IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *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:

Applicant Name: SHEA BUILDERS Address: 8008 CORPORATE CENTER Phone: 704 301 3229

Owner Name: SAME Address: = = Phone: =

Property Information:

Street Address: 233 WALKING HORSE TRAIL

Subdivision Name: ANNISTON Section/Phase: 1 Lot Number: 130

Driving Directions: NORTH ON CODIE CREEK / LEFT ON JOHNSON DAIRY / SITE 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: 4
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: _____
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: _____

( ) 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: Stan W. Pruitt
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11/18/14
DATE

IREDELL COUNTY HEALTH DEPARTMENT

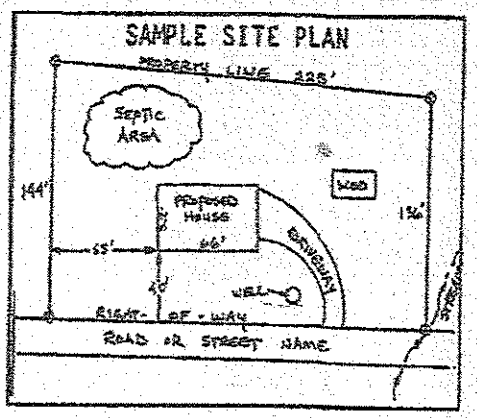
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator of direction

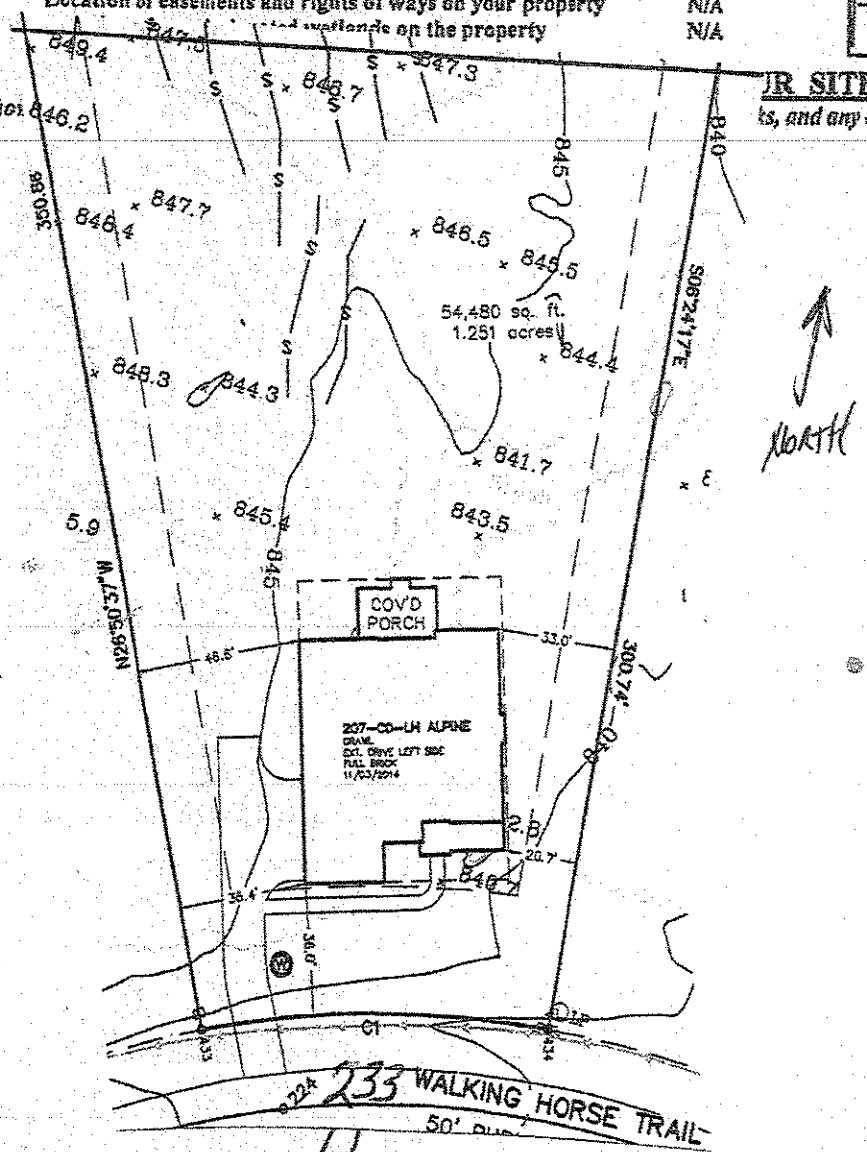


Circle N/A on the following if appropriate:

