BCW

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 / Mooresville Office (704) 660-3625 PERMIT # AP 312488

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

PIN # 4659--38--7777

APPLICANT/OWNER: Thomas Mozzeic APPLICANT ADDRESS: 416 Read Coat Ct Lancaster 29503

SITE ADDRESS: 153 Cardinal LN Mooresville NC 28115 PHONE: 360-350-2824 ALT. PHONE 704-344-5944

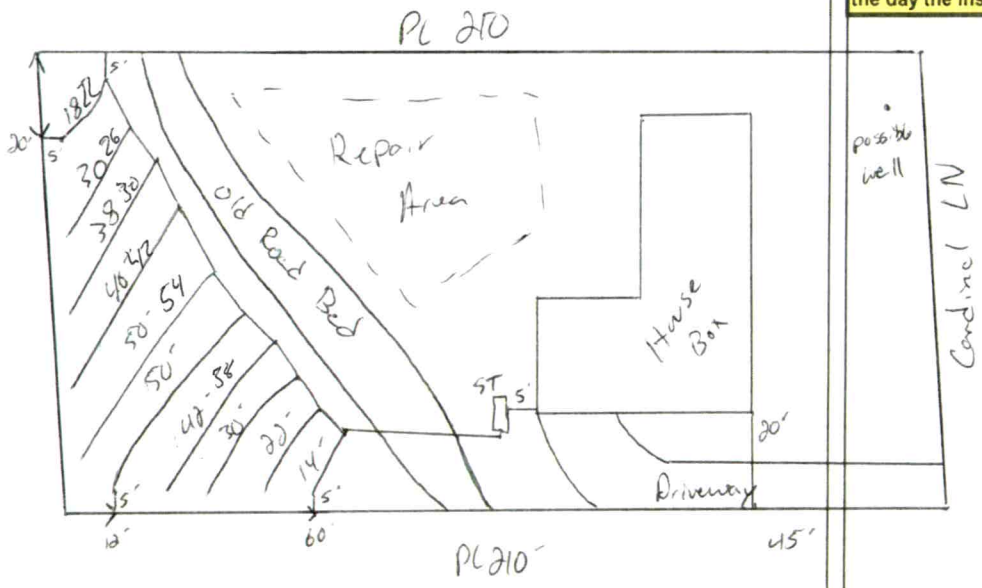
SITE DIRECTIONS: NC 115 N R on Westmorland L on Cardinal LN Lot on L SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Cardinal Acres SECTION: 2 LOT # 28 LOT AREA: 1 Acre DESIGN FLOW: 360gpd L.T.A.R.: .275

Septic Tank	1000	(gal)	STB 854	Date 5/27/22	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank		(gal)	PT	Date	System Description: 25% Reduction				☐ Business	No. Persons 6	☒ Private
Pump Make		Model		Serial #	Repair System Description: Repair Exempt				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	10	Linear Ft 327'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	31"	Gravel Depth		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install Drainlines on Contour of land, use Serial distribution.

INITIAL SITE SKETCH



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.

1"=40'

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: Kimberly Smyre Date: 3-17-2022 Installed by: A1 Backhoe

IMPROVEMENT PERMIT by: Date: 3-9-2022 OPERATION PERMIT by: Date: 6/23/22

AUTHORIZATION TO CONSTRUCT by: Date: 3-9-2022 Existing System Inspected by: Date:

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

(12)

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # OSWP. ~~AP~~ 2022-2714

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

PIN # 4659 -- 47 -- 1901

APPLICANT/OWNER: Thomas Adams APPLICANT ADDRESS: 114 Cardinal Lane Mooresville

SITE ADDRESS: 114 Cardinal Lane Mooresville NC PHONE: ALT. PHONE

SITE DIRECTIONS: Hwy 21 (on Westmoreland. (on Cardinal Site on Right SAP CONTROLLED: ☐ YES ☐ NO

