IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

RECEIVED JAN 7 2015

Paid $75.00 Ltd Relay. #207768

PAGE 1: APPLICATION FORM

Application For:

(X) Septic Improvement Permit ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonmen
(X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repa

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SIT IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTE 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:

Place an (X) beside whichever is submitted if applicable

(X) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Shea Homes **Address:** 8008 Corporate Center Dr ste 300 Charlotte NC **Phone:**

Owner Name: Same **Address:** **Phone:**

Property Information:

Street Address: 253 Walking Horse **Section/Phase:** **Lot Number:** 133

Subdivision Name: Anniston

Driving Directions: Shearers + TL Anniston Way + TR Burnell + TL Walking Horse + on LT

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

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants:
(X) Swimming Pool
( ) Other Addition/Structure:

(X) 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:

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

Desired Septic System Type: *(you may rank in order of preference)*

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (X) Modified Conventional ( ) Other:

Year existing system installed:

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:

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

1/7/2015
DATE

IREDELL COUNTY HEALTH DEPARTMENT

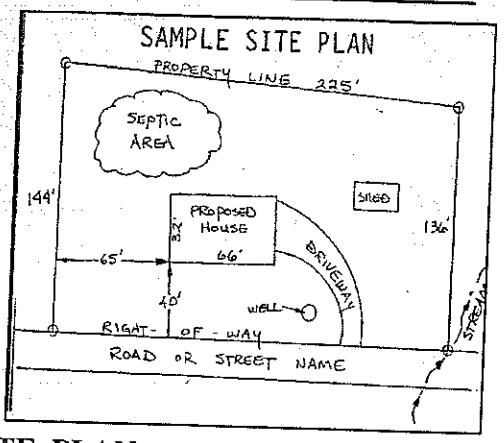
ENVIRONMENTAL HEALTH DIVISION

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:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and 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

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

See Attached Plan

Signature: _____

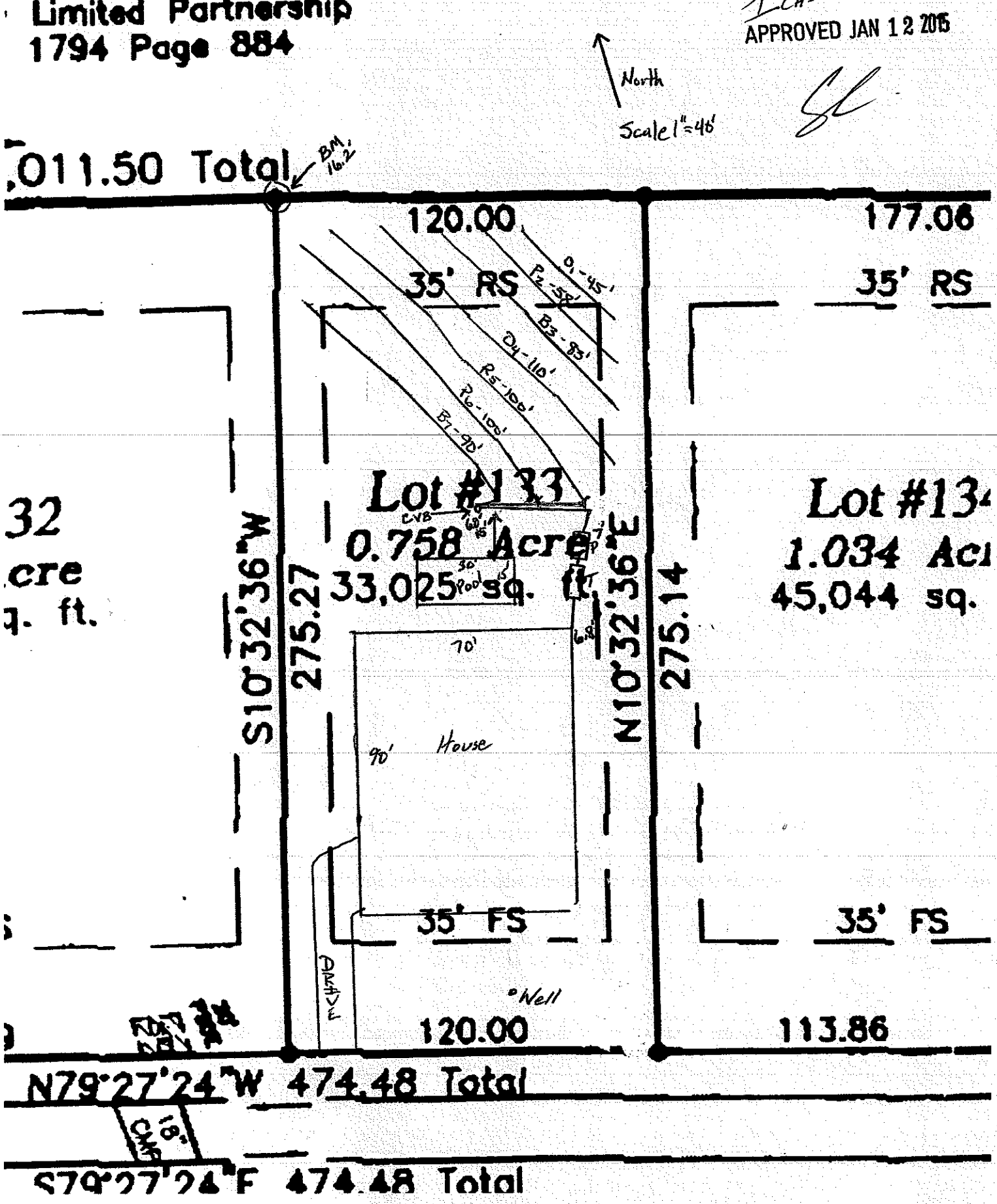
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1/7/2015

