ICHD–ENVIRONMENTAL HEALTH DIVISION PJB

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-232802

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

PIN # 4659746280

APPLICANT/OWNER: America's Home Place / Tom Sminkey APPLICANT ADDRESS: 1206 Greenland Dr. Statesville, NC

SITE ADDRESS: 103 Cottage Ct. Mooresville, NC PHONE: 704-794-4505 ALT. PHONE 704-660-9225

SITE DIRECTIONS: NC 115 N → R on Shepherd Rd → R on Cottage Ct. → lot on L SAP CONTROLLED: ☑ YES ☐ NO

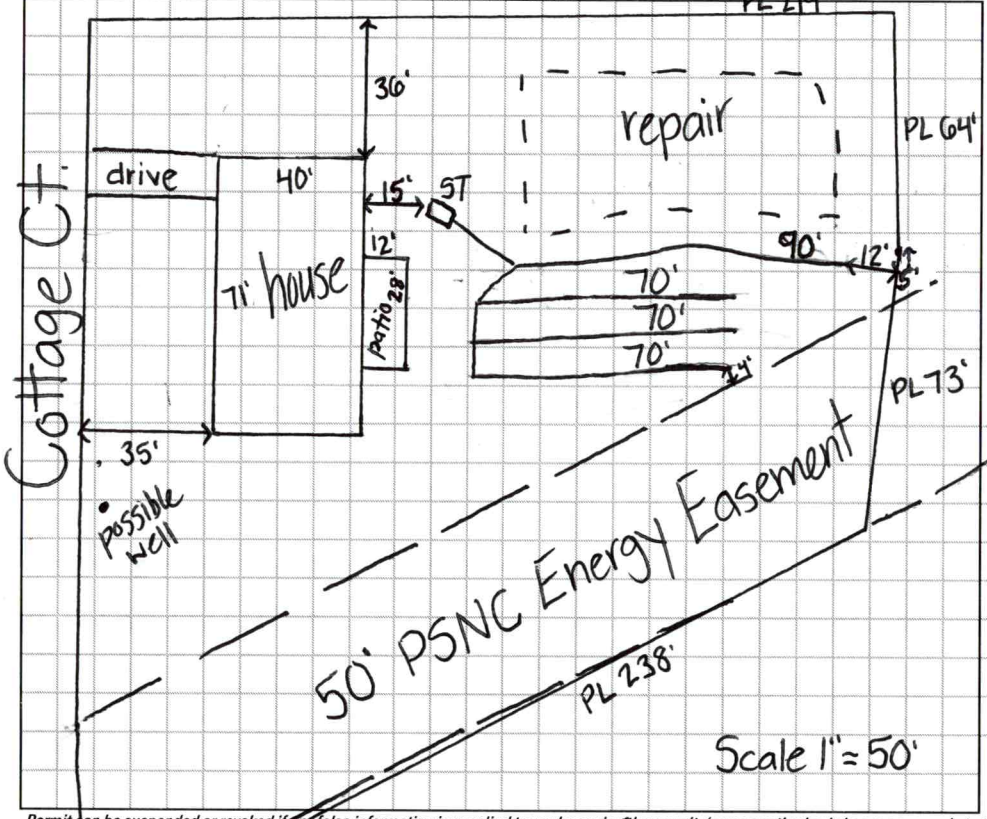
SUBDIVISION: The Glen SECTION: — LOT # 1 LOT AREA: .95 ac DESIGN FLOW: 360gpd L.T.A.R.: .3

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:	LP PPBPS			
# Nitrification Fields	1	# Lines	4		Linear Ft	300'	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36"	Trench Bottom Depth (Low side) MAX		36"	Gravel Depth	—		☑ GRAVITY	☐ PRESSURE		