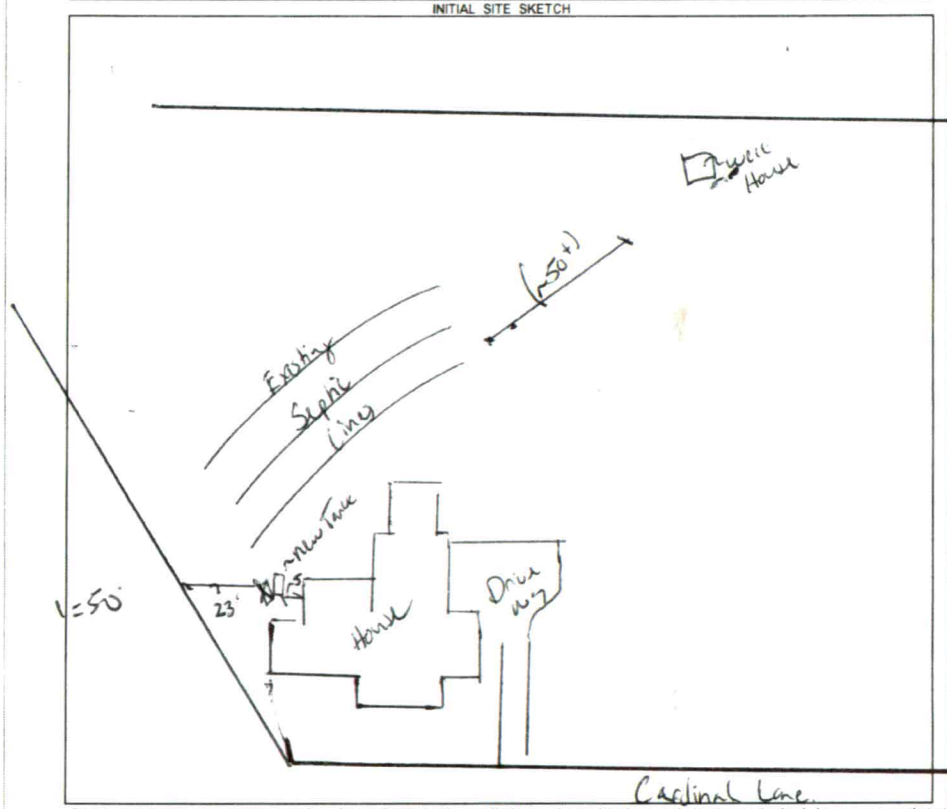
SUBDIVISION: R. V. Miller SECTION: - LOT # - LOT AREA: DESIGN FLOW: Existing L.T.A.R.: Existing

Septic Tank	1000 (gal)	STB	760.	Date	7-22.	☐ New System	☑ Repair	☐ Expansion	System Type: I (II) III IV V VI
Pump Tank	(gal)	PT		Date		System Description:			
Pump Make		Model		Serial #		Repair System Description:	Tank Replacement		
# Nitrification Fields	EXT	# Lines	EXT	Linear Ft	EXT	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	EXT	☑ GRAVITY	☐ PRESSURE		

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

Comments / Conditions: Pump Crush Fill old Septic Tank. Install new 1000 Septic Tank. Inspect and replace D-Box if necessary.

INITIAL SITE SKETCH



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: Date: Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Bryan A Bell Date: 9-1-22 OPERATION PERMIT by: Bryan A Bell Date: 9-9-2022

AUTHORIZATION TO CONSTRUCT by: Bryan A Bell Date: 9-1-22 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? _____	

BCW

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 / Mooresville Office (704) 660-3625 PERMIT # **AP** 312488

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

PIN # 4659 -- 38 -- 7777

APPLICANT/OWNER: Thomas Mazzeie APPLICANT ADDRESS: 416 Read Coat Ct Lacey WA 98503

SITE ADDRESS: 153 Cardinal LN Mooresville NC 28115 PHONE: 360-350-2824 ALT. PHONE 704-344-5944

SITE DIRECTIONS: NC 115 N R on Westmorland L on Cardinal LN Lot on L SAP CONTROLLED: ☐ YES ☒ NO

