BLDR 2024-64970

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 322372

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

PIN # 4659--42G8--70

APPLICANT/OWNER: Best Homes APPLICANT ADDRESS: 236 Ravenz Suite 7 Mooresville NC 28117

SITE ADDRESS: 112 Brook Forest CT Mooresville NC PHONE: 980-500-1238 ALT. PHONE

SITE DIRECTIONS: Hwy 21 South @ Dido Creek R Brook Forest Cotey Right SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Brook Forest SECTION: - LOT # 17 LOT AREA: .61 AC DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank 1000 (gal) STB 160 Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 6 Linear Ft 240
Trench Width 36in Trench Bottom Depth (~~Low side~~) 24inches Gravel Depth

[X] New System [ ] Repair [ ] Expansion System Type: I II III IV V VI
System Description: Gravity Horizontal PPBPS-50% Red
Repair System Description: 00-Hrizontal PPBPS-50% Red.
Maintenance Agreement Required: [ ] YES [X] NO
[X] GRAVITY [ ] PRESSURE

[ ] Residence No. Bedrooms 3
[ ] Business No. Persons 6
[ ] Other No. Employees
[X] Slab [ ] Crawl Space
[ ] Basement w/plumbing [ ] Basement w/o plumbing

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

Comments / Conditions:

INITIAL SITE SKETCH

See Site plan Paul Pennington
Aproved 3/29/2022

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.

* GPS as built * upper two lines 9/12/24 DW

Repairity 4 Lines
MW 10/19/24

See attached as built

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.* [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: Heather Best Date: 4/13/22 Installed by: Michael Powell

IMPROVEMENT PERMIT by: Benjamin A Boston Date: 3/29/2022 OPERATION PERMIT by: Matt Callin Date: 10/22/24

AUTHORIZATION TO CONSTRUCT by: Benjamin A Boston Date: 5/9/2023 Existing System Inspected by: Date:

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 322372

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

PIN # -- --

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

SITE ADDRESS: 112 Brook Forest Ct Mooresville NC PHONE: 980.500.1238 ALT. PHONE

SITE DIRECTIONS: Hwy 21 South @ Dido Creek R Brook Forest Later Right SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Brooke Forest SECTION: - LOT # 17 LOT AREA: .61 AC DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank 1000 (gal) STB 1600 Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 6 Linear Ft 240

Trench Width 36in Trench Bottom Depth (~~Low side~~) 24inches Gravel Depth

☒ New System ☐ Repair ☐ Expansion System Type: I II ☒ III IV V VI

System Description: Gravity Horizontal PPBPS-50% Red

Repair System Description: LPP-Horizontal PPBPS-50% Red

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☒ Slab ☐ Crawl Space

☐ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply

☒ Private

☐ Public

☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

See site plan Paul Pennington

	Date	Initials
Drain Lines Checked		
Tanks Checked	9/12/24	DW
Pressure Manifold or Valve Box Checked (D-Box)		
Pressure Head Set	—	—
Electrical Checked	—	—
Floats Set	—	—
Alarm Checked	—	—
Maintenance Contract Y / (N)		

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.

* GPS as built * upper two lines 9/12/24 DW

41 41

See attached as built

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: Heather Rose Date: 4/13/22 Installed by: Michael Powell

IMPROVEMENT PERMIT by: Benjamin A Boston Date: 5/29/2022 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Benjamin A Boston Date: 5/9/2023 Existing System Inspected by: Date:

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

New site/floor plans approved 6/14/24 D. Imeberg

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? _____	

	Date	Initials
Drain Lines Checked		
Tanks Checked	9/12/24	DW
Pressure Manifold or Valve Box Checked (D-Box)		
Pressure Head Set	—	—
Electrical Checked	—	—
Floats Set	—	—
Alarm Checked	—	—
Maintenance Contract Y / (N)		



VICINITY MAP
Not To Scale

CHARLOTTE HWY

PUBLIC R/W VARIES

NOW OR FORMERLY
MATTHEW W
&MELISSA C FULBRIGHT
2009/1111

L1 S 51°52'45" E
75.30'

17

#112
26,455 Sq.Ft±
0.61 Ac.±

35' REAR YARD

15' SETBACK

15' SETBACK

15' SSLE

P 46

B 88

O 85

16½'

Bk. 78 Pg. 85

16

S 37°07'24" W
265.05'

S 37°07'24" W
263.74'

