IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 238334

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

PIN # 4659516980

APPLICANT/OWNER: William Allen McCormick Jr. APPLICANT ADDRESS: 160 Shipyard Pt. Rd Mooresville, NC 28117

SITE ADDRESS: 233 Shepherds Bluff Dr. Mooresville, NC PHONE: 704634-2310 ALT. PHONE

SITE DIRECTIONS: Hwy 115/US 21 N TR Shepherd Rd TL Shepherd Bluff Dr. Rear end of loop

SUBDIVISION: Shepherds Bluff SECTION: 4 LOT # 51 LOT AREA: .46 Ac SAP CONTROLLED: [X] YES [ ] NO DESIGN FLOW: 360gpd L.T.A.R.: .3 Inf. / .25 Rep.

Septic Tank	1000 (gal)	STB	1060	Date	INFILTRATOR	[X] New System [ ] Repair [ ] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	Gravity - 25% Reduction	[ ] Business	No. Persons	6	[X] Private
Pump Make		Model		Serial #		Repair System Description:	Shallow Horizontal PPBRS	[ ] Other	No. Employees		[ ] Public
# Nitrification Fields	1	# Lines	4	Linear Ft	360	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[X] Crawl Space		[ ] Community
Trench Width	24"	Trench Bottom Depth(Low side)	30-36"	Gravel Depth	N/A	[X] GRAVITY	[ ] PRESSURE	[ ] Basement w/ plumbing	[ ] Basement w/o plumbing		

Comments / Conditions:
18" repair
*Must keep Septic 100ft from well.

*Note: The repair system will require 3"-6" of additional cover if installed.

INITIAL SITE SKETCH

See attached, approved Septic plan by Michael Athanas & Assoc. (dated 9/10/18)

AS BUILT SKETCH

INSTALLED AS PERMITTED

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: [signature] Date: 9/19/18 Installed by: TOMMY FRYE

IMPROVEMENT PERMIT by: Maria Dotson Date: 9/14/18 OPERATION PERMIT by: Brittany L. White Date: 8-6-19

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 4/23/19 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.

IREDELL COUNTY HEALTH DEPARTMENT KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 238334

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

PIN # 4659569809

APPLICANT/OWNER: William Allen Peconic Bay APPLICANT ADDRESS: 160 Shipyard Pt. Rd Mooresville, NC 28117

SITE ADDRESS: 233 Shepherds Bluff Dr. Mooresville, NC PHONE: 704634-2310 ALT. PHONE

SITE DIRECTIONS: Hwy 115/US 21 N TR Shepherd Rd TL Shepherd Bluff near end on left SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Shepherds Bluff SECTION: LOT # 51 LOT AREA: .46 Ac DESIGN FLOW: 360gpd L.T.A.R.: .3 Int. / .25 Rep

Septic Tank	1000 (gal)	STB	Date	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	Gravity - 25% Reduction			[ ] Business	No. Persons	6	[X] Private
Pump Make	Model		Serial #	Repair System Description:	Shallow Horizontal PPBPS			[ ] Other	No. Employees		[ ] Public
# Nitrification Fields	1 # Lines	4	Linear Ft 360	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[X] Crawl Space		[ ] Community
Trench Width	24" Trench Bottom Depth(Low side)	30-36"	Gravel Depth N/A		[X] GRAVITY	[ ] PRESSURE		[ ] Basement w/ plumbing	[ ] Basement w/o plumbing		

Comments / Conditions:

18" repair

*Must keep Septic 100ft from well.

*Note: The repair system will require 3"-6" of additional cover if installed.

INITIAL SITE SKETCH

See attached, approved Septic plan by Michael Athanas & Assoc. (dated 9/10/18)

AS BUILT SKETCH

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**

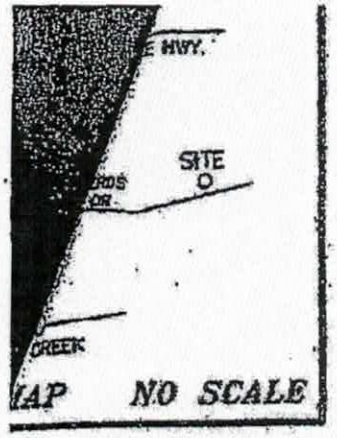
[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 9/18/18 Installed by:

IMPROVEMENT PERMIT by: Maria Dolgan Date: 9/14/18 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Dolgan Date: 4/23/19 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 inpsector to confirm your inspection time.



