Paid $75.00 2-4-14

201480

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Existing System Fast Track
Kathleen Saunders

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:

323592 **Applicant Name:** Suzanne + Wayne Parker **Address:** ~~605~~ 597 Presbyterian Rd Mooresville NC 28115 **Phone:** 704-608-1032

Owner Name: Wayne Parker **Address:** same **Phone:**

Property Information:

Street Address: 605 presbyterian Rd Mooresville NC 28115

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

Driving Directions: off 115 (L) Presbyterian at back of property behind #597 (just before Farmplace Dr.) on Left

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: -1-
Maximum Number of Occupants: -1-
( ) 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: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) 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:** attached

( ) No Preference ( ) Alternative ( ) 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: Suzanne Parker
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1-28-14
DATE

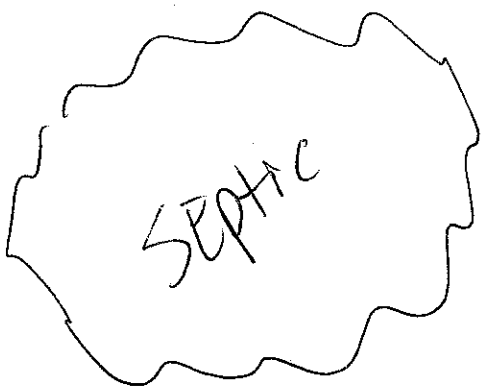
$ PAID 77.25 C.C cash 1-28-14

Acknowledgement Of
Plans Submittal ONLY!
Elisanne Parker Date 1-28-14
_____ Date _____

Share well with 597 Presbyterian Rd

40 X 13.4





605 Presbyterian Rd

Drive

IREDELL COUNTY

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

APPLICATION NUMBER
201480
Issue Date: 01/28/2014

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4664295269.000	605 PRESBYTERIAN, MOORESVILLE, NC 28115	MOORESVILLE

Owner Information	Applicant Information
Owner: PARKER WAYNE CARLYLE W JR+SU	Applicant: WAYNE & SUZANNE PARKER
Address: 136 HOLT LANE MOORESVILLE, NC 28117	Address: 597 PRESBYTERIAN ROAD MOORESVILLE, NC 28115
Phone:	Phone: 704-608-1038

Use Requested	Zone Code
REPLACING EXISTING SW MH WITH SMALLER SW MH	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
6.913	70.00	35.00	15.00	15.00	NOT	X

Remarks:

REPLACING EXISTING SW MH WITH 1-BEDROOM SW MH AT SAME LOCATION; MUST BE 70' FROM SW MH AND PRIMARY RESIDENTIAL STRUCTURE LOCATED AT #597; REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES: Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation and fully underpinned; Must have concrete or similar approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original home must be removed before Certificate of Occupancy can be approved.

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: Suzanne Parker Date: 1-28-14

Permit Number	5545	TOTAL FEES:	$ 77.25

IREDELL COUNTY

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

APPLICATION NUMBER

201480

Issue Date: 02/04/2014

Permit Type: EXIST SEPTIC APPLICATION

Parcel Number	Street Address	Jurisdiction
4664295269.000	605 PRESBYTERIAN	MOORESVILLE

Owner Information	Applicant Information	Contractor Information
Owner: PARKER WAYNE CARLYLE W JR+SU	Applicant: WAYNE & SUZANNE PARKER	Contractor: WAYNE & SUZANNE PARKER
Address: 136 HOLT LANE MOORESVILLE, NC 28117	Address: 597 PRESBYTERIAN ROAD MOORESVILLE, NC 28115	Address: 597 PRESBYTERIAN ROAD MOORESVILLE, NC 28115
Phone:	Phone: 704-608-1038	Phone: License Type License Number

Project Description

MOBILE HOME REPLACE - IREDELL

Scope of Work

REPLACING EXISTING SW MH WITH SMALLER SW MH

Permit Details:

REPLACING 2-BEDROOM SW MH WITH 1-BEDROOM SW MH AT SAME SITE	EXISTING SYSTEM INSP REG SCHED	Amount: Amount: Amount: Amount: Amount: Amount: Amount:	75.00

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Date: 02/04/2014

Signature of Owner/Contractor

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	5852	TOTAL FEES:	$ 75.00