18

PATIO
17.5
11.0
13.6
8.0
14.8

KENSINGTON "A"
2-CAR
GAR LEFT
MONO SLAB
W/P BRICK
9/9/19
65.0
65.0

7.8
2.5
7.0
14.5
17.0
20.6
13.6

27.5'
23.5'

35' SETBACK

37.0'

WELL

100.00'

N 52°52'28" W

BROOKE FOREST COURT

50' PRIVATE R/W

As Built Sketch

LINE	BEARING	DISTANCE
L1	S 52°52'00" E	24.71'

THIS PROPERTY MAY BE SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AND RESTRICTIVE COVENANTS WHICH MAY BE OF RECORD OR IMPLIED

THIS DRAWING DOES NOT REFLECT AS-BUILT INFORMATION

PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES.

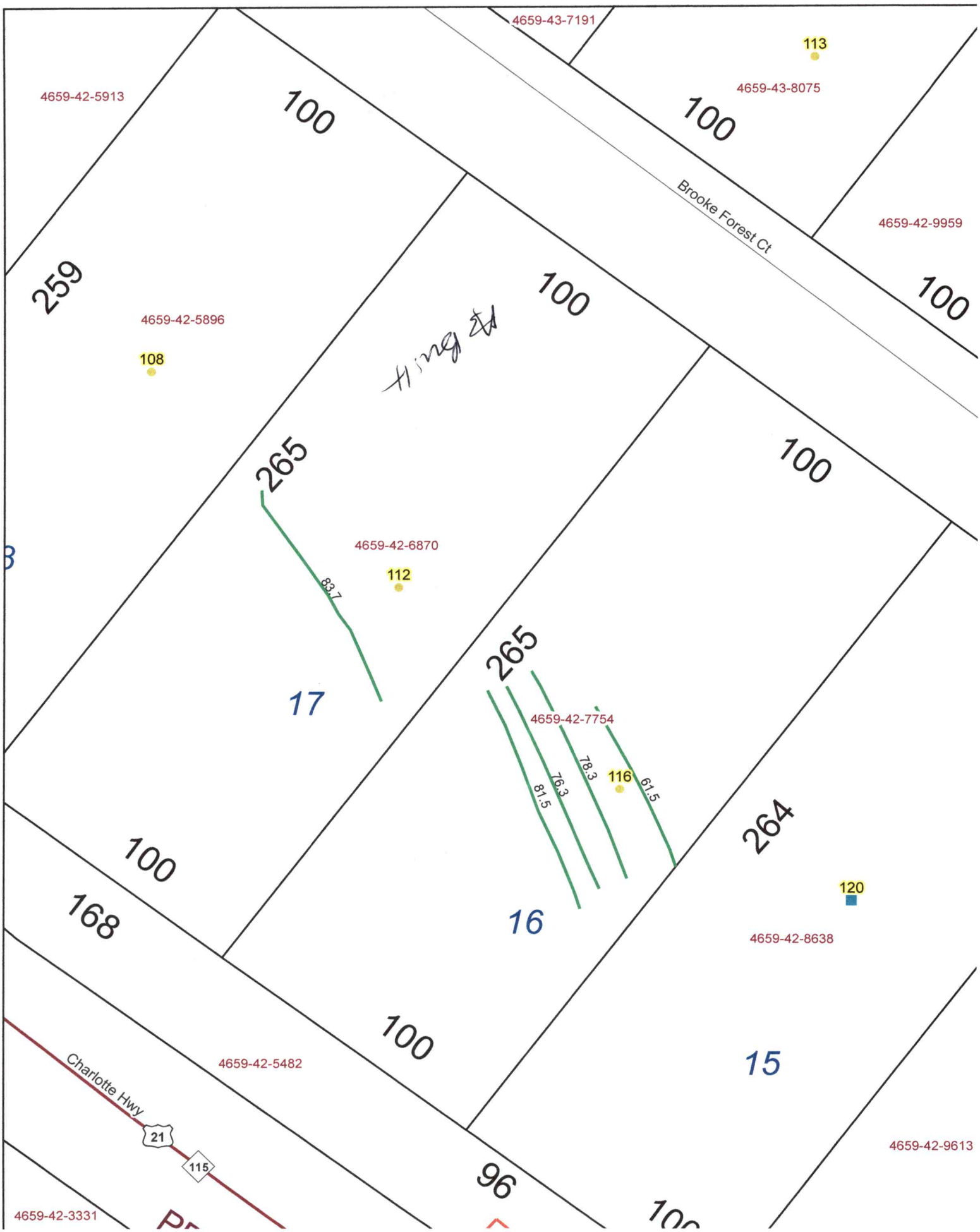
40 0 40
SCALE: 1" = 40'