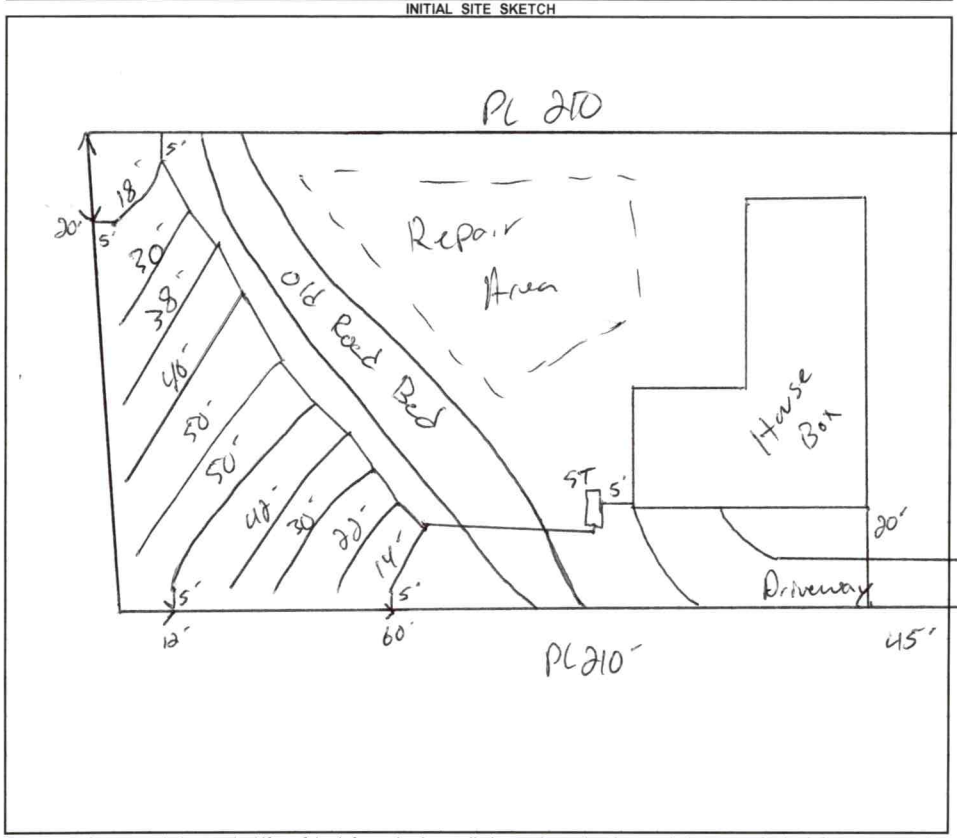
SUBDIVISION: Cardinal Acres SECTION: 2 LOT # 28 LOT AREA: 1 Acre DESIGN FLOW: 360gpd L.T.A.R.: .275

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	25% Reduction			
Pump Make			Model		Serial #		Repair System Description:	Repair Exempt			
# Nitrification Fields	1		# Lines	10	Linear Ft	327'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"		Trench Bottom Depth(Low side)	31"	Gravel Depth	-	☒ GRAVITY	☐ PRESSURE			

☒ Residence	No. Bedrooms	3	**Water Supply**		
☐ Business	No. Persons	6	☒ Private		
☐ Other	No. Employees		☐ Public		
☐ Slab	☒ Crawl Space		☐ Community		
☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: Install Drainlines on Contour of land, use Serial distribution.

