IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216671

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

PIN # 4665-32-4283

APPLICANT: Bronson Buchanon APPLICANT ADDRESS: Po Box 1428 Mooresville 28115

SITE ADDRESS: 172 Wildwood Acres Cir. - Mrvl 28115 PHONE: 704-608-7876 ALT. PHONE:

SITE DIRECTIONS: Shearers, Jr Wildwood Acres, on R

SUBDIVISION: Wildwood Acres SECTION: — LOT # 21 LOT AREA: DESIGN FLOW: 360 L.T.A.R.:

Septic Tank (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields # Lines Linear Ft:

Trench Width Max. Trench Bottom Depth Gravel Depth

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

System Description: Gravel

Repair System Description:

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☑ Crawl Space

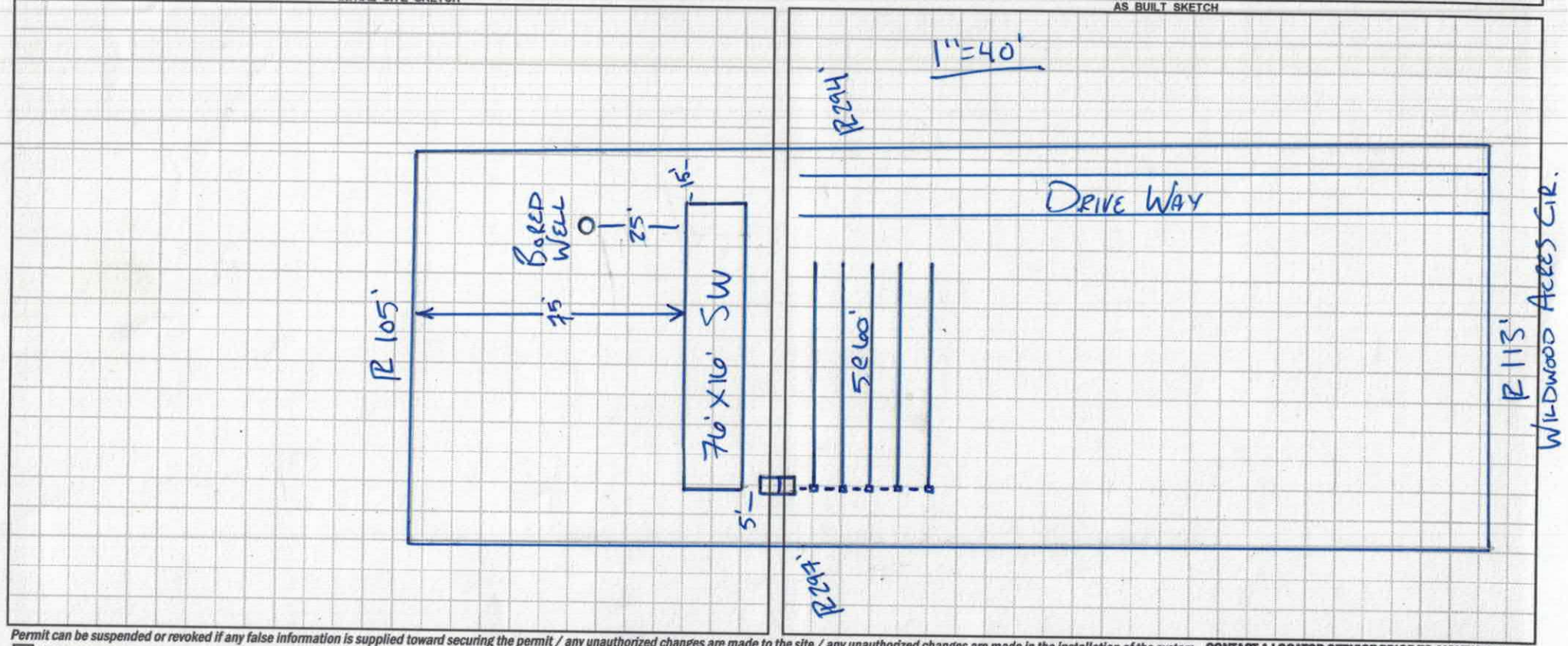
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

