2.5

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 215420

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

PIN # 4664-97-9715.000

APPLICANT: GJK Building & Remodeling APPLICANT ADDRESS: 9307 Monroe Rd. Charlotte NC 28270

SITE ADDRESS: 280 Walking Horse Trail, Davidson NC 28036 PHONE: 980-722-4950 ALT. PHONE: 704-999-0001

SITE DIRECTIONS: Shearers Rd. S, TL Anniston Way, TR Burwell, TL Walking Horse

SUBDIVISION: Anniston SECTION: 2 LOT # 148 LOT AREA: 1.455 Acre DESIGN FLOW: Ex. 600 GPD L.T.A.R.: Existing

Septic Tank	Existing	(gal)	STB		Date						
Pump Tank		(gal)	PT		Date						
Pump Make			Model		Serial #						
# Nitrification Fields	Ex.		# Lines	Ex. 5	Linear Ft:	Ex.					
Trench Width	Ex.		Max. Trench Bottom Depth	Ex.	Gravel Depth	N/A					

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

System Description: Existing 25% Reduction-GW

Repair System Description: LPP/SPS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms Ex. 5

☒ Business No. Persons Ex. 10

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

☒ Private

☐ Public

☐ Community

Comments / Conditions: Existing System Appeared To Be Functioning @ Time of Inspection.

INITIAL SITE SKETCH

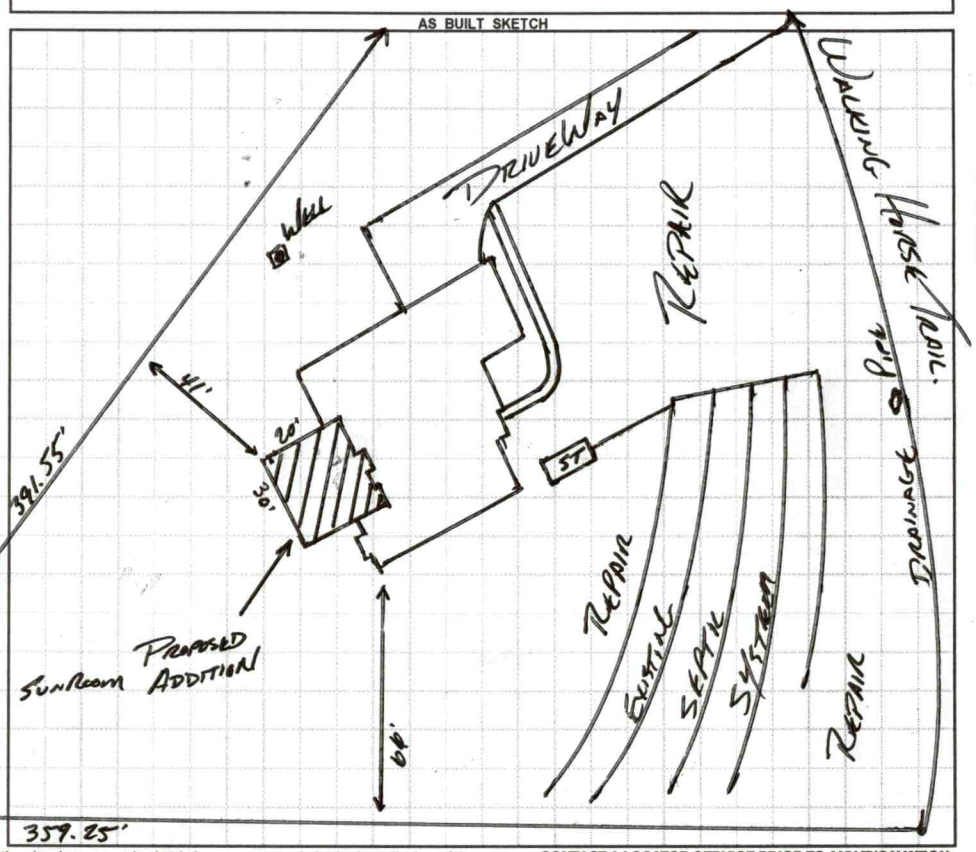
1" = 50'

Existing System

Client gets pink & yellow copy of document

Balance = Ø SC

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: _____ Date: _____ Installed by: _____