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=40'

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: [signature] Date: 3-17-2022 Installed by:

IMPROVEMENT PERMIT by: [signature] Date: 3-9-2022 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 3-9-2022 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? _____	

RECEIVED FEB C 3 2022

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

AP-312488 $320.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

* Re-Drawn

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: (PRINT CLEARLY)

Applicant Name: 1st Choice Housing Inc/ Rick May Address: 119 Beechnut LN Statesville, NC Zip: 28625
Applicant Email: _____ Phone: 704-902-4010 - Rick May Alt. Phone: _____
Owner Name: Thomas Mazzie Address: 106 Sterling Terrace NC Zip: 28115
Owner Email: _____ Phone: 704-883-8228 Alt. Phone: _____

Property Information:

Street Address: 153 Cardinal Lane Mooresville, NC 28115
Subdivision Name: Cardinal Acres Section/Phase: _____ Lot Number: 28
Driving Directions: NC 115 to Ron Westmore, Rd, Left on Cardinal LN, Lot on Left

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence — Maximum Number of Occupants: 2
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
(X) 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 (X) 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: Rick May 2-3-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

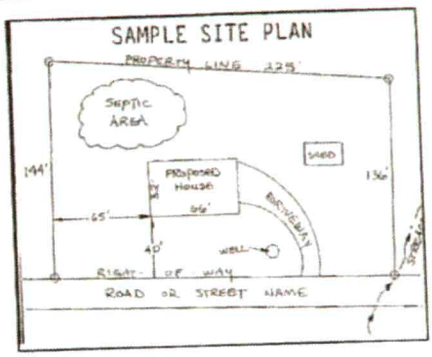
Mazzei

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:

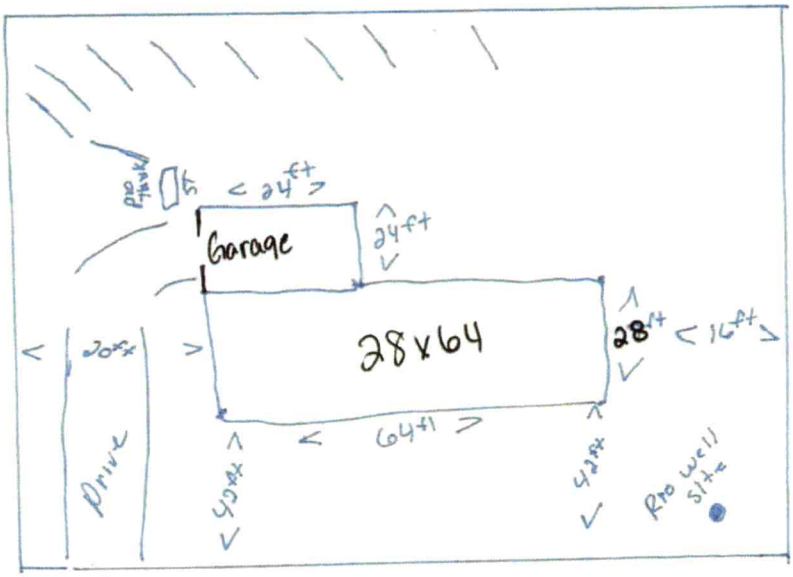
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator 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



Cardinal Drive

Signature: Bill May
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2-3-22
DATE

175

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP3124488

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

PIN # 4659387777

APPLICANT/OWNER: Thomas Mazzei | APPLICANT ADDRESS: 416 Read coat Ct SE Lacey WA 98503

SITE ADDRESS: 153 Cardinal Ln Mooresville NC 28115 | PHONE: 360-350-2824 | ALT. PHONE 704-344-5944

SITE DIRECTIONS: NC 115 N to Ron Westmoreland Rd, L on Cardinal Ln, Lot on L | SAP CONTROLLED: ☐ YES ☐ NO