DATE

4-99-7519
or Formerly
Limited Partnership
1794 Page 884

ICHD
APPROVED JAN 12 2015



RECEIVED JAN 1 2 2015

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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(✓) Septic Improvement Permit (✓) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
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Applicant Information:

Applicant Name: SHEA BUILDERS Address: 8008 CORPORATE CENTER Phone: 704 3013229

Owner Name: SAME Address: = = Phone: =

Property Information:

Street Address: 253 WALKING HORSE TRAIL

Subdivision Name: ANNISTON Section/Phase: 1 Lot Number: 133

Driving Directions: NORTH ON CONDLE 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: _____
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Signature: Stan W. Pruett
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1/10/15
DATE

IREDELL COUNTY HEALTH DEPARTMENT

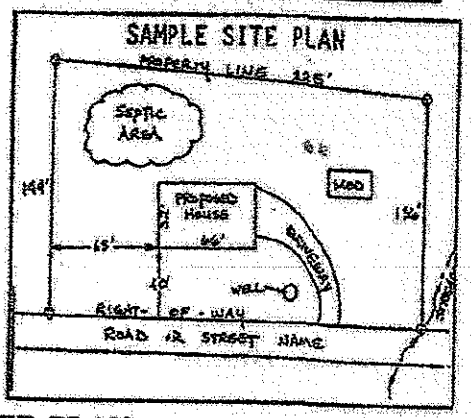
ENVIRONMENTAL HEALTH DIVISION

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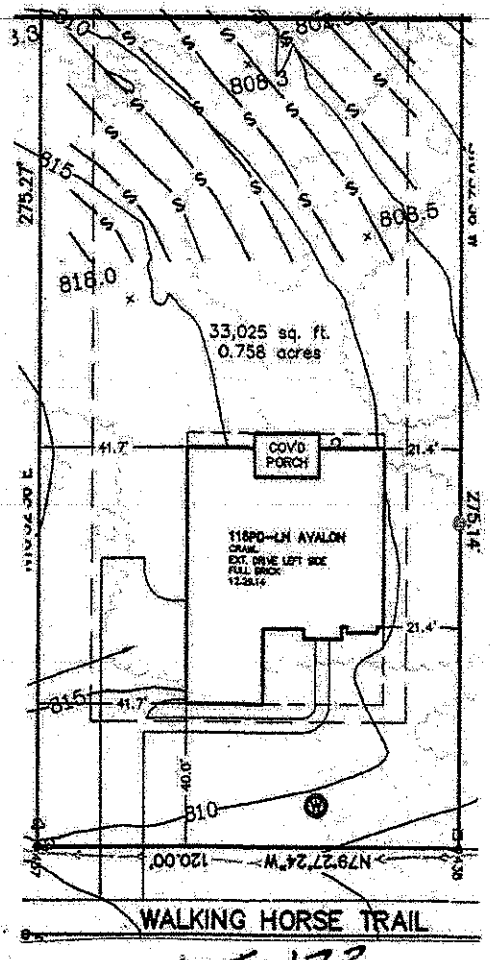