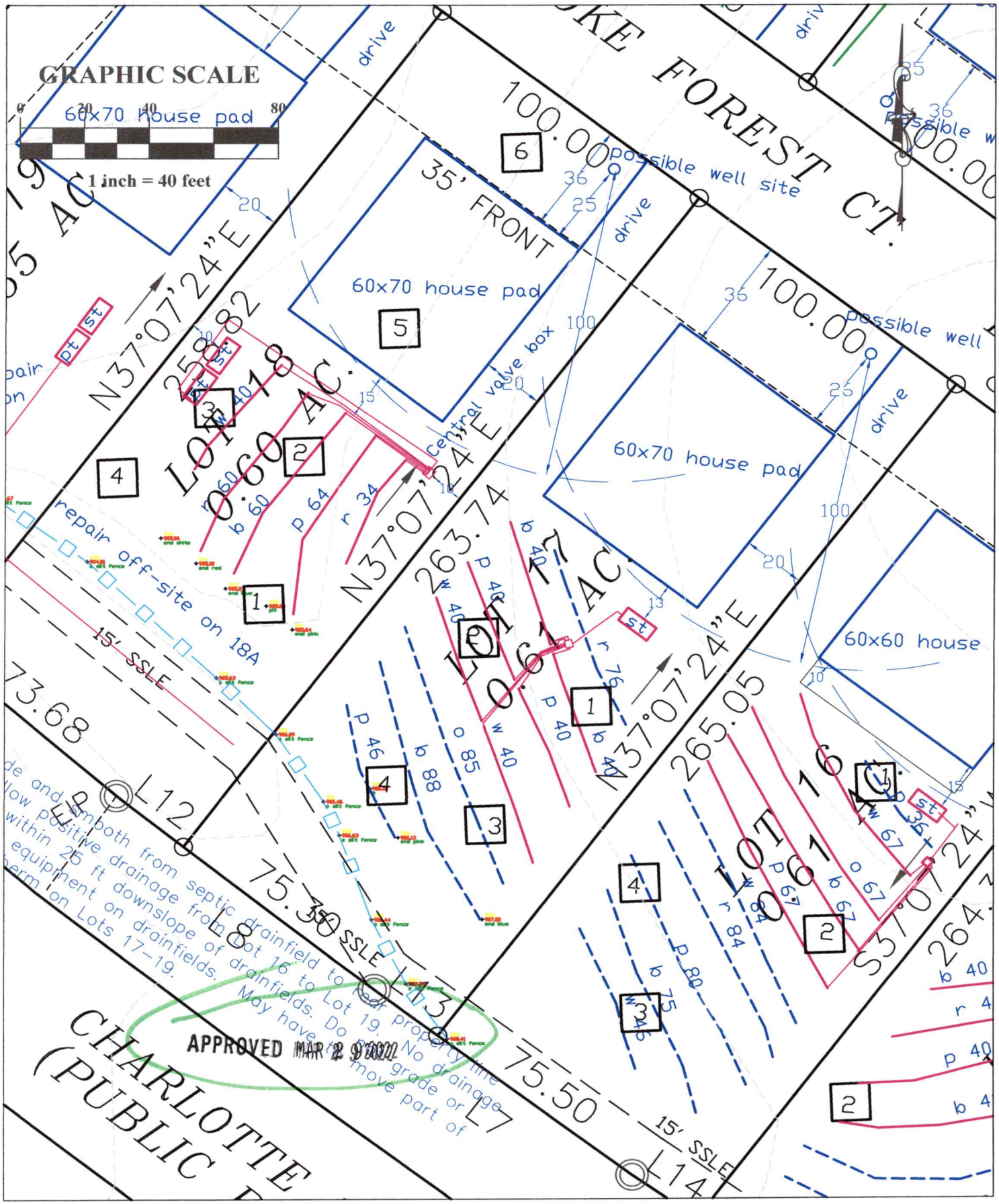
HOUSE LOCATION PLOT PLAN

FOR

LOT 17 BROOKE FOREST

As Built Sketch


4659-43-7191
113
4659-43-8075
4659-42-5913
100
100
Brooke Forest Ct
4659-42-9959
100
259
4659-42-5896
108
100
265
4659-42-6870
112
83.7
17
265
100
4659-42-7754
78.3
76.3
81.5
116
61.5
264
120
16
4659-42-8638
168
100
4659-42-5482
15
Charlotte Hwy
21
115
4659-42-9613
96
4659-42-3331