Acknowledgement of Plans Submittal ONLY!

POS Date 4/29/19

Date

SEAL 3499 LAND SURVEYOR WILLIAM M. ALLEN

Approved MO 9/14/18

S77°36'09"E
100.00

B5-68'
P1T 2
P7-66'
NF8-16'
Y6-80'
P1T 4
P1T 3
O4-80'
W6-80'
B3-80'
Y2-45'
P1T 5
W1-34'
P1T 1
100'
S1

S12°23'51"W
200.00

S12°23'51"W
200.00

LOT 52

LOT 50

PROPOSED HOUSE BOX

30.00

70.00

15.0

15.0

LOT 51
0.46 AC.

DRIVE

Drive

Well

38.8

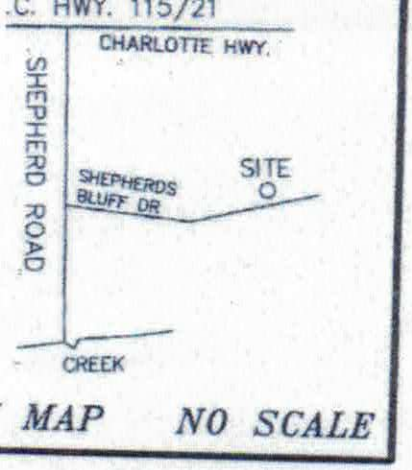
Scale
1"=40'

S77°36'09"E
100.00

SHEPHERDS BLUFF DR
50' PUBLIC R\W

W

GE



MAP NO SCALE



Approved
MD
9/14/18

S77°36'09"E
100.00

B9-68'
PIT 2
P7-86'
NF8-18'
Y6-80'
PIT 4
PIT 3
O4-80'
W5-80'
B3-60'
Y2-45'
PIT 5
W1-34'
PIT 1
ST
100'

S12°23'51"W
200.00

S12°23'51"W
200.00

LOT 52

LOT 50

PROPOSED
HOUSE
BOX

70.00

50.00

15.0

15.0

DRIVE

LOT 51
0.46 AC.

Drive

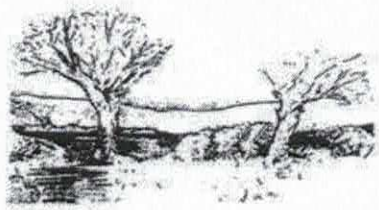
35.0

Well

S77°36'09"E
100.00

Scale
1"=40'

SHEPHERDS BLUFF DR
50' PUBLIC R\W



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

Reference: Data Sheet for 233 Shepherds Bluff Dr, Shepherds Bluff Lot 51
House Footprint: 70' x 50'
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 3/360 GPD
Proposed LTAR: 0.3 GPD/FT^2 (initial), 0.25 GPD/FT^2 (repair)
Proposed System Type: 25% Reduction
Proposed Repair System Type: Shallow Horizontal PPBPS
Distribution: Gravity-End cap/Drop Boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 30-36" (initial), 18" (repair)

Approved
9/14/18
MZ

Line	Design Length	Actual Length
White 1		34'
Yellow 2		45'
Blue 3	**60'**	**91'**
Orange 4	**80'**	**90'**
White 5	**80'**	**87'**
Yellow 6	**80'**	**87'**
Pink 7		86'
Not fluffed 8		18'
Blue 9		68'

Initial System: 300' **Repair System:** 251'

Comments:
The repair system will require 3-6" of additional cover if or when installed.

