IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 239010

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

PIN # 4664561783

APPLICANT: Robert Meritt | APPLICANT ADDRESS: 1106 Gold Mine Dr Catawba, NC 28609

SITE ADDRESS: 124 Elizabeth Brook Dr. Davidson, NC | PHONE: 704 622-6946 | ALT. PHONE: Sam 704 271-0056

SITE DIRECTIONS: Shearers Rd TL Anniston Way TR Logan Crossing TR Elizabeth Brook at end on right | LOT AREA: 1.01 Ac | DESIGN FLOW: 480 gpd | L.T.A.R.: .25

SUBDIVISION: Anniston | SECTION: 1 | LOT # 41/41A

Septic Tank: Exist (gal) | STB | Date
Pump Tank (gal) | PT | Date
Pump Make | Model | Serial #
Nitrification Fields | # Lines: Existing | Linear Ft:
Trench Width | Max. Trench Bottom Depth | Gravel Depth

☐ New System ☐ Repair ☐ Expansion | System Type: I II III IV V VI
System Description: Existing LPPBRS
Repair System Description: Same
Maintenance Agreement Required: ☒ YES ☐ NO ☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☒ Slab ☐ Basement w/ plumbing
No. Bedrooms: 4 | No. Persons: 8 | No. Employees | ☒ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Existing Septic System appears to be Functioning OK at time of inspection. Note: Must follow Iredell Co. Zoning/Building Setbacks

Proposed "Pool House" does not appear to impact Existing Septic System. Any Building drain must be a minimum of 125 Ft (down slope) of Septic System. Any plumbing must be plumbed into main house plumbing.

INITIAL SITE SKETCH

Scale 1:60

AS BUILT SKETCH



CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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.

☐ **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: Sam Meritt | Date:

IMPROVEMENT PERMIT by: | Date:

Date:

Installed by: | Date:

OPERATION PERMIT by: | Date: 10/9/18

Existing System Inspected by: Maria Olson

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: Robert Merritt Address: 1106 Gold Mine Dr., Cotawba NC Zip: 28609

Applicant Email: bob@cypressbuildersllc.com Phone: 704-622-6946 Alt. Phone: _____

Owner Name: Jesse & Melissa Davis Address: 124 Elizabeth Brook Dr, Davidson Zip: _____

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

Sam 704271-0056

Property Information:

Street Address: 124 Elizabeth Brook Dr., Davidson, NC.

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

Driving Directions: _____

PAID ✓1500 MH 9/21

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: 4
Maximum Number of Occupants: 5
( ) Swimming Pool
( ) Other Addition/Structure: Pool House

( ) 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: _____

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.

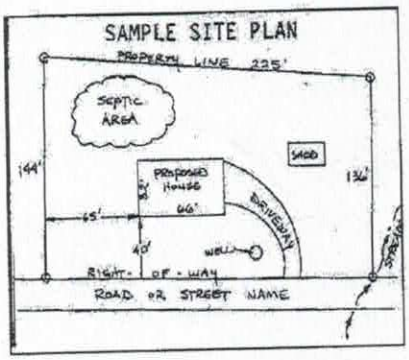
Signature: _____ 9/21/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Pool 20' off Drive
low
Pool house
33' off lowest
Drainline
49' off next

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:

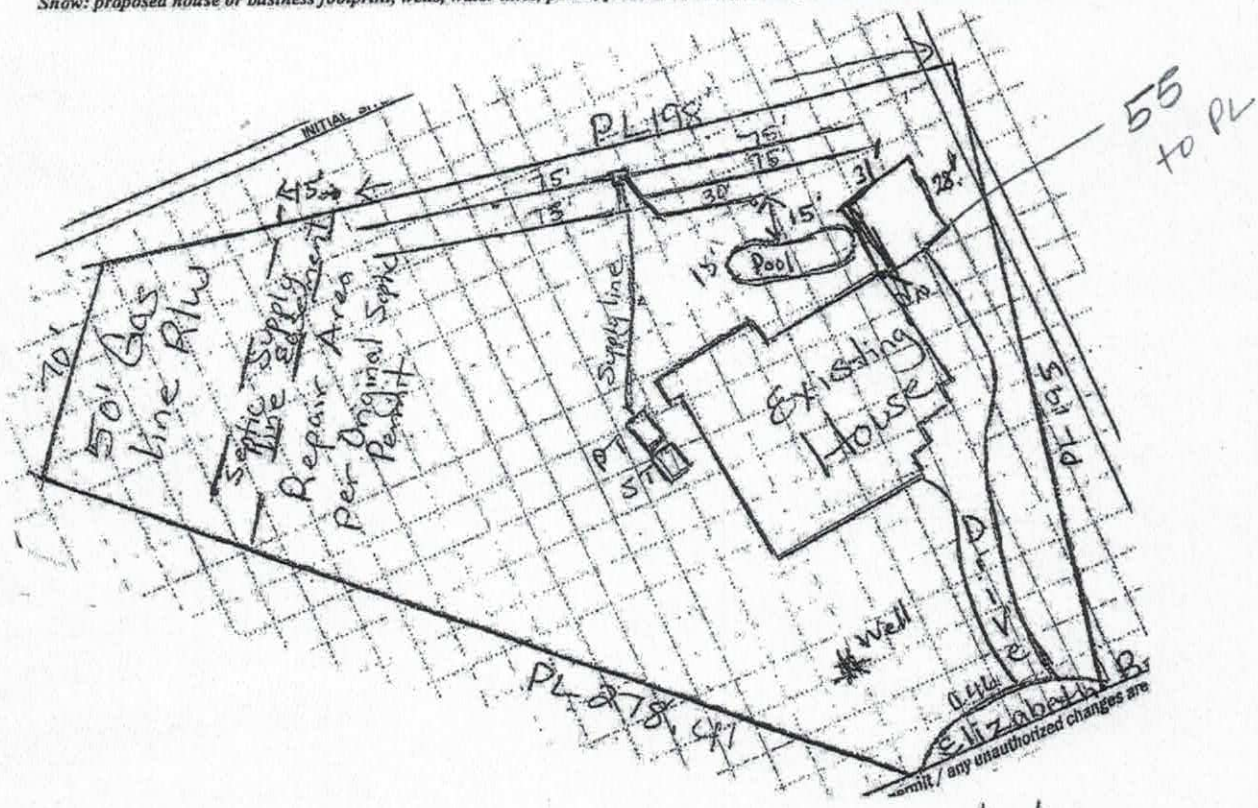
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction

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

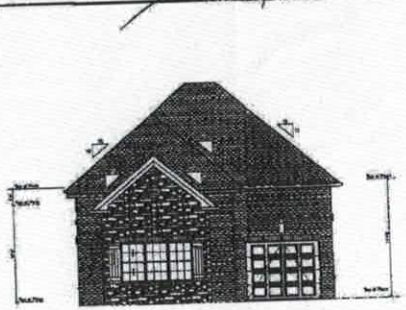


Signature: _____ 9/21/2018

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

5,000 ÷ 2,000 = 2.5

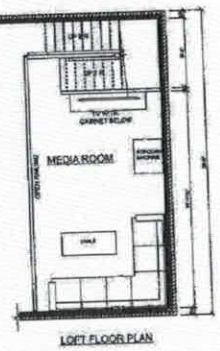
$125 / 150 = 336 - 1236



FRONT ELEVATION



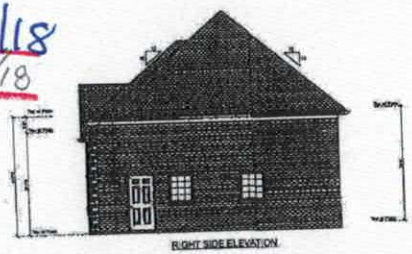
LEFT SIDE ELEVATION



LOFT FLOOR PLAN

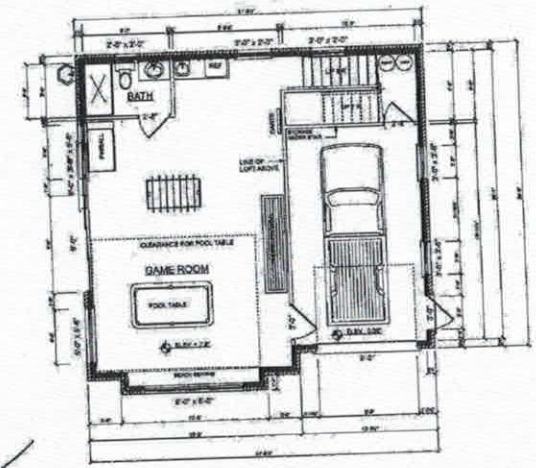


REAR ELEVATION



RIGHT SIDE ELEVATION

21-8



28

MAIN FLOOR PLAN

PRELIMINARY ONLY
NOT FOR CONSTRUCTION

PROJECT NAME
Davis Residence
124 Elizabeth Brook Dr
Davidson, N.C.

PROJECT DESCRIPTION
Addition & Remodel

PROJECT TEAM

KCI DESIGNS
Architectural Design
CAD Drafting & Consulting

Cypress Builders, LLC

PROJECT #
DATE
SCALE
DRAWN BY
CHECKED BY
REVISIONS
PLAN DESCRIPTION

DESIGN PLANS

Sheet: D.1

Acknowledgement of Plans Submittal ONLY!

Mariana Dokson Date 10/9/18

Samuel Merritt Date 10/10/18

5 pm

13.5" / 2.8" = 16:1

16 × 11 = 176 SF − 64 SF = 112 + 26 = 148 SF

6.5 × 4 = 26

1.55 @ 800

IREDELL COUNTY

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

APPLICATION NUMBER
239010
Issue Date: 09/21/2018

ZONING PERMIT

FILE COPY

Parcel Number	Street Address	Jurisdiction
4664561783.000	124 ELIZABETH BROOK DRIVE, DAVIDSON, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: DAVIS JESSE+MELISSA	Applicant: CYPRESS BUILDERS LLC
Address: 124 ELIZABETH BROOK DR	Address: 1106 GOLD MINE DRIVE
DAVIDSON, NC 28036	CATAWBA, NC 28609
Phone:	Phone: 704-622-6946

Use Requested	Zone Code
POOL HOUSE W/FULL BATH AND KITCHEN AREA AND KIDS' PLAY LOFT	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.005		10.00	10.00	10.00	NOT	X

Remarks:

PAID C360 Mtt 09/21

Accessory Structures: Must meet requirement R1 of the LDC. Shall not be erected in front building line of the principal structure or within 25 Æ of a side street on a corner lot. Shall not be erected within 10 Æ of any line not a street line or within 10 Æ of any other building on the same lot. Shall not be erected within the 50 Æ buffer zone of lake lots. Shall not exceed the height limitation of the principal structure. Exceptions to the front building line location: 1.If the lot is 1 acre or greater and the location of the structure is at least 150 Æfrom the frontage street right of way line then the structure can be located in front of home or 2.Is a double frontage lake lot. Any accessory building or structure over 2000 sq/ft shall be setback a minimum of 30 Æ from any property line. Metal carports not exceeding 400 sq/ft are allowed in the front yard provided they meet the front setback requirement of the principal structure.

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.

See Attached

Applicant: _____ Date: _____

Permit Number	153267	TOTAL FEES:	$ 77.25