Nest Homes – Brooke Forest Lot 17 Septic Site Plan rev. 2.1.22

Base site plan from DAS. Lot lines and house boxes staked by DAS. Approximate septic lines and backhoe pits sketched on site plan by Penninger Soil Consulting. Refer to flags in field. Well and septic system must be approved and permitted by ICHD.

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet ____ of ____

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

Lot 17 Brookeforest

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: _____

Nest Homes - 112 Brookeforest Ct Lot 17

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-23	C SBK/ABK	SS Sp FR SPQ	2.5YR 4/6	56	-	N/A	PS .30
		23-56	CL WSBK	SS Sp FR					
		56-62	LSAP.	NS NP FR					
2		0-26	C MABK	SS Sp FR	10YR 6/6 10YR 4/4	52	/	Redox in C Layer	PS .25
		26-52	CL WSBK	SS Sp FR					
		52-70	LSAP	NS NP FR					
		0-10							PS .275
		10-26	SCL SBK /	SS Sp FR					
		26-66	CL WSBK	SS Sp FR					
		0-8	Disturbed.		10YR 6/6 10YR 5/4		C. Plus.		PS .25 Horizontal
		8-31	C WSBK/ABK						
		31-60	CL WSBK	SS Sp FR					

COMMENTS: _____

*Installed 40 Trees LR-50%

KEYNOTES

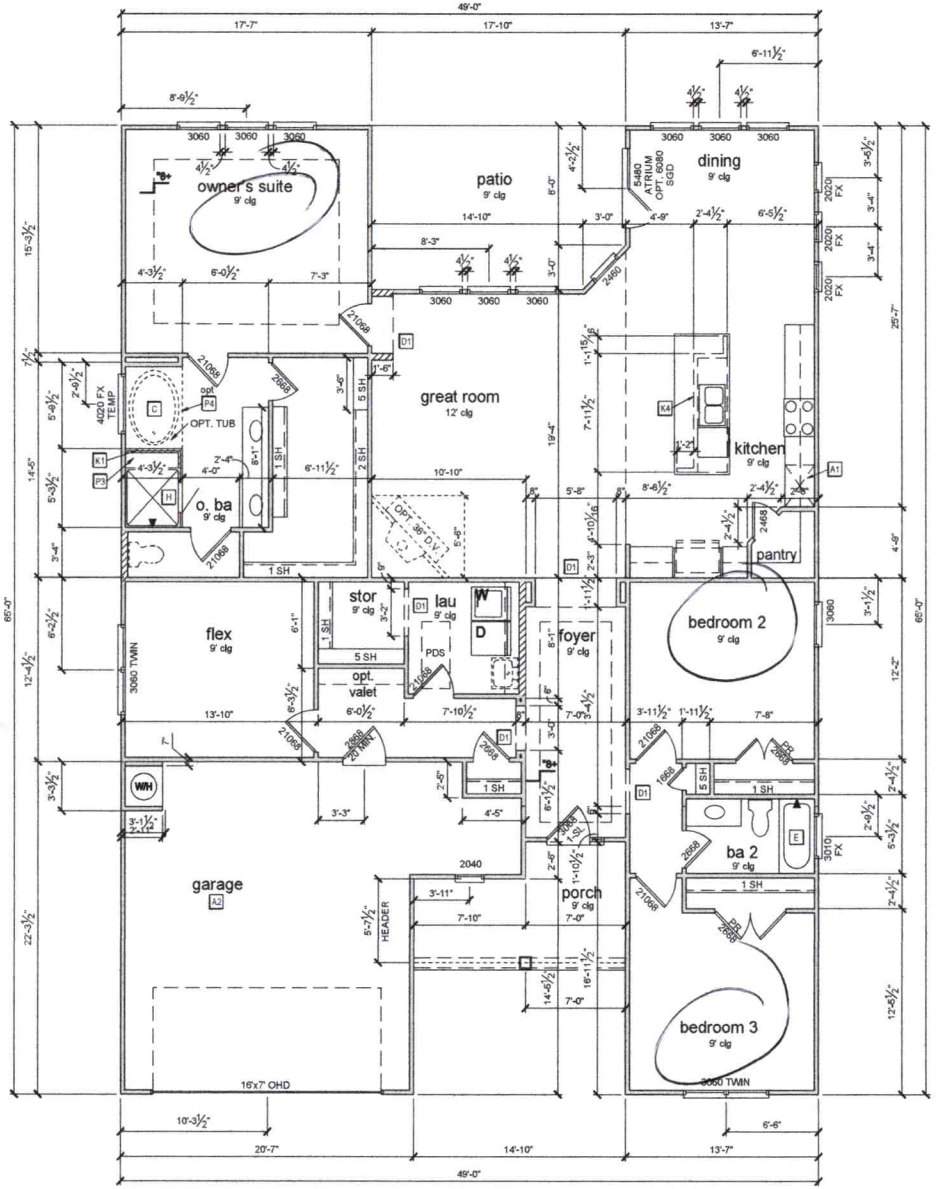
A1	OVEN / MICRO OR DOUBLE OVEN OPTIONAL OR INCLUDED PER COMMUNITY SPECS	P1	OPT. LAUNDRY SINK
A2	**GARAGE CEILING - 5/8" TYPE X DRYWALL, VERTICAL SURFACE WALLS - 1/2" DRYWALL**	P2	(3) 2X4 CURB WITH CAP PER SPECS
A3	22"X30" ATTIC ACCESS CONSTRUCTED WITH 5/8" TYPE X GYP AND DOOR TRIM FRAME ACCESS SUPPORT	P3	18" HIGH SLOPED BENCH SEAT WITH TILE FINISH. SEE DETAIL PER SHEET CD-4
A4	COFFERED CEILING PER SHEET CD-2	P4	22" HIGH TUB DECK PLATFORM. DETAILS PER SHT CD-4