IMPROVEMENT PERMIT by: _____ Date: _____ OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: _____ Date: 1/21/16

APPROVED JAN 21 2016

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 215420

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

PIN # 4664-97-9715.000

APPLICANT: GJK Building & Remodeling APPLICANT ADDRESS: 9307 Monroe Rd. Charlotte NC 28270

SITE ADDRESS: 280 Walking Horse Trail, Davidson NC 28036 PHONE: 980-722-4950 ALT. PHONE: 704-999-0001

SITE DIRECTIONS: Sherards Rd. S. to Anniston Way. R Bianca R Walking Horse

SUBDIVISION: Anniston SECTION: 2 LOT # 148 LOT AREA: 1.455 Acre DESIGN FLOW: Ex. 600 GPD L.T.A.R.: Existing

Septic Tank	Existing	(gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	Ex. 5
Pump Tank		(gal)	PT	Date	System Description:	Existing 75% Reduction-GW	☐ Business	No. Persons	Ex. 10
Pump Make		Model		Serial #	Repair System Description:	N/A	☐ Other	No. Employees	
# Nitrification Fields	Ex.	# Lines	Ex. 5	Linear Ft:	Ex.	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	Ex.	Max. Trench Bottom Depth	Ex.	Gravel Depth	N/A	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

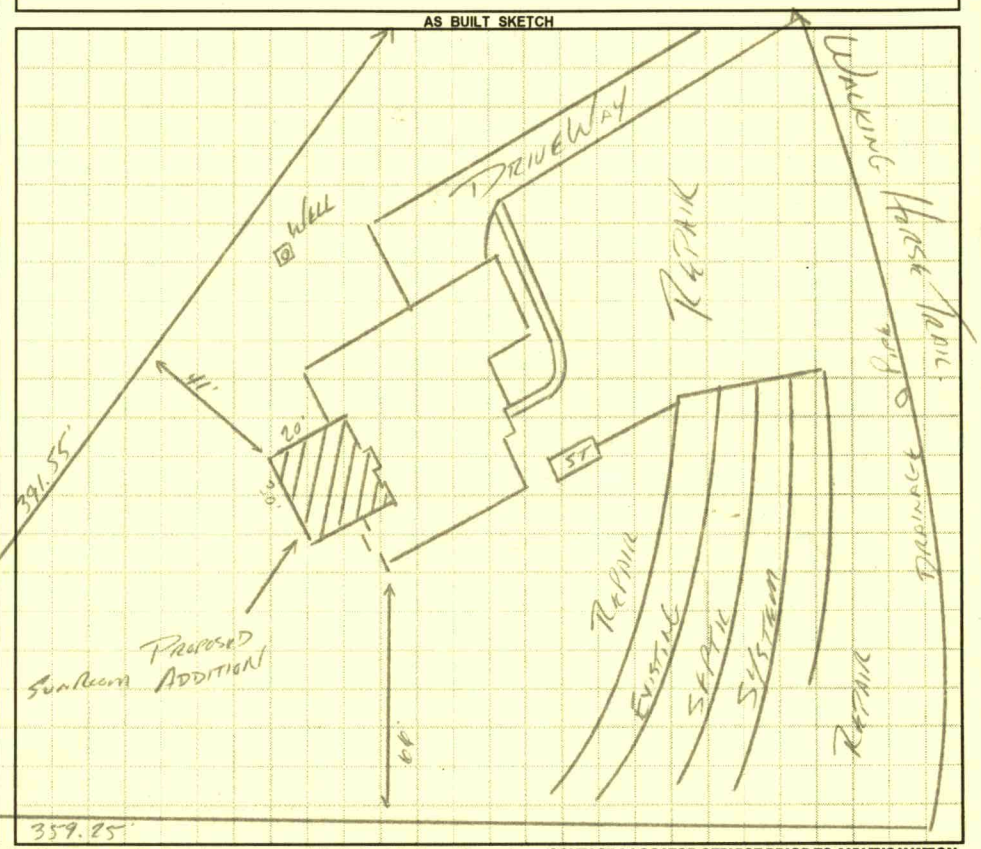
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Existing System Prepared To Be Functional @ Time of Inspection.