PROPERTY ID #: 4659569809

COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Approved 9/14/18 MA

OWNER: William Allen APPLICATION DATE

ADDRESS: 160 Shipyard Pointe Rd, Mooresville, NC 28117 DATE EVALUATED:

PROPOSED FACILITY: 3 bdrm PROPOSED DESIGN FLOW (.1949): 360 GPD PROPERTY SIZE: 0.46 AC

LOCATION OF SITE: 233 Shepherds Bluff Dr, Shepherds Bluff Lot 51 PROPERTY RECORDED:

WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other

EVALUATION METHOD: Auger Boring Ξ Pit ☐ Cut TYPE OF WASTEWATER: Ξ 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	
1	LS 6%	0-16	R CL WSBK	FR SS SP SXP	NA	16"	F-C SAP PS	N/A	PS 0.4-0.6
		16-68	VER L SAP M	FR SS SP SXP					
2	LS 5%	0-12	Br SCL WSBK	FR SS SP SXP	YB/CHR 2	32"	F-C SAP PS	N/A	PS 0.25-0.3 TO 32"
		12-32	R C SBK	FR SS SP SXP					
		32-44	R C ABK	FR SS SP SXP					
		44-56	R CL WSBK	FR SS SP SXP					
		56-61	VER L SAP M	FR SS SP SXP					
3	LS 12%	0-19	R C SBK	FR SS SP SXP	N/A	38"	C-M SAP PS	N/A	PS 0.3-0.4
		19-38	R CL WSBK	FR SS SP SXP					
		38-68	VER L SAP M	FR SS SP SXP					
4	LS 6%	0-24	R C SBK	FR SS SP SXP	N/A	62"	C-M SAP	N/A	PS 0.3-0.4
		24-62	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	900 FT^2	732 FT^2
System Type(s)	25% Reduction	Hor PPBPS
Site LTAR	0.3	0.25

OTHER FACTORS (.1946):

SITE CLASSIFICATION (.1948): PS

EVALUATED BY: MA&A

OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

Approved 9/14/18 MD

PROPERTY ID #: 4659569809

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
5	LS 6%	0-18	R C SBK	FR SS SP SXP	N/A	57"	C-M SAP	N/A	PS 0.3-0.4
		18-57	R CL WSBK	FR SS SP SXP					

AC + well 238334 $550 pd

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: (PRINT CLEARLY)

Applicant Name: Peconic Bay Homes Address: 102 Burley Rd Mooresville Zip: 28117
Applicant Email: Pete@PeconicBayHomes.com Phone: 704 235-8489 Alt. Phone:
Owner Name: Same Peconic bay homes Address: Zip:
Owner Email: Same Phone: Alt. Phone:

Property Information:

Street Address: 233 Shepherds Bluff Dr. Mooresville
Subdivision Name: Shepherds Bluff Section/Phase: Lot Number: 51
Driving Directions: From Mooresville 21 (N) to Shepherds Rd (R) to Shepherds Bluff Rd (L) 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
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Maximum Number of Bedrooms: 3
Maximum Number of Occupants:
( ) Swimming Pool
( ) Other Addition/Structure:
Non-Residential Site Development: Type of Business:
Square Footage of Building: 1882 Max. Number of Employees: Max. Number of Seats/Beds/Other:

CHECK FOUNDATION TYPE

(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 ( ) 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: _____ 4/9/19
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, Peter DeNicola, am the legal owner(s) of the property located at 233 Shepherds Bluff Dr., identified as

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

I do hereby authorize (**print legal representative/company name**) Picaric Bay Homes, Peter DeNicola, 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.

_____ 4/9/19

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

#23053
$350.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: **(PRINT CLEARLY)**

Applicant Name: William Allen **Address:** 160 Shipyard Pointe Rd, Mooresville, NC **Zip:** 28117

Applicant Email: _____ **Phone:** 704-634-2310 **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 233 Shepherds Bluff Dr

Subdivision Name: Shepherds Bluff **Section/Phase:** _____ **Lot Number:** 51

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(✓) 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: _____
( ) 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: _____ 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 ( ) 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: Accepted

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: _____ 9/10/2018
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, William M. Allen, am the legal owner(s) of the property located at 233 Shepherds Bluff Dr, Shepherds Bluff Lot 51, identified as PIN (Parcel Identification Number) 4659569809, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & 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]	8/30/18		
Signature of Owner(s)	Date	Signature of Witness	Date

Please return this signed form to the appropriate office:

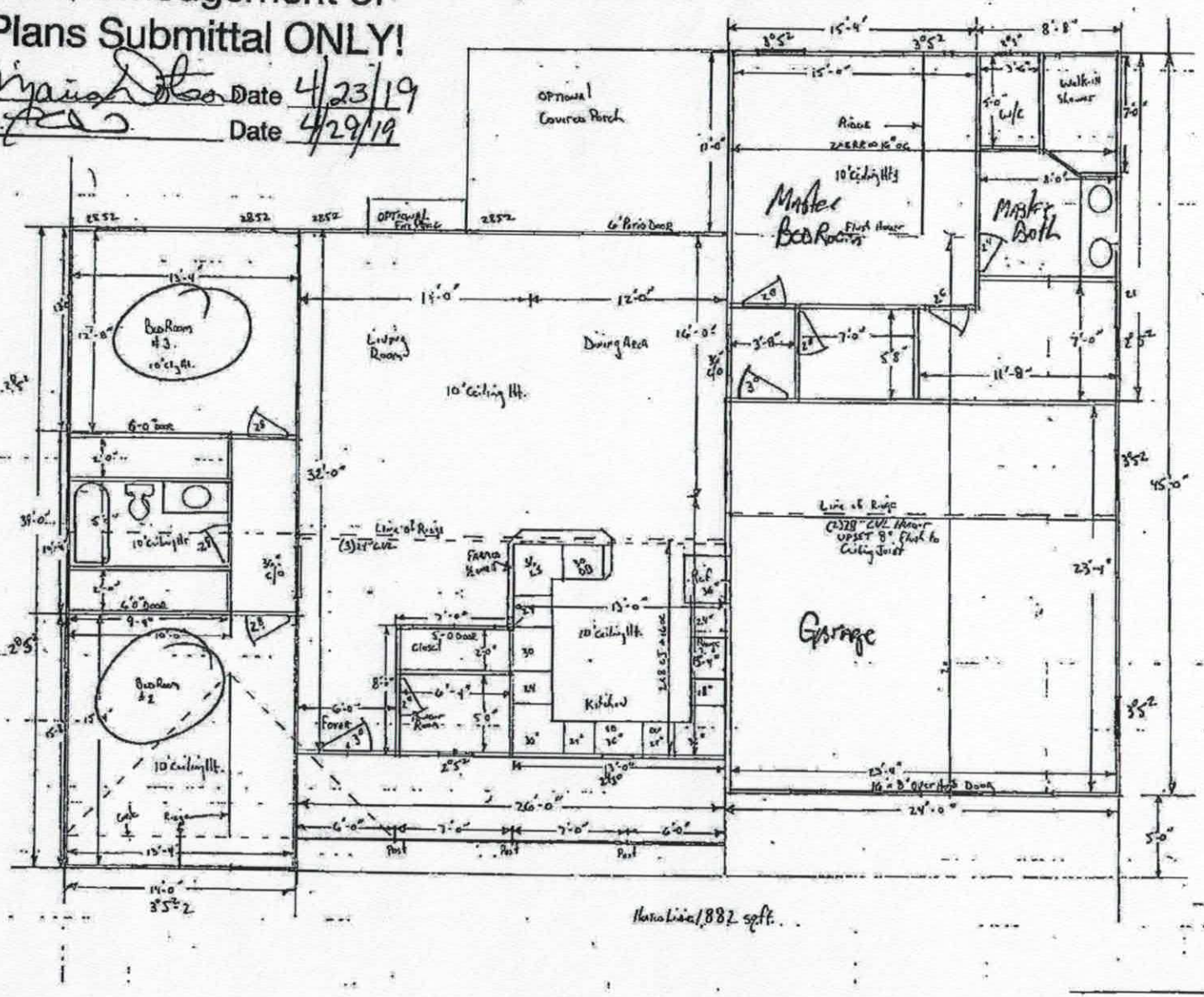
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Acknowledgement of
Plans Submittal ONLY!

Date 4/23/19

Date 4/29/19



Habitable 1,882 sq.ft.

IREDELL COUNTY

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

APPLICATION NUMBER
238334
Issue Date: 08/27/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4659569809.000	233 SHEPHERDS BLUFF DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: ALLEN WILLIAM M+CHRISTY S	Applicant: MICHAEL ATHANAS & ASSO
Address: 160 SHIPYARD POINTE RD	Address: 561 ENNIS RD
MOORESVILLE, NC 28117	WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.460	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	150130	TOTAL FEES:	$ 77.25