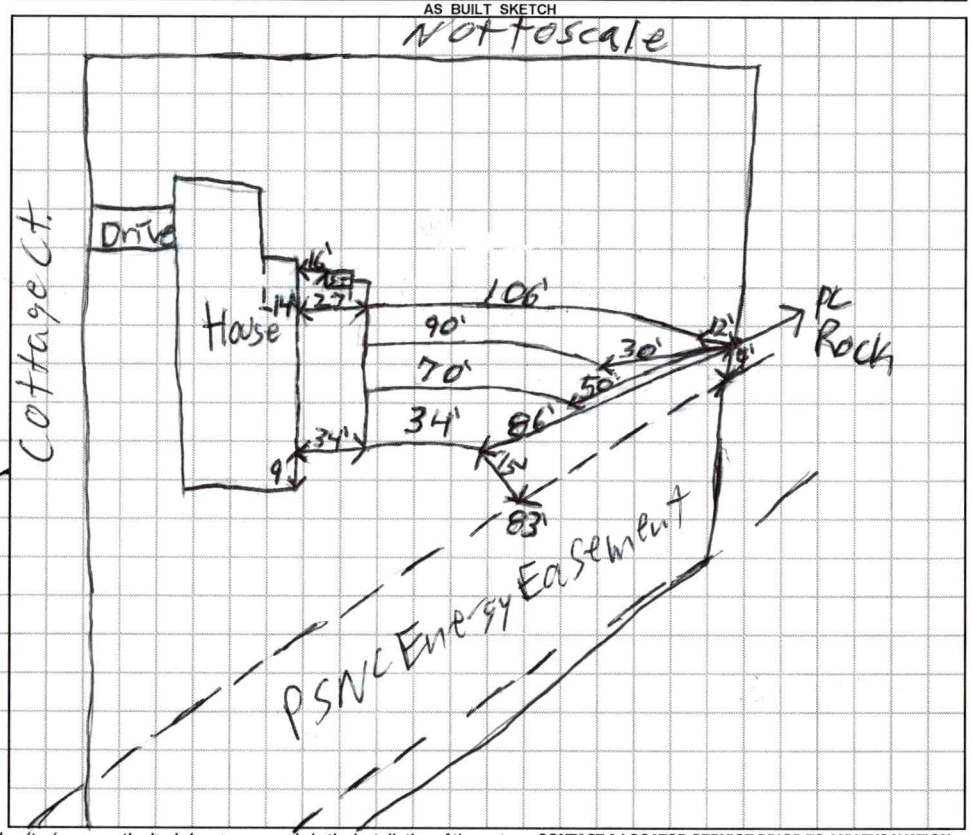
☑ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☑ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/ plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install 25% reduction with serial distribution.
* Install at max trench depth of 36". Easement must be marked during time of install and inspection.

INITIAL SITE SKETCH



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.* ☑ **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: 12/20/19 Installed by: Ground Breakers Grading

IMPROVEMENT PERMIT by: Kayla Watson Date: 12-19-19 OPERATION PERMIT by: Patrick J Bagley III Date: 3/5/2020

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 12-19-19 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.

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

#232802
$320/$550
12/13/19

Application For: (X) New Well Permit $550 ($320) ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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(j) 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: Americas Home Place Inc Address: 1206 Greenland Dr Statesville NC Zip: 28677
Applicant Email: echollowy@ahphomes.com Phone: 704-872-4400 Alt. Phone: _____
Owner Name: Tom & Kyle Minkey Address: 205 E. Waterlynn Rd Mooresville NC Zip: 28117
Owner Email: q1smink205@gmail Phone: 704-660-9225 Alt. Phone: _____

Property Information:

Street Address: 103 Cottage Court Mooresville NC 28115
Subdivision Name: The Glen Section/Phase: 1 Lot Number: 1
Driving Directions: Hwy 115 N, T/R Shepards Rd New Subdivision Road on Right

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: ___ (Change from 4 Bedroom to 3)
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ 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: _____
(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: _____ 11/27/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

SHEPHERD RD.
1" = 50'
R\W
N00°08'29"W
185.59 TOTAL
13.04
45.03
127.52
HOUSE
LOT 1
0.95 AC.
DRIVEWAY
COMMUNITY MAILBOX
EASEMENT FOR SUBDIVISION
COTTAGE CT.
S87°59'44"E 184.93
AARON MERLE
2312\1270
N88°05'07"W
209.50
N00°14'53"E
100.00
IPS
3\4"PINCH
30"RCP
C5
WELL
S87°59'44"E
186.62
35'
47.61'
25' CORNER
EX. STONE
5 B 94'
6 P 76'
7 Y 90'
9 R 62'
8 O 78'
3 R 128'
2 O 116'
1 Y 74.3'
1/2" IRON PINCH
EIP
N89°35'08"E
63.72
R\W
50' PSNC ENERGY EASEMENT
73.14
S82°22'38"E
WELL 91.03
264.17 TOTAL
LOT 2
0.78 AC.
103.83'
S26°58'31"E
238.16
DONALD EARR
2226\1902

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, Alyce Mayors-Smirkey & Tom Smirkey, am the legal owner(s) of the property located at 103 Cottage Court Mooresville NC 28115, identified as PIN (Parcel Identification Number) 4659-74-6280, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Chad Holloway, America's Home Place Inc., 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