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USE THIS SPACE TO DRAW YOUR SITE PLAN

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



NORTH

* 253 *

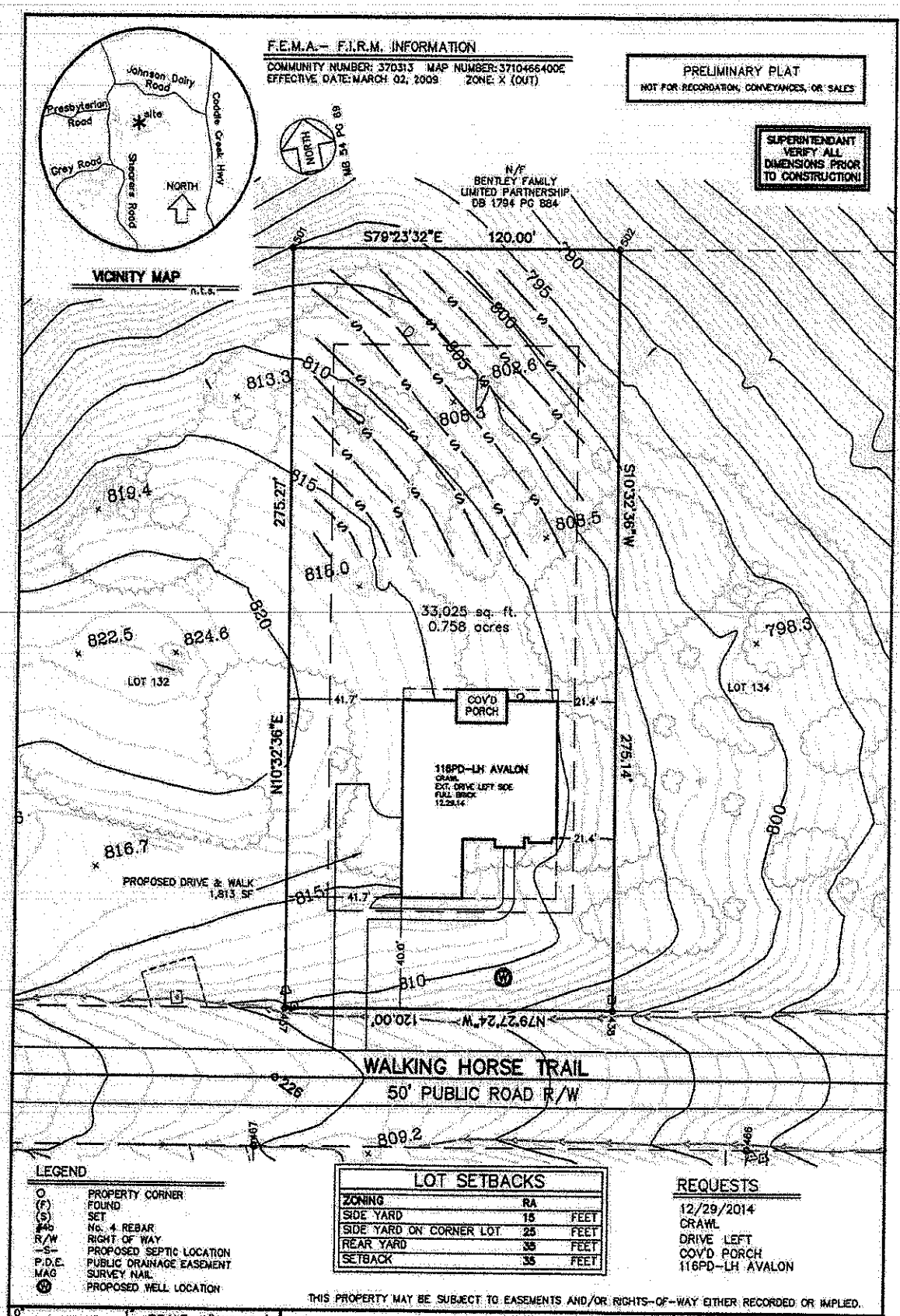
LOT- 133

Signature: Tim Parker

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

1/10/15

DATE



Lucas-Forman Incorporated
Land Surveying
Planning & Engineering
N.C. License C-1215
4000 Stuart Andrew Boulevard
Charlotte, North Carolina 28217
P.O. Box 11386 28220-1386
(704) 527-6626 Fax 527-9640

PLOT PLAN
of
253 WALKING HORSE TRAIL
MOORESVILLE, IREDELL COUNTY, N.C.

LOT 133 BLOCK N/A MAPBOOK 54 PAGE 69
SUBDIVISION ANNISTON SUBDIVISION PHASE 4 MAP 1
DEED REFERENCE:
for
SHEA HOMES

REVIEWED:	DATE: 01/05/2015	REV.
DRAWN: B.S. HENSLEY	UPDATE:	

ENVELOPE:

JOB# ANN0133 | FILE# IRE

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

1/12/15 (Date)

Owner: Starr Homes
Address: 8008 Corporate Center Dr.
Charlotte NC

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
Permit # 2077768 Nisbet Dev. Co.
Anniston Lot 133 253 Walking Horse
Gravity 25% Reduction PIN # 4664-98-6246

I, _____, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 5/29/08 for a system
(date)
Gravity 25% Reduction
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

owes $0

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 150544 207768 PIN# 4664984110.133 DATE 5/29/08

OWNER OR APPLICANT Niblock Development Co. PHONE: Business _____ Home _____

ADDRESS 300 McGill Ave NW Concord NC 28027

LOCATION Shearers Rd TL Anniston TR Burnell TL Walking Horse on Lot 6

SUBDIVISION Anniston BLOCK / SECTION ph 4 LOT 133 LOT AREA .758 SITE CLASS PS DESIGN FLOW 600 L.T.A.R. .275

Septic Tank: 1500 Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1635 Linear Feet 545

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity, 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 5 No. Persons _____ No. Employees _____

Water Supply: ☑ Individual ☐ Public ☐ Community

☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: * Per plan specs

Comments/Conditions:

INITIAL SITE SKETCH

See Plan by Rollins Soil & Env. Services, Inc.

AS BUILT SKETCH

Improvement Permit Only - Do Not Issue Building Permit

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 sixty months ☑ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 6-1-08