A5	PROVIDE 6" MIN. FLAT CLG AT ANGLED CLG CONDITION	A	34"X48" ENSEMBLE SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
D1	DRYWALL SOFFIT - 12" DROP FROM CEILING LINE	B	42" X 60" ENSEMBLE TUB - INTEGRAL SKIRT
D2	DRYWALL SOFFIT - 8" DROP FROM CEILING LINE	C	42" X 60" OVAL LAWSON TUB - DROP-IN
D3	8' TALL DRYWALL OPENING, WIDTH PER PLAN	D	42"X72" LAWSON TUB - DROP-IN
D4	8' TALL CASED OPENING, WIDTH PER PLAN	E	30"X60" TUB PER SPECS
D6	6'-10" TALL CASED OPENING, WIDTH PER PLAN	F	SHOWER TILE FLOOR / WALLS, GLASS ENCLOSURE
K1	39" KNEE WALL WITH TILE CAP	G	SHOWER TILE FLOOR / WALLS, TILE WALL TO CEILING AND AT ALL SIDES OF WINDOW(S)
K2	38" KNEE WALL WITH 1x CAP	H	48"X48" SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
K3	46" KNEE WALL WITH TILE CAP	S1	BOX STAIR WITH 38" KNEE WALL & 1X CAP
K4	34 1/2" KNEE WALL	S2	BOX STAIR WITH OPEN RAIL
K5	42" KNEE WALL WITH 1X CAP	S3	EXPOSED TREAD W/OPEN RAIL
		S4	OPEN RAIL W/INTERMEDIATE NEWEL AS REQ'D PER CODE

AREA TABULATION 'A'

GARAGE	519 SF
FRONT PORCH	108 SF
PATIO	190 SF
FLOOR 1 LIVING	2,243 SF
TOTAL LIVING	2,243 SF

APPROVED JUN 04 2024

112 Brooke Forest



FIRST FLOOR PLAN 'A'

1/8" = 1'-0" @ 11x17

NOTES & LEGENDS

1. REFER TO ENGINEERING STRUCTURAL DRAWINGS (S-#) FOR BEARING WALL LOCATIONS AND FOR ALL BEAM & HEADER SIZES AND BEARING WALL LOCATIONS
2. EXTERIOR & LOAD BEARING WALLS SHALL BE 16" O.C. WITH DOUBLE TOP PLATE U.N.O. INTERIOR NON-BEARING WALLS SHALL BE 24" O.C. WITH DOUBLE TOP PLATE U.N.O.
3. INTERIOR NON-BEARING DOOR & WINDOW HEADERS SHALL BE (1) 2x4 OR (1) 2x6 W/VERTICAL CRIPPLERS @ 2'-0" O.C. TO MATCH WALL WIDTH UNLESS NOTED OTHERWISE.
4. (2) HOSE BIBS SHALL BE INSTALLED, LOCATION TO BE DETERMINED BY PLUMBING CONTRACTOR