INITIAL SITE SKETCH

1" = 50'

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: _____ Date: _____ Installed by: _____

IMPROVEMENT PERMIT by: _____ Date: _____ OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: _____ Date: APPROVED JAN 21 2016

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 215426

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

PIN # 4664-97-9715.000

APPLICANT: GJK Building & Remodeling APPLICANT ADDRESS: 9307 Monroe Rd. Charlotte NC 28270

SITE ADDRESS: 286 Walking Horse Trail, Davidson NC 28036 PHONE: 980-722-4150 ALT. PHONE: 704-999-0001

SITE DIRECTIONS: Shearers Rd. S, TL Amiston Way, TR Burnell, TL Walking Horse

SUBDIVISION: Amiston SECTION: 2 LOT # 148 LOT AREA: 1.455 Acre DESIGN FLOW: Ex. 600 GPD L.T.A.R.: Existing

Septic Tank: Existing (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms: Ex. 5
Pump Tank (gal)	PT	Date	System Description: Existing 75% Reduction [illegible]	☐ Business	No. Persons: Ex. 10
Pump Make	Model	Serial #	Repair System Description: [illegible]	☐ Other	No. Employees
# Nitrification Fields: Ex.	# Lines: Ex 5	Linear Ft: Ex.	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width: Ex.	Max. Trench Bottom Depth: Ex.	Gravel Depth: N/A	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

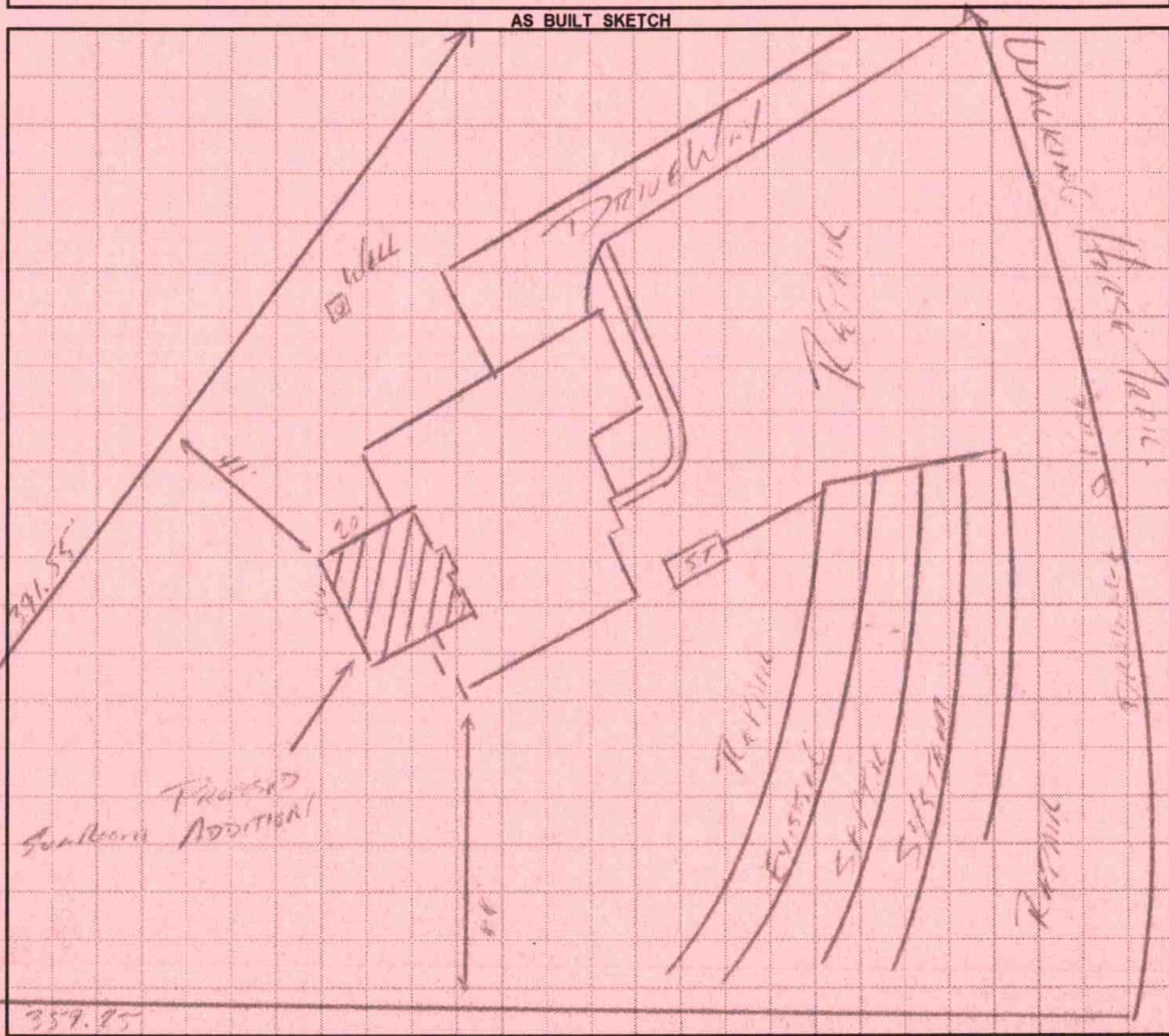
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Existing system appeared to be functioning @ time of inspection.