Improvement Permit by: Anthony Cohen Jr. date 5/29/08

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: _____ date _____

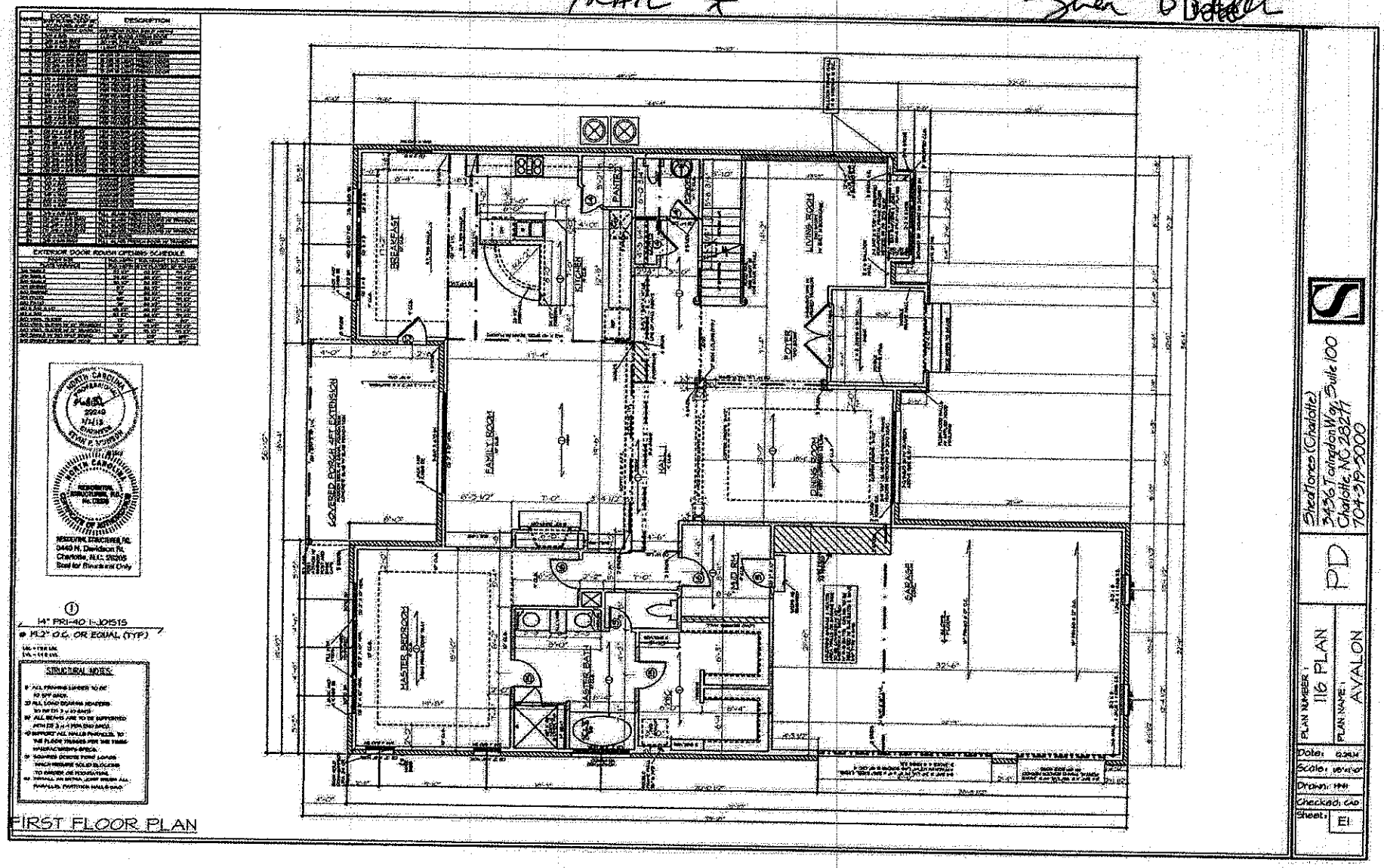
HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

Acknowledgement Of Plans Submittal ONLY!