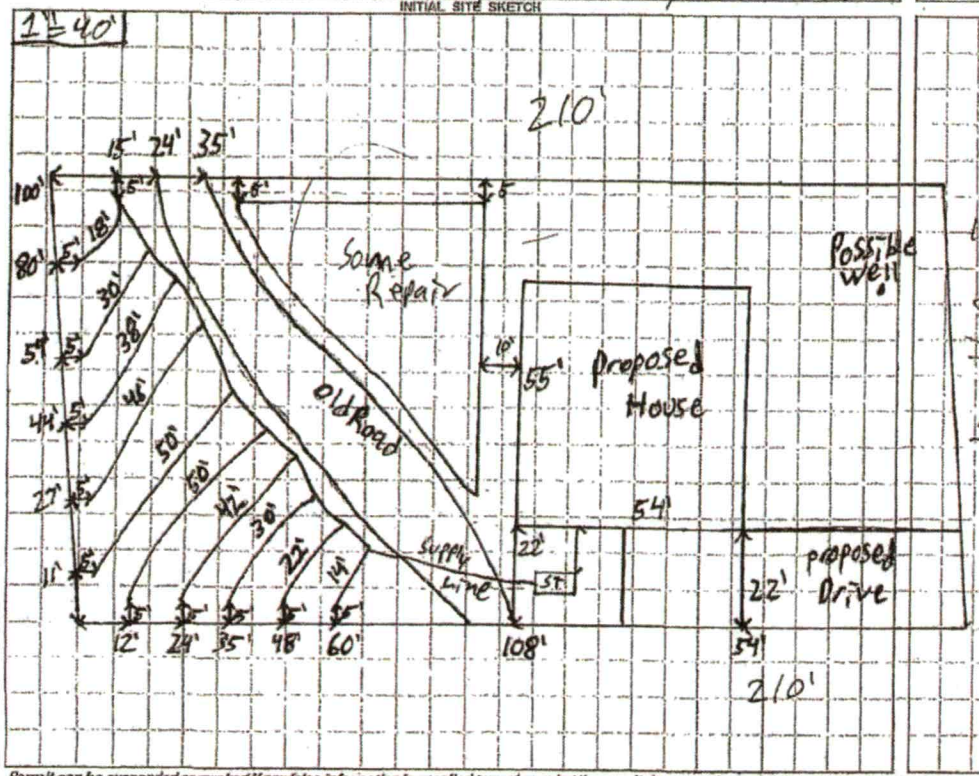
SUBDIVISION: Cardinal Acres | SECTION: 2 | LOT # 28 | LOT AREA: 1 acre | DESIGN FLOW: 360GPD | L.T.A.R.: .275

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	Gravity 25%			
Pump Make	—	Model		—	Serial #	—	Repair System Description:	Repair Exempt			
# Nitrification Fields	1	# Lines	10		Linear Ft	327'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36	Trench Bottom Depth(Low side)		31"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	3	Water Supply		
☐ Business	No. Persons	6	☒ Private		
☐ Other	No. Employees		☐ Public		
☐ Slab	☒ Crawl Space		☐ Community		
☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: Install lines on contour. DONOT drive on, store material or manipulate drainfield in any way. All property lines and corners must be clearly marked during time of installation and inspection. 340' of drain line shown on lyn need 327'

INITIAL SITE SKETCH



AS BUILT SKETCH

- Needing to chane house location and Size
- Add Attached Garage

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☐ 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: Thomas Mazzei | Date: 2/8/2021 | Installed by:

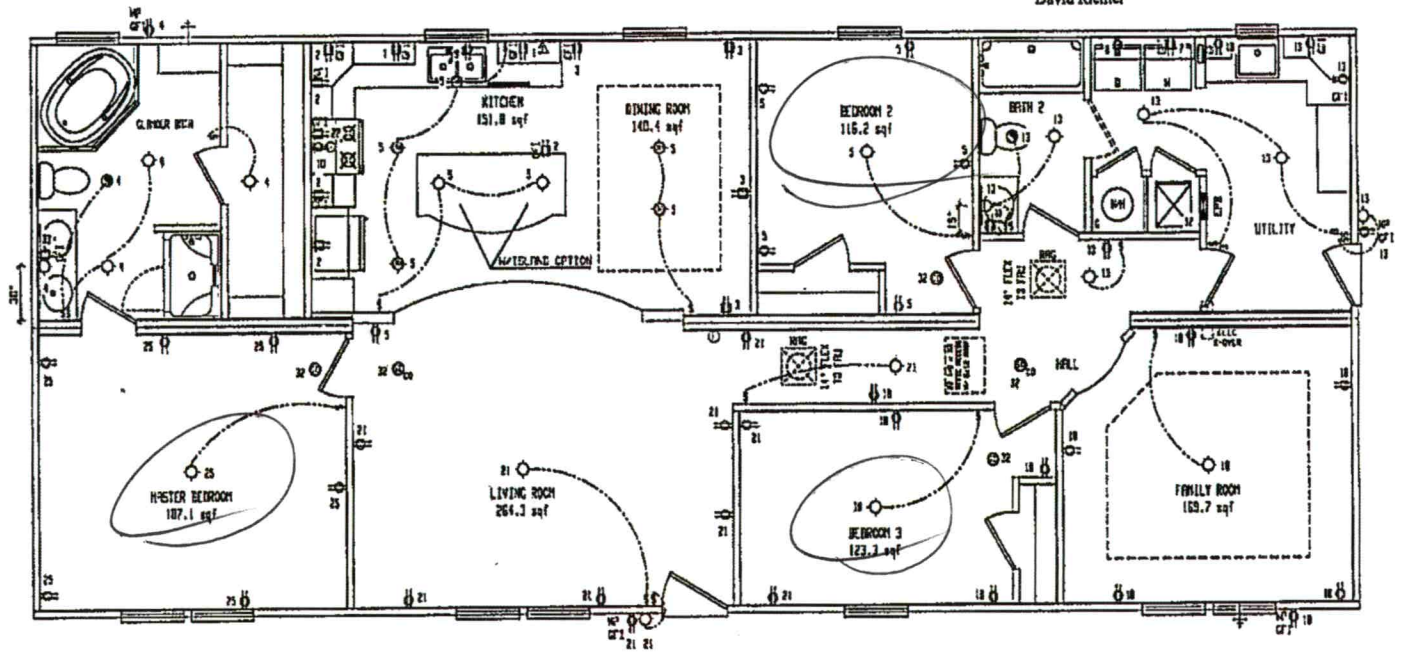
IMPROVEMENT PERMIT by: Patrick J Boyle III | Date: 2/5/2021 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Patrick Boyle | Date: | Existing System Inspected by: | Date:

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 inspection time.

28x64
3Bedroom Rick May 2-3-22
3.9.2022

APPROVED BY
NTA INC. 4/22/2019
Approval of this document does not authorize or approve any deviation or deviations from the requirements of applicable State Laws.
David Richter



NOTE: ALL FAMILY, DINING, LIVING, KITCHEN, LAUNDRY, LIBRARIES, DENS, BEDROOMS, RECREATION ROOMS, CLOSETS, HALLWAYS OR SIMILAR ROOMS OR SPACES SHALL BE PROTECTED BY A LISTED ARC-FAULT CIRCUIT INTERRUPTER IN ACCORDANCE WITH SECTION 210.12 OF THE NEC.