INITIAL SITE SKETCH

1" = 50'

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: ______ Date: ______ Installed by: ______

IMPROVEMENT PERMIT by: ______ Date: ______ OPERATION PERMIT by: ______ Date: ______

AUTHORIZATION TO CONSTRUCT by: ______ Date: ______ Existing System Inspected by: [signature] Date: APPROVED JAN 21 2016

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

RECEIVED DEC 1 5 2015 215420 Paid $250.00

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. APPLICATION FOR: X Improvement Permit ___Authorization To Construct ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
GJK Building & Remodeling	9307 Monroe Rd, Ste E Charlotte 28270	980.722.4950	

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Dan Cleotelis	280 Walking Horse Trail, Davidson 28036	704.999.0001	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
280 Walking Horse Trail	Anniston Way	Ph 2 Lot 148

Driving Directions: _____

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
(X) Other ADDITION TO HOUSE / NO LOAD ON SYSTEM

Maximum Number of Bedrooms 3/5
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

( ) New Well (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* (✓) EXISTING SYSTEM installed ? 2011 ?
Year

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes ( ) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: _____ 12/8/15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

170632

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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 PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

_____ Property Line measurements are clearly identified... _____ All proposed structures are indicated...

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

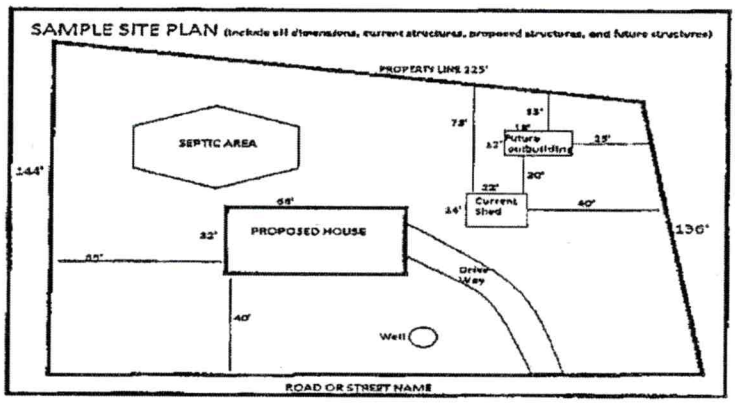
_____ Front and side setbacks from property line... _____ Preferred driveway location and configuration, preferred well location...