Annistor 6T-133
* 253 Walking Horse Trail *

4/12/15 for Date

Shan Bolder Date



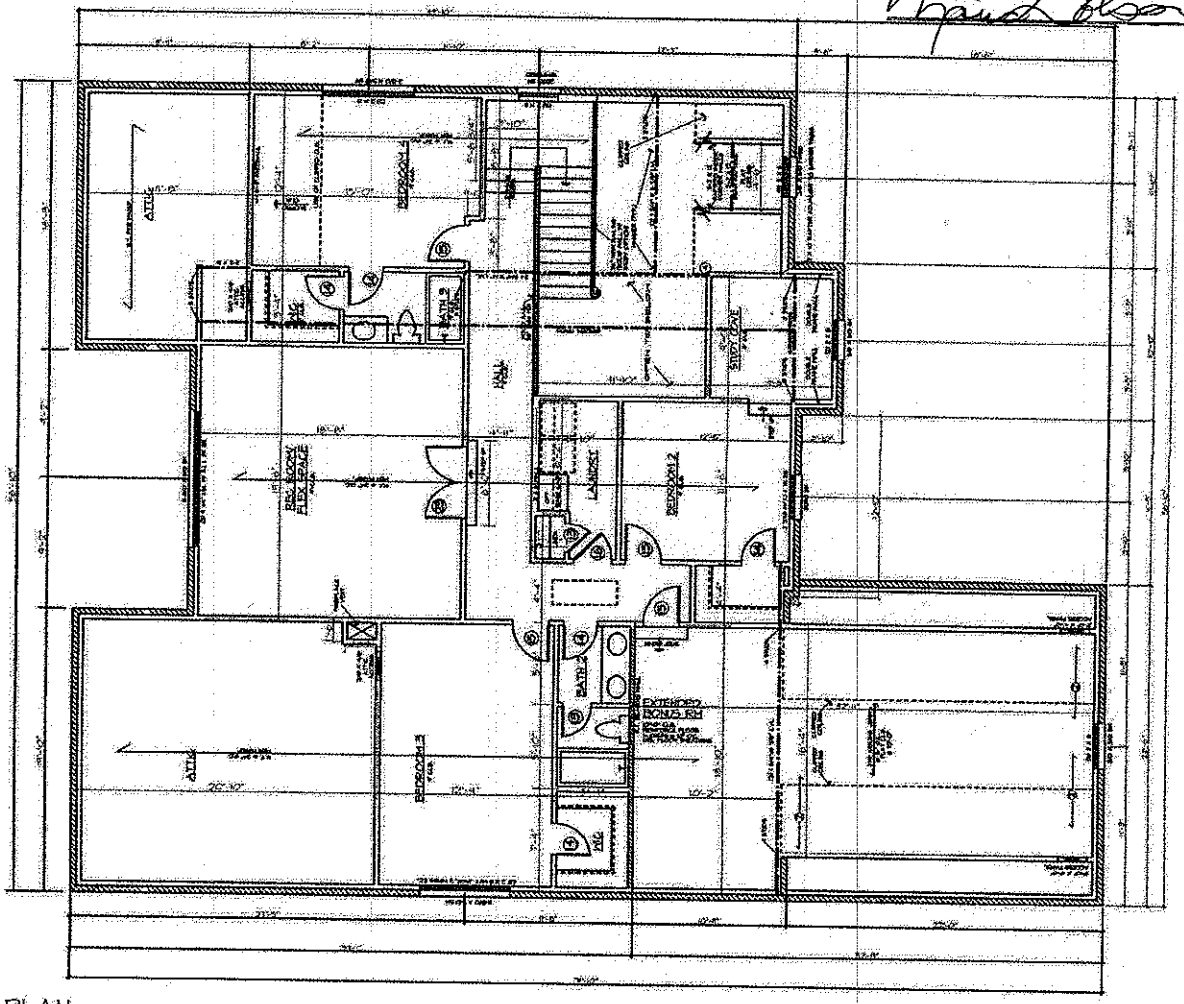
FIRST FLOOR PLAN

ANNISTON LOT-133
#253 WALKING HORSE TRAIL

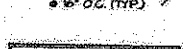
Acknowledgement Of Plans Submittal ONLY!