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
[illegible] on the property	N/A

…R SITE PLAN

…s, and any other item that will occupy space on the site



Signature: Stan Parker

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

11/18/14

DATE

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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 ___BOTH ___Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted: X Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Samuel A. Rollins	2120 Graham Rd Mt. Ulla NC 28125	(704) 278-0989	Same

Owner Name	Mailing Address	Home Phone	Work Phone
	NC		

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Anniston	Lot 130

Driving Directions: See Zoning Permit

****

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

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 5
Maximum Number of Occupants 10
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:**

(X) 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)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ (X) No Preference

****

8. **Please Answer The Following To The Best of Your Ability:**

(X) Yes ( ) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: Samuel A Rollins
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7/15/08
DATE

IREDELL COUNTY HEATLH DEPARTMENT

PAGE 2: *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:

- X — Property Line measurements are clearly identified…
- X — 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
- X — Front and side setbacks from property line…
- X — Preferred driveway location and configuration, preferred well location…
- X — Area you prefer your septic system to be placed…
- X — North arrow, or other sufficient indicator of direction…

Circle N/A on the following if appropriate:

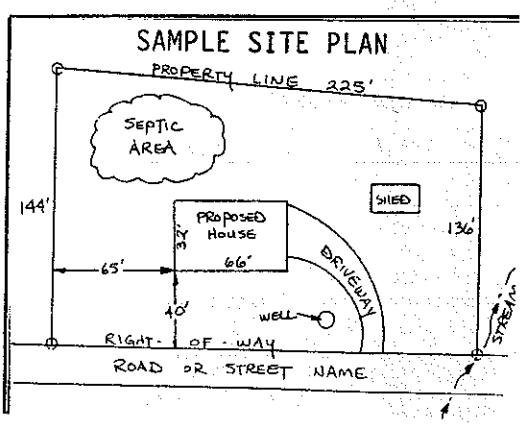
- X — Location of septic systems and wells within 100' of your property… N/A
- X — Location of easements and rights of ways on your property… N/A
- X — Location of any designated wetlands on the property… N/A

Signature: Samuel A Teller
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7/15/08
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached



Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	I605402O	Subdivision:	Anniston PH 4
Proposed Use:	Single Family	Township:	0300 Coddle Creek Outside
Location of Property:	000 WALKING HORSE Tr. DAVIDSON NC 28036		
Parcel #:	4664984110.130	Zoning:	RA
Lot #:	130 Size: 1.251	Flood Plain:	No Watershed: None
Applicant:	Ashley Rollans	Owner:	NIBLOCK DEV CO
Address:	2120 Graham Rd Mt Ulla NC 28125	Address:	300 MCGILL AVE NW CONCORD, NC 280270000
Phone:	704-746-5046	Phone:	
Property Recorded:	No Site Plan Reviewed:	Community Water:	No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: Min. Front Yard: 35 ft Min. Left Side Yard: 15 ft

Min. Lot Width: 100 Min: Rear Yard: 35 ft Min: Right Side Yard: 15 ft

Min. Number Parking Spaces: Max. Built Upon Area:

Comments:

SFD - HOLD BLDG PERMIT UNTIL PLAT IS RECORDED

RECEIVED
JUL 16 2008
By

Directions:

Sheareres Rd, lft on Anniston, rt on Burnell, lft on Walking Horse, lot on lft

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$335.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$380.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

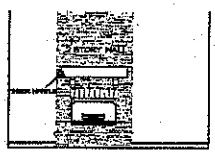
Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