_____ Area you prefer your septic system to be placed... _____ 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

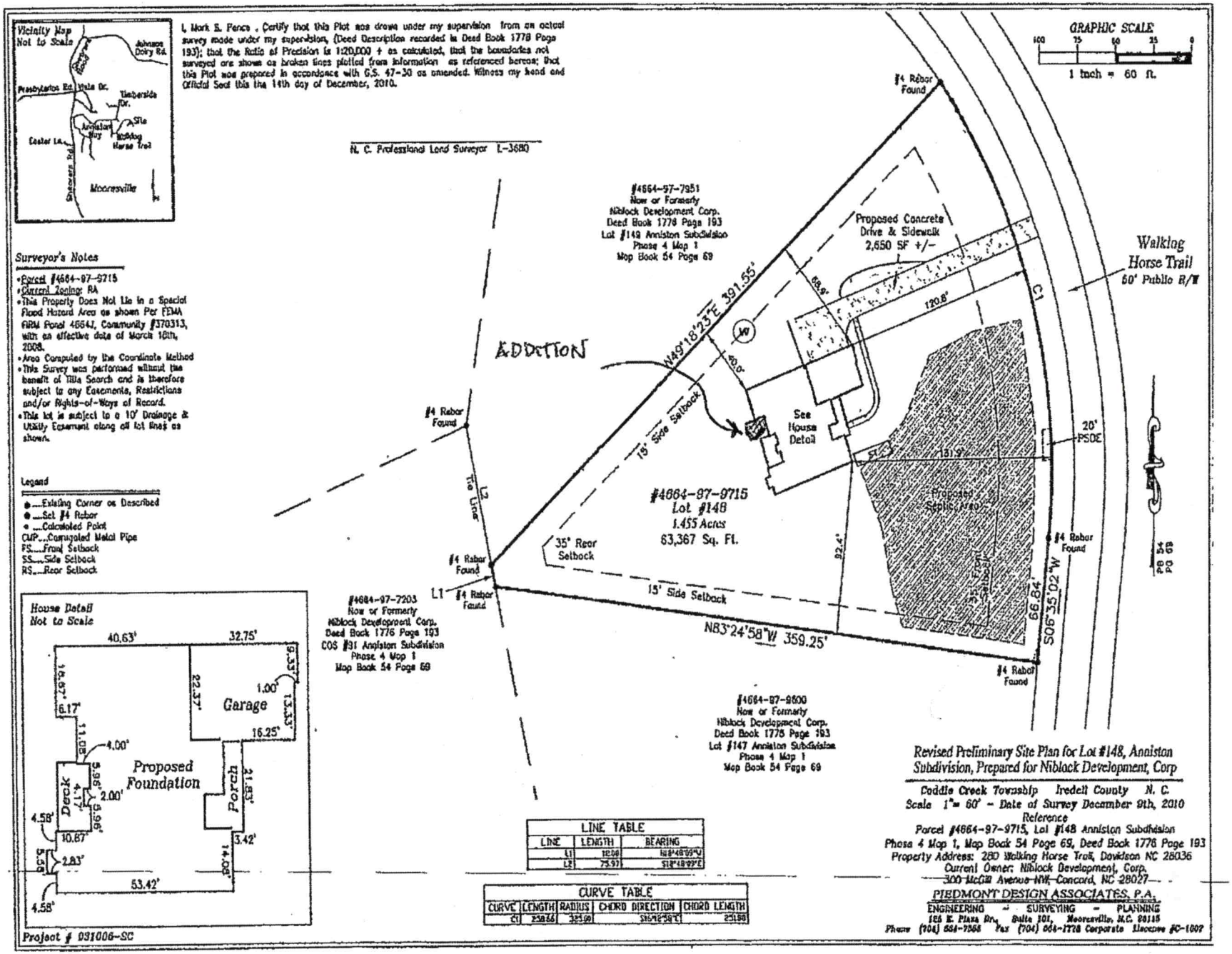
See Survey

Signature: _____

REQUIRED property owner or owner's legal representative signature.