OPTIONAL WINDOW | 2X4 FRAME WALL | 2X6 FRAME WALL | BALLOON FRAME WALL (PER STRUCTURALS)

REVISION NUMBER

00	05			
01	06			
02	07			
03	08			
04				

REFER TO COVER SHEET FOR DESCRIPTION

Century Communities expressly reserves its common law copyright and other property rights in these plans. These plans are not to be copied, reproduced, or changed, in any form and or manner whatsoever, nor are they to be assigned to a third party without first obtaining written permission and consent of Century Communities.

CENTURY COMMUNITIES

PLAN NUMBER: 2243

RELEASE DATE: 9.9.19

MODEL: KENSINGTON 'A'

DRAWING TITLE: 1ST FLOOR PLAN

SHEET NO: A3.1A

call Paul Penninger for site visit 704.996.6330 RECEIVED DEC 0 2 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP- 322372 $000.00

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: ( ) 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: Nest Homes, LLC **Address:** 236 Raceway, Suite 7, Mooresville, NC **Zip:** 28117

Applicant Email: avannoppen@nesthomes.com **Phone:** 828-443-3366 **Alt. Phone:**

Owner Name: Preston Cornelius **Address:** 2027 Charlotte Highway, Mooresville, NC **Zip:** 28117

Owner Email: avannoppen@nesthomes.com **Phone:** 828-443-3366 **Alt. Phone:**

Property Information:

Street Address: 112 Brooke Forest Ct

Subdivision Name: Brooke Forest **Section/Phase:** **Lot Number:** 17

Driving Directions: Highway 21 South, L Didio Circle, R Brooke Forest, lot on rt

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — (X) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
( ) 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:

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:
(X) 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: 12-1-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

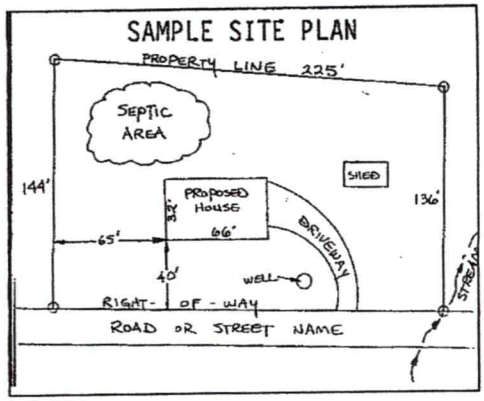
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

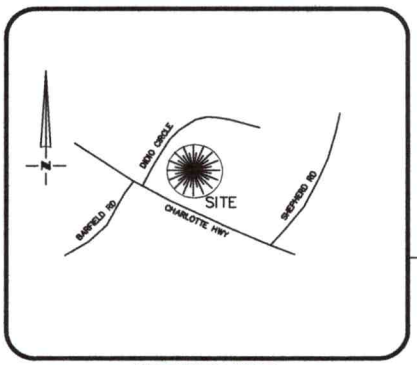
See attached site plan.