Shea Davidson for Date 1/13/15

Mark Dotson Date 1/13/15







STRUCTURAL NOTES

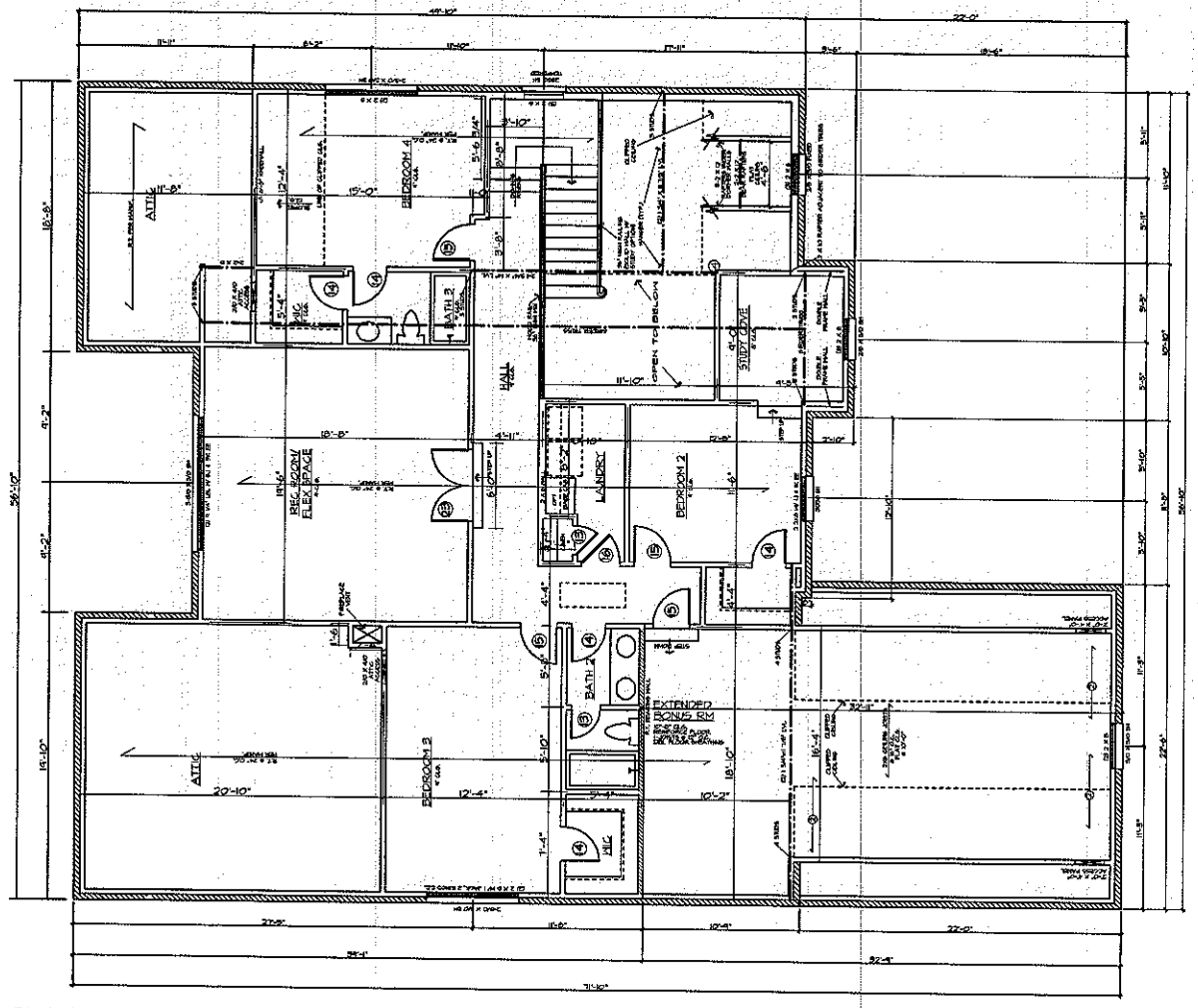
SECOND FLOOR PLAN

Shadrow Homes (Charlotte)
3436 Toringdon Way, Suite 100
Charlotte, NC 28277
704-519-5000

PD

PLAN NUMBER: 116 PLAN
PLAN NAME: AVALON

Date: 12.2014
Scale: 1/4"=1'-0"
Drawn: HH
Checked: CAD
Sheet: E2



② 2 X 10 RAFTERS @ 16" O.C. (TYP.)

STRUCTURAL NOTES:

1) ALL FRAMING LUMBER TO BE #2 SPF (MIN).
2) ALL LOAD BEARING HEADERS TO BE (2) 2 x 10 (MIN).
3) ALL BEAMS ARE TO BE SUPPORTED WITH (2) 2 x 4 POP END (MIN).
4) SUPPORT ALL WALLS PARALLEL TO THE FLOOR TRUSSES PER THE TRUSS MANUFACTURER'S SPECS.
5) SQUARES DENOTE POINT LOADS WHICH REQUIRE SOLID BLOCKING TO GIRDER OR FOUNDATION.
6) INSTALL AN EXTRA JOIST UNDER ALL PARALLEL PARTITION WALLS U.N.O.