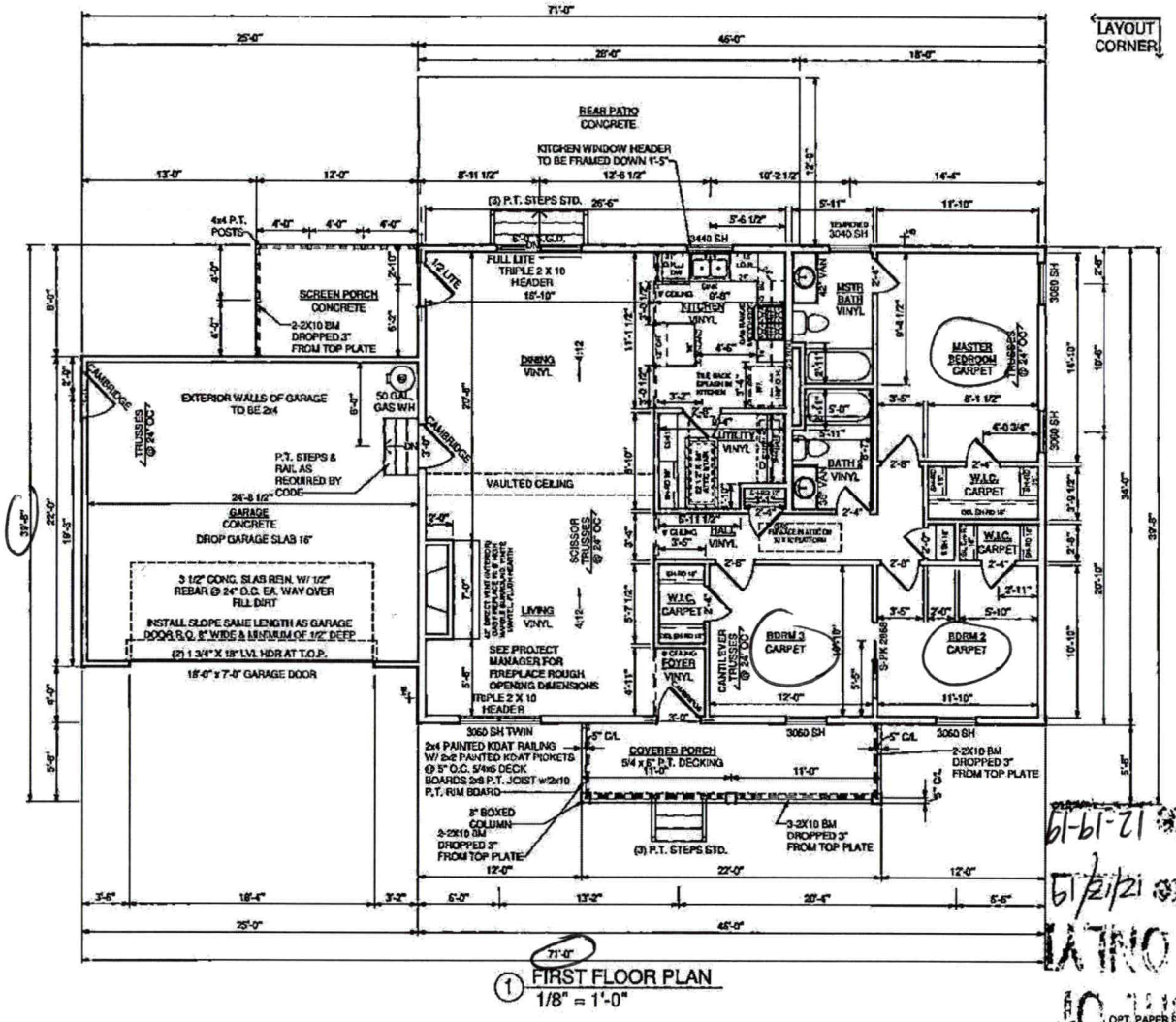
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Alyce Mayors-Smirkey Tom Smirkey — Signature of Owner(s)