Signature: _____

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

12-1-21

DATE



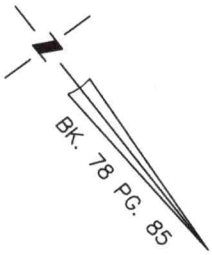
VICINITY MAP
Not To Scale

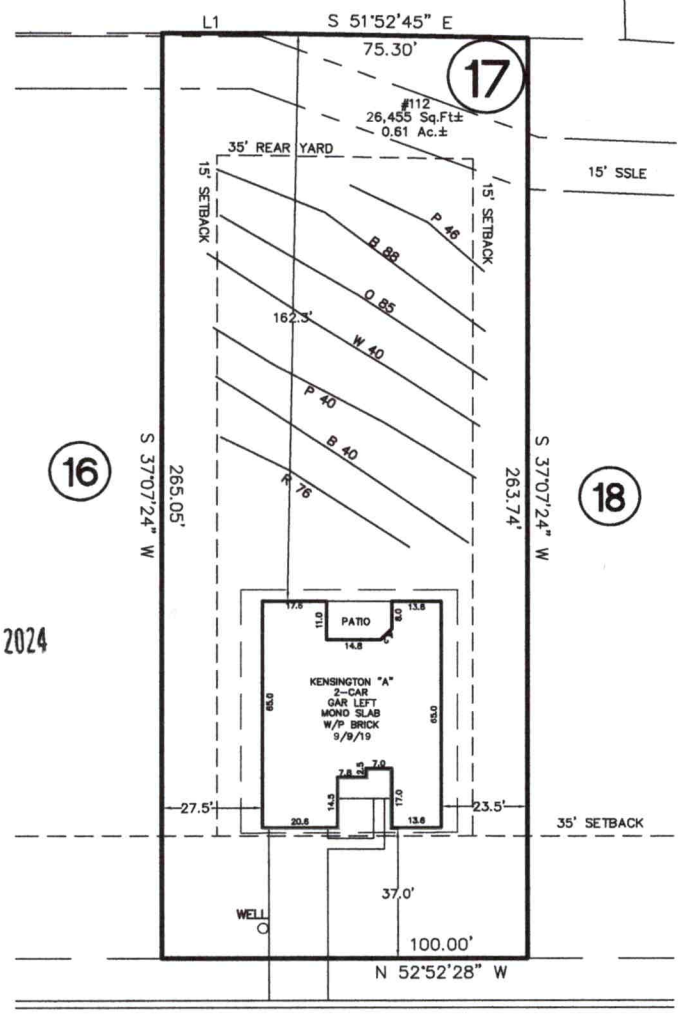
NOTE:
1. BUILDER ASSUMES RESPONSIBILITY FOR GRADING LOT AND/OR DESIGNING STEPS, PORCHES, DECKS, ETC. AS NECESSARY TO PREVENT ENCROACHMENT INTO SETBACKS.
2. HOUSE DIMENSIONS AND OPTIONS SHOULD BE VERIFIED WITH CONTRACTOR PRIOR TO CONSTRUCTION.
3. SETBACKS/ EASEMENTS SHOULD BE VERIFIED WITH DEVELOPER AND LOCAL OFFICIALS PRIOR TO CONSTRUCTION.
4. THIS IS A CONCEPTUAL DRAWING AND CONTENTS SHOWN HEREON ARE SUBJECT TO CHANGE UPON FINAL CONSTRUCTION.

CHARLOTTE HWY

PUBLIC R/W VARIES

NOW OR FORMERLY
MATTHEW W
&MELISSA C FULBRIGHT
2009/1111





APPROVED JUN 04 2024

112 Brooke Forest

BROOKE FOREST COURT

50' PRIVATE R/W

LINE	BEARING	DISTANCE
L1	S 52°52'00" E	24.71'

THIS PROPERTY MAY BE SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AND RESTRICTIVE COVENANTS WHICH MAY BE OF RECORD OR IMPLIED

THIS DRAWING DOES NOT REFLECT AS-BUILT INFORMATION

PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES.

40 0 40
SCALE: 1" = 40'

EASTOVER
LAND SURVEYING COMPANY, P.A.
LAND SURVEYORS - PLANNERS - (C-1833)
10430 PARK ROAD, SUITE #300
CHARLOTTE, NORTH CAROLINA 28210
PHONE (704) 927-8080
FAX (980) 309-0842