_____

DATE


Vicinity Map
Not to Scale
Johnson Dairy Rd.
Presbyterton Rd.
Viola Dr.
Timberside Dr.
Site
Anniston Way
Walking Horse Trail
Lester Ln.
Shannon Rd.
Mooresville
I, Mark S. Pence , Certify that this Plat was drawn under my supervision from an actual survey made under my supervision, (Deed Description recorded in Deed Book 1778 Page 193); that the Ratio of Precision is 1:20,000 + as calculated, that the boundaries not surveyed are shown as broken lines plotted from information as referenced hereon; that this Plat was prepared in accordance with G.S. 47-30 as amended. Witness my hand and Official Seal this the 14th day of December, 2010.
N. C. Professional Land Surveyor L-3680
GRAPHIC SCALE
100 75 50 25 0
1 inch = 60 ft.
Surveyor's Notes
•Parcel #4664-97-9715
•Current Zoning: RA
•This Property Does Not Lie in a Special Flood Hazard Area as shown Per FEMA FIRM Panel 4664J, Community #370313, with an effective date of March 18th, 2008.
•Area Computed by the Coordinate Method
•This Survey was performed without the benefit of Title Search and is therefore subject to any Easements, Restrictions and/or Rights-of-Ways of Record.
•This lot is subject to a 10' Drainage & Utility Easement along all lot lines as shown.
Legend
●....Existing Corner as Described
●....Set #4 Rebar
•....Calculated Point
CMP....Corrugated Metal Pipe
FS....Front Setback
SS....Side Setback
RS....Rear Setback
#4664-97-7951
Now or Formerly
Niblock Development Corp.
Deed Book 1778 Page 193
Lot #149 Anniston Subdivision
Phase 4 Map 1
Map Book 54 Page 69
#4 Rebar Found
Proposed Concrete Drive & Sidewalk 2,650 SF +/-
Walking Horse Trail
50' Public R/W
ADDITION
N49°18'23"E 391.55'
68.9'
120.8'
C1
See House Detail
20' PSDE
15' Side Setback
#4664-97-9715
Lot #148
1.455 Acres
63,367 Sq. Ft.
Proposed Septic Area
131.9'
35' Rear Setback
92.4'
35' Front Setback
66.84'
S06°35'02"W
#4664-97-7203
Now or Formerly
Niblock Development Corp.
Deed Book 1778 Page 193
COS #31 Anniston Subdivision
Phase 4 Map 1
Map Book 54 Page 69
L1
L2
Tie Line
15' Side Setback
N83°24'58"W 359.25'
#4664-97-9600
Now or Formerly
Niblock Development Corp.
Deed Book 1778 Page 193
Lot #147 Anniston Subdivision
Phase 4 Map 1
Map Book 54 Page 69
House Detail
Not to Scale
40.63'
32.75'
9.33'
1.00'
13.33'
16.25'
22.37'
Garage
19.67'
6.17'
11.08'
4.00'
Proposed Foundation
Deck
5.96'
4.17'
2.00'
5.96'
Porch
21.83'
4.58'
10.67'
3.42'
14.08'
2.83'
53.42'
4.58'
Project # 091006-SC
LINE TABLE
LINE | LENGTH | BEARING
L1 | 12.08 | N89°48'09"W
L2 | 75.97 | S18°48'09"E
CURVE TABLE
CURVE | LENGTH | RADIUS | CHORD DIRECTION | CHORD LENGTH
C1 | 258.66 | 325.00 | S16°12'58"E | 251.88
Revised Preliminary Site Plan for Lot #148, Anniston Subdivision, Prepared for Niblock Development, Corp
Caddie Creek Township Iredell County N. C.
Scale 1"= 60' - Date of Survey December 9th, 2010
Reference
Parcel #4664-97-9715, Lot #148 Anniston Subdivision
Phase 4 Map 1, Map Book 54 Page 69, Deed Book 1778 Page 193
Property Address: 280 Walking Horse Trail, Davidson NC 28036
Current Owner: Niblock Development, Corp.
300 McGill Avenue NW, Concord, NC 28027
PIEDMONT DESIGN ASSOCIATES, P.A.
ENGINEERING - SURVEYING - PLANNING
168 E. Plaza Dr., Suite 101, Mooresville, N.C. 28115
Phone (704) 664-9268 Fax (704) 664-1778 Corporate License #C-1607

1432

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, Daniel and Susan Cleotelis, am the legal owner(s) of the property located at 280 Walking Horse Trail Davidson, NC 28036, identified as PIN (Parcel Identification Number) 4664-97-9715, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) T3K BUILT & REM LLC Randy Knowles, 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.

P Daniel A Cleotelis 12/8/2016 Betty Caldwell

Signature of Owner(s) Date Signature of Witness Date

P Susan K Cleotelis

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

71671

Department of Development Services
PLANNING DIVISION
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3113 / FAX (704)878-3171

Residential Zoning Permit Application

What are you building? (Please check)

Stick built___ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition X Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? 3 and stories? 1

If an addition, please describe project: SUN ROOM

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 120 ±

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name DAN CLEOTELIS Phone # 704,999,0001

Owner's Current Address 280 WALKING HORSE TRAIL, DAVIDSON NC 28036

Property Information

Property Address SAME Parcel # 4664 97 7951

Subdivision: Amiston Way Lot:___ Zoning:___ Watershed: Y or N Flood Plain: Y or N Township:___

Directions to property (from a MAIN ROAD) _____

Application Information

Applicant's Name or Company GSK Building & Remodeling Applicant's Phone # 980 722 4950