PAULA WOODY Printed: 5/16/2008

Lot-130

OPT. B



NORTH CAROLINA PROFESSIONAL SEAL 25249 ENGINEER KEVIN P. MUNSON

NORTH CAROLINA RESIDENTIAL STRUCTURES, P.C. No. C3225 CERTIFICATE OF AUTHORIZATION

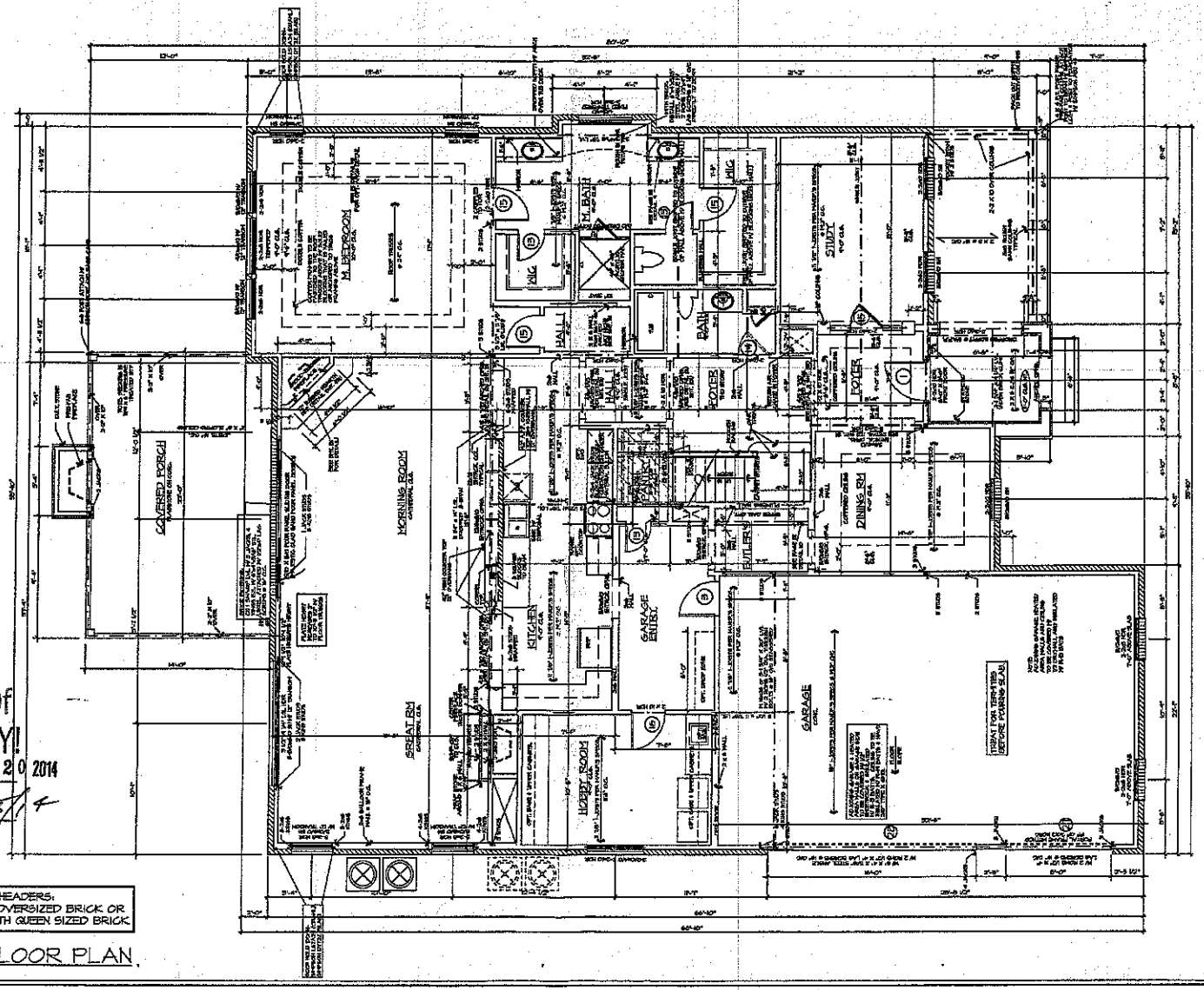
RESIDENTIAL STRUCTURES, P.C.
3440 N. Davidson St.
Charlotte, N.C. 28205
Seal for Structural Only

Acknowledgement Of Plans Submittal ONLY!

APPROVED NOV 20 2014

Date

Date 11/25/14



NOTE FOR GARAGE HEADERS:
6" X 4" STEEL WITH OVERSIZED BRICK OR
5" X 3 1/2" STEEL WITH QUEEN SIZED BRICK

FIRST FLOOR PLAN

SheaHomes (Raleigh)
101 J. Morris Common Lane, Suite 105
Morrisville, NC 27560
919-468-7100