HOUSE LOCATION PLOT PLAN

FOR

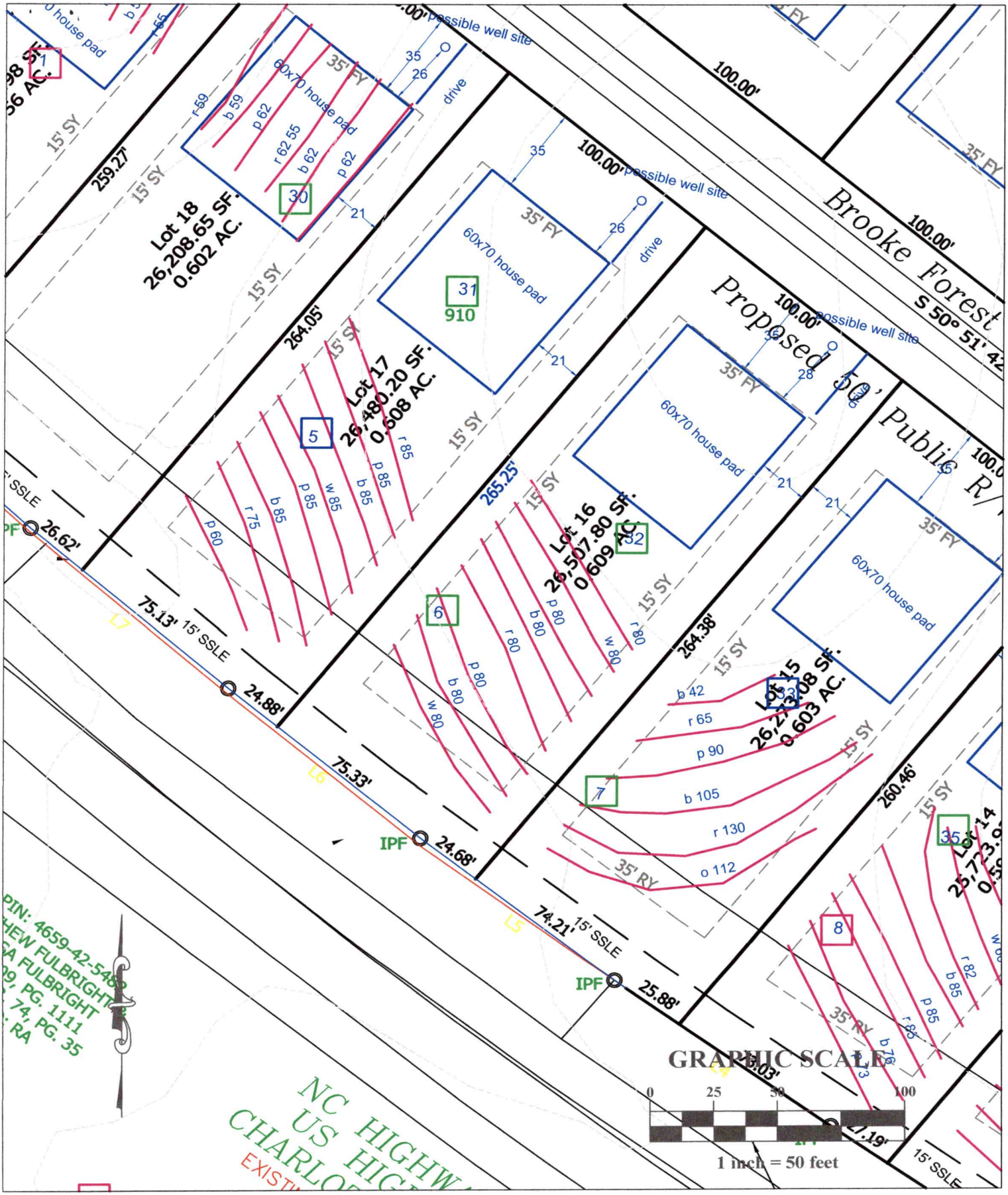
LOT 17, BROOKE FOREST

Coddle Creek Township, Iredell County, North Carolina

PROPERTY OF: CENTURY COMMUNITIES

MAP BOOK 78 PAGE 85 DEED REFERENCE

DRAWN BY: SJY | DATE: MAY 28, 2024



Nest Homes – Brooke Forest Lot 17 Septic Site Plan 12.1.21

Base site plan from DAS and Jordan Grant and Associates. Lot lines and house boxes staked by DAS. Approximate septic lines sketched on site plan by Penninger Soil Consulting. Refer to flags in field. Well and septic system must be approved and permitted by ICHD.

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)* Clarence Preston Cornelius

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, Preston Cornelius, am the legal owner(s) of the property located at Brooke Forest Drive (Brooke Forest Subdivision), identified as

PIN (Parcel Identification Number) 4659520724.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Paul Penninger/Penninger Soil Consulting Eric Wood/Nest Homes, 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.

Clarence Preston Cornelius — Signature of Owner(s)

10.19.21 — 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
322372 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
	112 BROOKE FOREST CT	Iredell County

Owner Information	Applicant Information
Name: Address: , Phone:	Name: NEST HOMES LLC Address: PO BOX 3965 MOORESVILLE, NC 28117 Phone: (704)402-8594

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	N/A	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: 10/15/2021

Signature of Owner/Contractor

Permit Number	322372	TOTAL FEES:	$77.25