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: T Pierce Date: 04/01/2016 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: APPROVED Date: MAR 30 2016

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

216671 RECEIVED MAR 1 - 2016

Paid $250.00 #216671

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:** ___Improvement Permit ___Authorization To Construct X **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:**

C BRYAN BUCHANAN	PO BOX 1428 MOORESVILLE NC 28115	704-799-5186	704-608-7876
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
BRYAN PROPERTIES LLC	PO BOX 1428 MOORESVILLE NC 28115	704-799-5186	704-608-7876
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

172 WILDWOOD ACRES CIRCLE MOORESVILLE NC 28115	WILDWOOD ACRES	#21 LOT
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: From STATESVILLE NC, I-77 SOUTH, EXIT 31 LEFT ON LANGTREE RD. LEFT ON HWY 115 NORTH. RIGHT ON FAITH RD (@ TRAFFIC LIGHT). RIGHT ON SHEARERS RD. RIGHT ON WILDWOOD ACRES CIRCLE (DIRT ROAD). PROPERTY ON RIGHT #172.

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 DEMO of DOUBLEWIDE (COMPLETE) REPLACE WITH SINGLEWIDE

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

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

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

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

8. **Please Answer The Following** ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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?

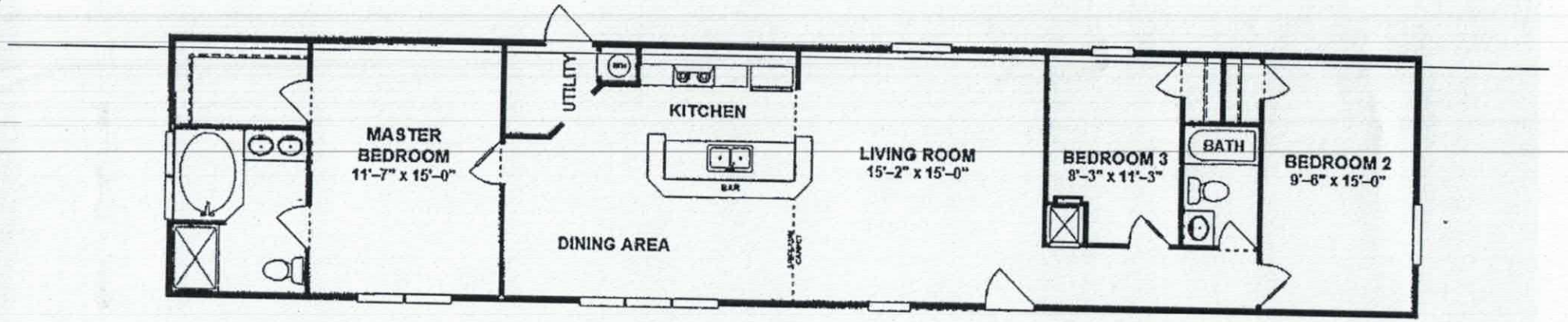
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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:** _____ _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

40741

Freedom Home
Model: 2009
Size: 76X16

1200 Sq.Ft.
3 Beds / 2 Baths



Acknowledgement of
Plans Submittal ONLY!

Date 2-17-16

Date

IREDELL COUNTY

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

APPLICATION NUMBER
216671
Issue Date: 03/01/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4665324283.000	172 WILDWOOD ACRES CIRCLE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: BROTAN PROPERTIES	Applicant: BUCKHANAN BRONSON S
Address: 172 WILDWOOD ACRES CIRCLE MOORESVILLE, NC 28115	Address: 532 PATTERSON FARM RD MOORESVILLE, NC 28115
Phone: 704-799-5186	Phone:

Use Requested	Zone Code
REPLACING DBL WIDE WITH A SINGLE WIDE.	RA

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

Remarks:

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: _____ Date: _____

Permit Number	61560	TOTAL FEES:	$ 77.25