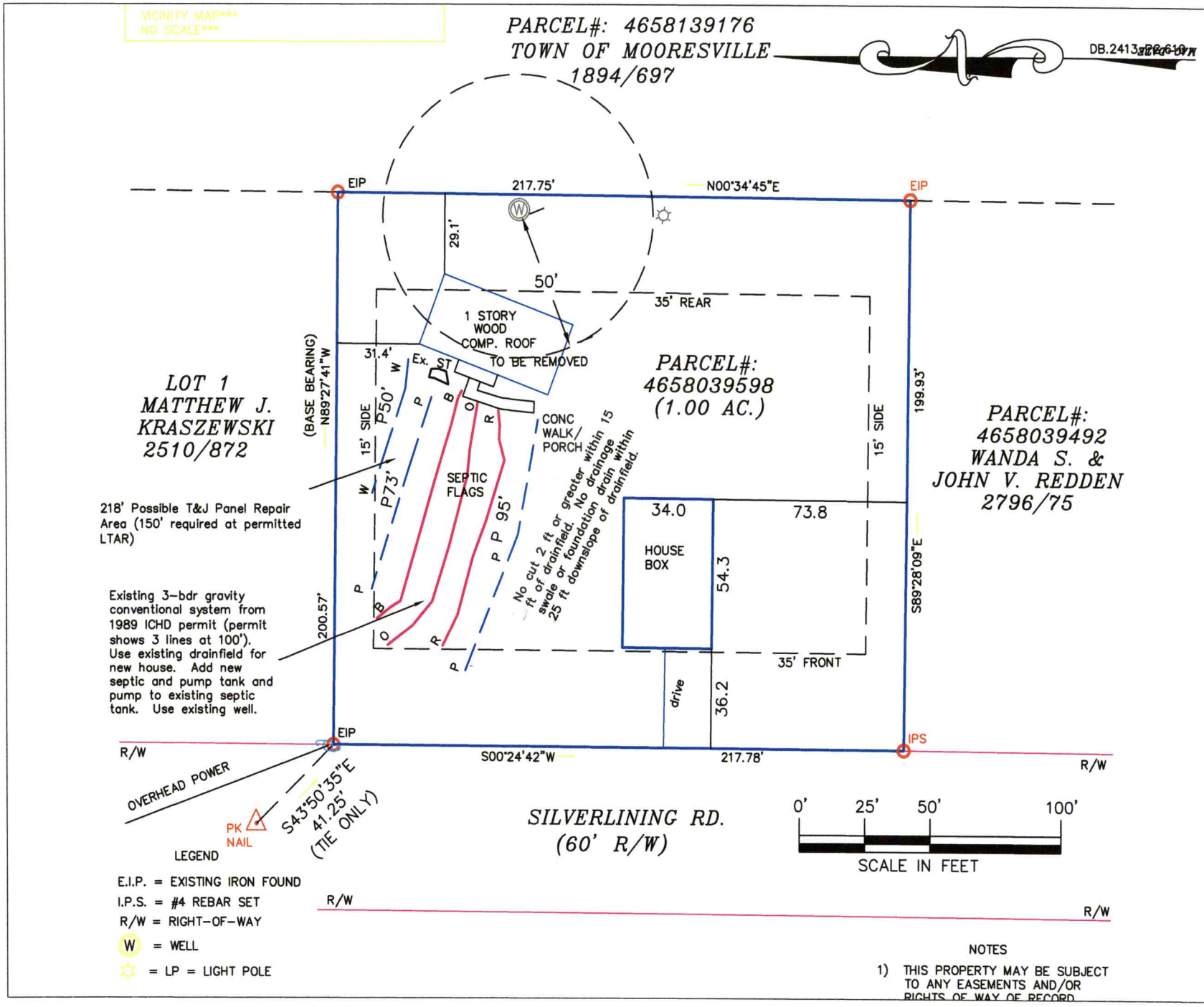
X _____
Applicant

6/25/21
Date



Helmsman Homes – 149 Silverlining Existing System Inspection/IP Septic Site Plan 6.16.21

DAS staked lot and proposed house pad and located existing, home, well, septic tank and drainfield, and proposed repair. Other septic details by Penninger Soil Consulting. Existing System Inspection/Improvement Permit must be approved and permitted by ICHD.



Helmsman Homes – 149 Silverlining Existing System Inspection/IP Septic Site Plan 6.16.21

DAS staked lot and proposed house pad and located existing, home, well, septic tank and drainfield, and proposed repair. Other septic details by Penninger Soil Consulting. Existing System Inspection/Improvement Permit must be approved and permitted by ICHD.