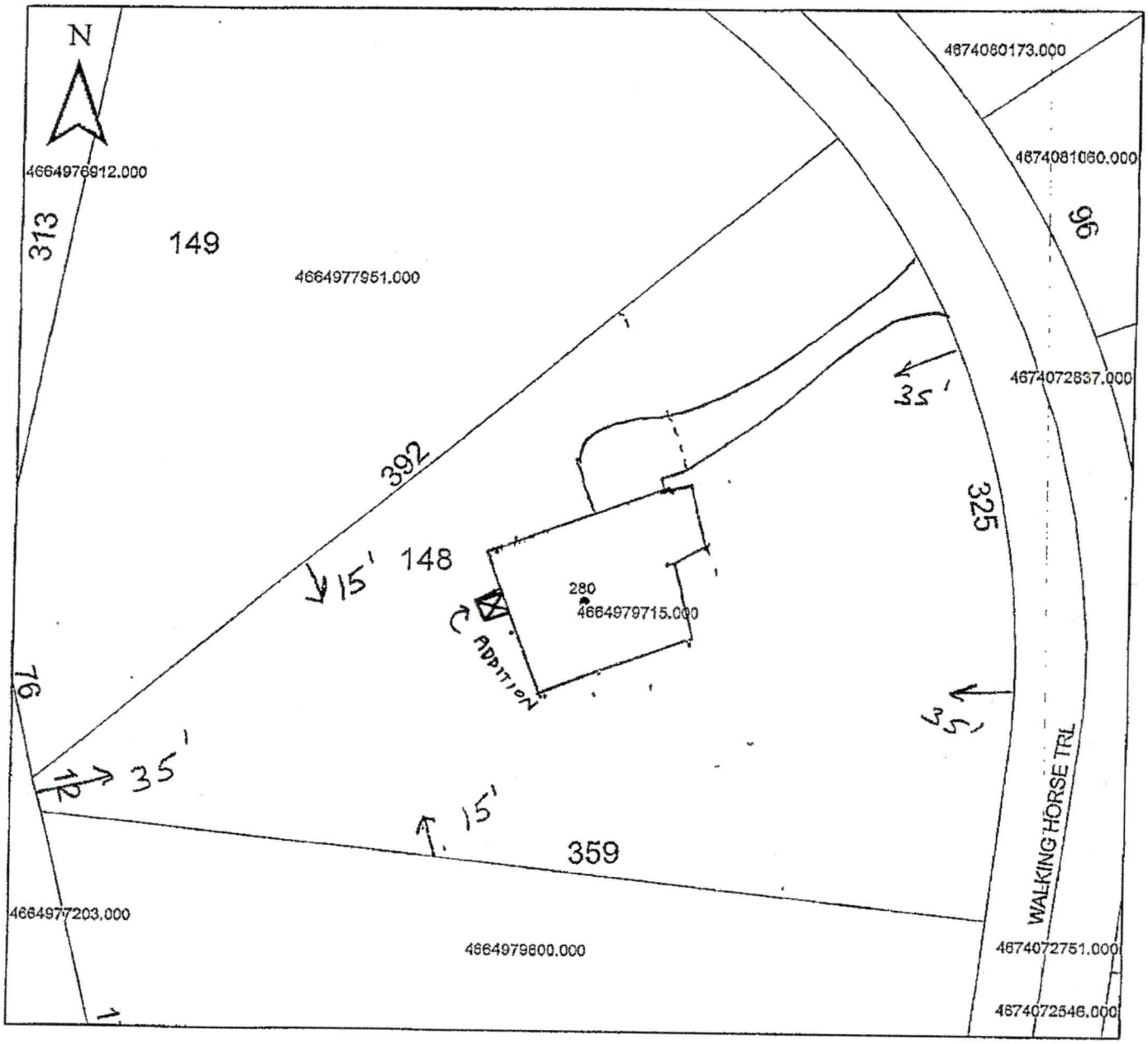
Applicant's Address 9307 Monroe Rd, Ste E Charlotte NC 28270

If Company, Representative's Name and Title Gary Knowles

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT _____ DATE 12/8/15

ZONING DISCLAIMER



Property Address 280 Walking Horse Trail, Davidson 28036

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. Applicant further acknowledges that the 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

12/8/18

Date