ELECTRICAL SCHEDULE

DESCRIPTION	VOLTS
PORTABLE APPLIANCES	120
PORTABLE APPLIANCES	120
PORTABLE APPLIANCES	120
SEPARATE CIRCUIT FOR MICROWAVE	120
SEPARATE CIRCUIT FOR REFRIGERATOR	120
SEPARATE CIRCUIT FOR DISHWASHER	120
SEPARATE CIRCUIT FOR DISPOSAL	120
SEPARATE CIRCUIT FOR TRASH COMPACTOR	120
SEPARATE CIRCUIT FOR RANGE HOOD	120
SEPARATE CIRCUIT FOR WASHER	120
SEPARATE CIRCUIT FOR DRYER	240
SEPARATE CIRCUIT FOR WATER HEATER	240
SEPARATE CIRCUIT FOR RANGE	240
SEPARATE CIRCUIT FOR WALL OVEN	240
SEPARATE CIRCUIT FOR COOKTOP	240
SEPARATE CIRCUIT FOR AIR CONDITIONER	240
SEPARATE CIRCUIT FOR HEAT PUMP	240
SEPARATE CIRCUIT FOR FURNACE	120
SEPARATE CIRCUIT FOR ELECTRIC FURNACE	240
SEPARATE CIRCUIT FOR WHIRLPOOL	240
SEPARATE CIRCUIT FOR SPA	240
SEPARATE CIRCUIT FOR WELL PUMP	240
SEPARATE CIRCUIT FOR SEPTIC PUMP	240
SEPARATE CIRCUIT FOR SUMP PUMP	240
SEPARATE CIRCUIT FOR GARAGE DOOR OPENER	120
SEPARATE CIRCUIT FOR SECURITY SYSTEM	120
SEPARATE CIRCUIT FOR INTERCOM	120
SEPARATE CIRCUIT FOR VACUUM SYSTEM	120
SEPARATE CIRCUIT FOR SOLAR PANEL	240
SEPARATE CIRCUIT FOR WIND TURBINE	240
SEPARATE CIRCUIT FOR FUEL CELL	240
SEPARATE CIRCUIT FOR BATTERY BACKUP	240
SEPARATE CIRCUIT FOR GENERATOR	240
SEPARATE CIRCUIT FOR TRANSFER SWITCH	240
SEPARATE CIRCUIT FOR SERVICE PANEL	240
SEPARATE CIRCUIT FOR SUB-PANEL	240
SEPARATE CIRCUIT FOR METER	240
SEPARATE CIRCUIT FOR MAIN BREAKER	240
SEPARATE CIRCUIT FOR GROUND FAULT	240
SEPARATE CIRCUIT FOR ARC FAULT	240
SEPARATE CIRCUIT FOR SURGE PROTECTOR	240
SEPARATE CIRCUIT FOR LIGHTNING ARRESTOR	240
SEPARATE CIRCUIT FOR GROUNDING	240
SEPARATE CIRCUIT FOR BONDING	240
SEPARATE CIRCUIT FOR EQUIPOTENTIAL	240
SEPARATE CIRCUIT FOR SPECIAL	240

MAKE	SCHULT
SERIES	ET28
	CLAYTON HOME BUILDING GROUP

REVISIONS	BY	DATE

GENERAL NOTES
LOCK-OUT BREAKER ON CIRCUIT 16

DRAWING TITLE
ELECTRICAL PLAN

MODEL NAME	5604-G		SQ. FT. 1706
PLANT 958	DESCRIPTION 28X64 3BR-2BA	MODEL NO. 5604-G	
DRAWN BY RXP	ORIG. DATE 03/21/2018	DATE PRINTED 04/18/2019	SHEET NO. 11-1

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)* Thomas W. Meyer

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, Thomas W Mazzeo, am the legal owner(s) of the property located at 153 Cardinal Lane Mooresville, NC 28115, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) 1st Choice Housing INC. William R. Mayor Kimberly Faye, 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.

Thomas W Meyer — Signature of Owner(s)

10-1-2021 — Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)878-3171

Residential Zoning Permit Application

What are you building?(Please check) *No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.

Stick built___ 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)

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? ___ and stories?___

Please describe project (Details, Purpose, or Use): _____

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 Thomas Mazzie Phone # 704-883-8228

Owner's Current Address 106 Sterling Terrace NC 28115

Property Information

Property Address 153 Cardinal LN mooresville, NC Parcel # 4659387777

Subdivision:_____ Lot:____ Zoning:_____ Watershed: Y / (N) Flood Plain: Y / (N) Township:_____

Directions to property (from a MAIN ROAD) NC 115 to Ron Westmore Rd, Left on Cardinal LN, Lot on left.

Application Information

Applicant's Name or Company 1st Choice Housing INC Applicant's Phone # 704-883-8228

Applicant's Address 119 Beechnut Lane Statesville, NC 28625

If Company, Representative's Name and Title Rick may / Site Coordinator

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 PLANNING & DEVELOPMENT 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 Rick May DATE 2-3-22