12/4/19 — 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



1 FIRST FLOOR PLAN
1/8" = 1'-0"

GENERAL NOTES

- MIN 8'-1 1/8" CEILING HEIGHT ON FIRST FLOOR
- ALL LOAD BEARING WALL OPENINGS TO HAVE MINIMUM (2) 2X10 HEADERS
- STANDARD FIRST FLOOR WINDOW HEADERS SHALL BE FRAMED DOWN 2'-2" FROM T.O.P., U.N.O.
- WINDOW HEADERS FOR WINDOWS LOCATED ABOVE KITCHEN SINK SHALL BE FRAMED DOWN 1'-5" FROM T.O.P., U.N.O.
- STANDARD SECOND FLOOR WINDOW HEADERS SHALL BE FRAMED DOWN 1'-2" FROM T.O.P., U.N.O.
- 7/16" O.S.B. AND HOUSEWRAP REQUIRED
- DIMENSIONS ARE TO SHEATHING EXTERIOR; SUBTRACT 1/2" FROM DIMENSIONS FOR EXTERIOR WINDOW AND DOOR FRAMING LOCATION IF OPENINGS ARE FRAMED BEFORE SHEATHING INSTALLATION
- ALL INTERIOR DOORS ARE EITHER CENTERED ON WALLS OR R.O. STARTED MIN OF 4" FROM ADJOINING WALL UNLESS OTHERWISE DIMENSIONED
- NUMBER OF STAIR TREADS & RISERS MAY VARY AS A RESULT OF LOCAL BUILDING CODES, STANDARDS AND FINAL GRADE
- CLOSET SHELF HEIGHT OFF FLOOR:
  SINGLE-66"
  DOUBLE-42" & 84"
- ALL PLUMBING FIXTURES SHOWN ARE A REPRESENTATION OF SIZE AN LOCATION ONLY. ACTUAL STYLE AND BRAND OF FIXTURES MAY VARY PER OFFICE LOCATION
- ALL TUBS/SHOWERS ARE TO HAVE NAILERS AT FLANGE
- INSTALL A 24" WIDE WALKWAY FROM ATTIC ACCESS TO FURNACE PLATFORM
- PORCH, STOOP, & DECK HANDRAILS NOT INCLUDED W/ SLAB FOUNDATION
- RAILINGS ARE A FORCED OPTION WHEN PORCH IS OVER 30" HIGH FROM FINISHED GRADE

SPECIAL NOTES

- HVAC UNIT TO BE 80% GAS EFFICIENCY ILO ELECTRIC
- 50 GALLON GAS WATER HEATER ILO STANDARD
- TILE KITCHEN BACKSPLASH IN KITCHEN
- EXTERIOR FLOOD LIGHTS TO BE MOTION SENSING
- 2x6 EXTERIOR WALLS W/ INSULATION UPGRADE
- LEVERED HANDLES
- CAMBRIDGE STYLE DOORS

Revision Schedule			
Revision Number	Revision Description	Revision Date	
1	PRELIMINARY PLAN	05/30/19	
2	INITIAL REVIEW	10/24/19	
3	FINAL PLAN	10/24/19	
4	CHANGE ORDER 1	11/25/19	
5			
6			

AREAS:	
FIRST FLOOR HEATED	1,964 SF
TOTAL	1,964 SF
GARAGE	599 SF
COVERED PORCH	676 SF
TOTAL UNDER ROOF	3,239 SF
REAR PATIO	338 SF

TMS: WALTON I 'A'

FOR: ALYCE & TOM SMINKEY

103 COTTAGE COURT
MOORESVILLE, NC 28115

OFFICE: STATESVILLE, NC

SOLD BY: JILL SCHOOLEY

JOB#: 87-19-069

2x6 EXTERIOR WALLS UNLESS OTHERWISE NOTED

FOUNDATION TYPE: CRAWL SPACE

PRINT DATE: 11/22/2019 12:23:17 PM

DRAWN BY: SLB

CHECKED BY: KT

PROPERTY OF:

COPYRIGHT - 2019

SHEET NUMBER: F-2

FIRST FLOOR PLAN

Date 12-19-19

Date 12/21/19

LATINO Builders

FINAL CONSTRUCTION PLANS

OPT. PAPER SIZE: for 1/4" = 1'-0" on 24"x36" PAPER SIZE ENLARGE PRINTS TO 200%

TO REPORT COPYRIGHT VIOLATIONS CALL (770)532-1128 THE USE OF THIS PLAN BY ANYONE OTHER THAN AN AGENT OF "AMERICA'S HOME PLACE, INC." IS IN VIOLATION OF THE FEDERAL COPYRIGHT VIOLATION ACT. $100 REWARD FOR RECOVERING AN ACTUAL COPYRIGHT INFRINGEMENT.
© COPYRIGHT-ALL RIGHTS RESERVED NOTE-VIOLATORS OF THE COPYRIGHT WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW. THIS WORK IS THE INTELLECTUAL PROPERTY OF AMERICA'S HOME PLACE AND SHALL NOT BE REPRODUCED WITHOUT PERMISSION.

PAPER SIZE: 11" x 17" SCALE: 1/8" = 1'-0"

IREDELL COUNTY

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

APPLICATION NUMBER
232802
Issue Date: 12/13/2019

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4659746280.000	103 COTTAGE COURT, MOORESVILLE, NC 28115	

Owner Information		Applicant Information	
Owner:	DJ PHOENIX, LLC	Applicant:	CAROLINA SOIL SEPTIC C
Address:	112 OLD POST RD	Address:	162 WEST B ST
	MOORESVILLE, NC 28117		KANNAPOLIS, NC 28081
Phone:	704-400-5066	Phone:	704-202-5791

Use Requested	Zone Code
SFD LOT 1 FEES FOR WELL, RELAYOUT, AND ZONING IN TRAKIT AP-303436	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	25.00	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	193481	TOTAL FEES:	$