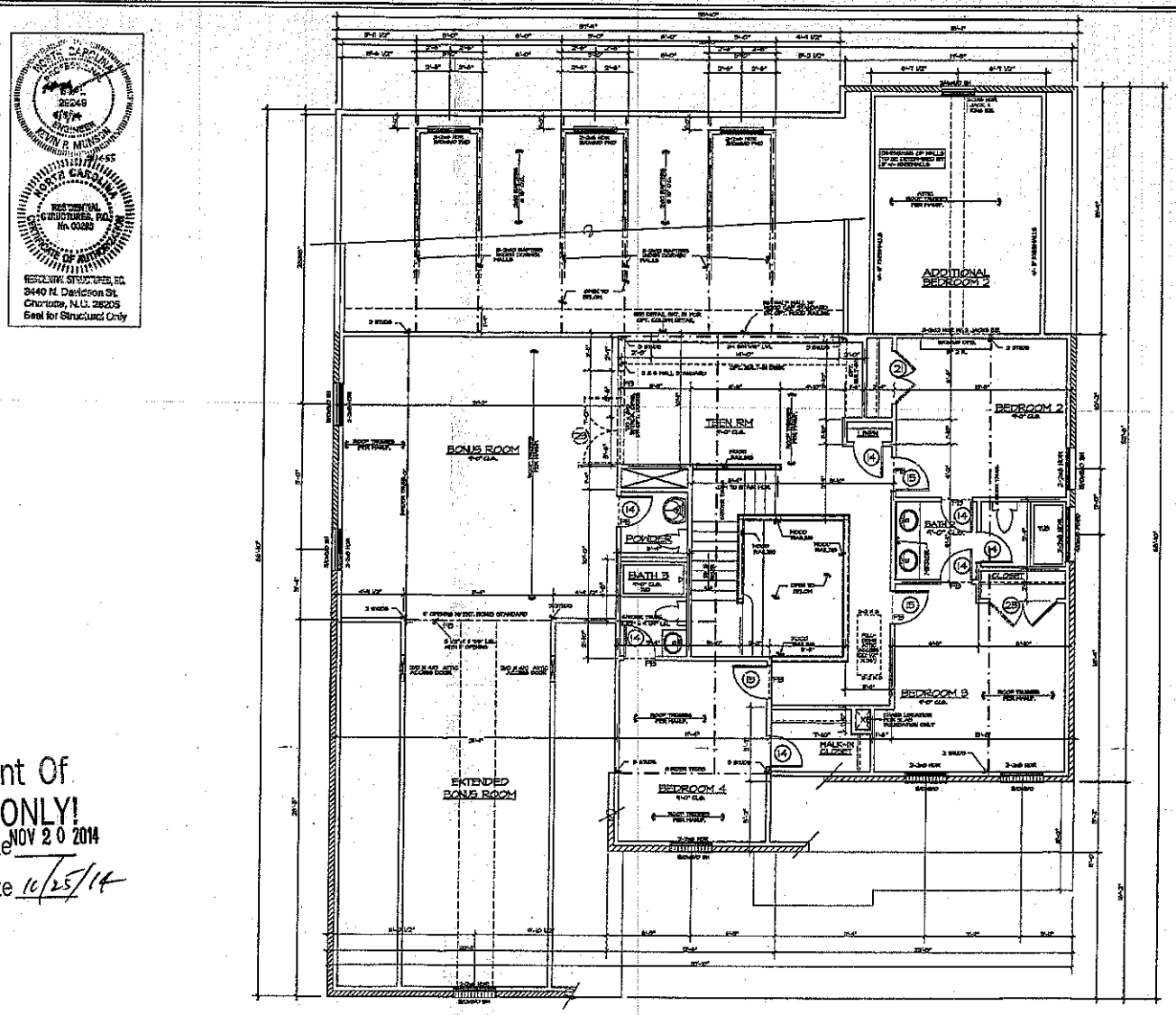
SheaHomes (Charlotte)
3436 Toringdon Way, Suite 100
Charlotte, NC 28277
704-319-5000

CD

PLAN NUMBER: 207-CD
PLAN NAME: ALPINE

Date 11.3.14
Scale 1/8"=1'-0"
Drawn KNH
Checked CAD
Sheet 4A

Lot-130



RESILIENT STRUCTURES, PC
3440 N. Davidson St.
Charlotte, N.C. 28205
Seal for Structural Only

Acknowledgement Of
Plans Submittal ONLY!
APPROVED NOV 20 2014
Date
Stan Pinsky Date 10/25/14

SECOND FLOOR PLAN

Shea Homes (Raleigh)
101 J. Morris Commons Lane, Suite 105
Morrisville, NC 27560
919-468-7100

Shea Homes (Charlotte)
3436 Toringdon Way, Suite 100
Charlotte, NC 28277
704-319-5000

CD

PLAN NUMBER: 207-CD
PLAN NAME: ALPINE

Date: 11.5.14
Scale: 1/8"=1'-0"
Drawn: MM
Checked: CAD
Sheet: 5A