NORTH CAROLINA PROFESSIONAL ENGINEER SEAL 29249 KEVIN P. MUNSON

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

SECOND FLOOR PLAN

57

71

Shedhomes (Charlotte)
3436 Toringdon Way, Suite 100
Charlotte, NC 28277
704-919-5000

PD

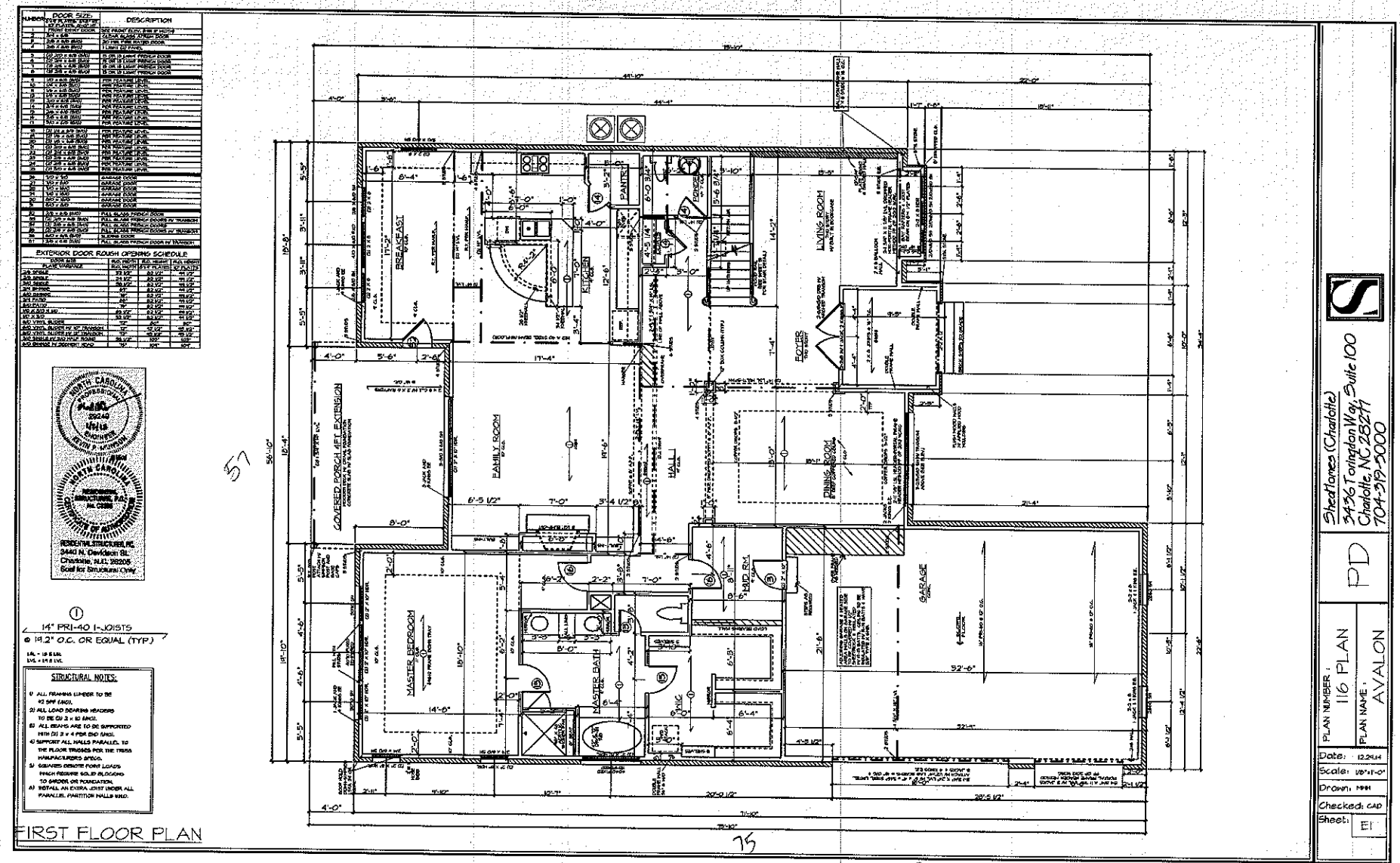
PLAN NUMBER: 116 PLAN
PLAN NAME: AVALON

Date: 12.29.14
Scale: 1/8"=1'-0"
Drawn: MMH
Checked: CAD
Sheet: E2

Acknowledgement Of Plans Submittal ONLY!

Date 1/13/15

Date



Acknowledgement Of Plans Submittal ONLY!

Date 1/13/15

Date