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Paid $250.00 #212175

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: John + Kim Schirr Address: 184 Albany DR Mooresville Phone: 631 7579145 Home
Cell 630 8890651

Owner Name: _____ Address: _____ Phone: _____

Property Information:

Street Address: 184 Albany DR Mooresville NC 28115

Subdivision Name: Bethany Place Section/Phase: _____ Lot Number: 11

Driving Directions: _____

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

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) 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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2012

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

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: _____ 7/21/15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 142627 PIN# 4669111976.000 4669-01-5916 DATE 6-19-07

OWNER OR APPLICANT ~~Grant Mooresville~~ Vasile Lazar PHONE: Business _____ Home _____

ADDRESS 1607 High Ridge Rd Stanley NC 28164

LOCATION Hwy 115 (N) (R) Statesville, (L) Albany, at end

SUBDIVISION Bethany Place BLOCK / SECTION _____ LOT 11 LOT AREA 2.15 Acres SITE CLASS. P.S. DESIGN FLOW 480 gpd L.T.A.R. .30

Septic Tank: 1000 Gallons; STB 825 Date 12-28-11

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36

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

System Description: 25% Reduction

Repair System Description: SAME → Pumped w/P.M.

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

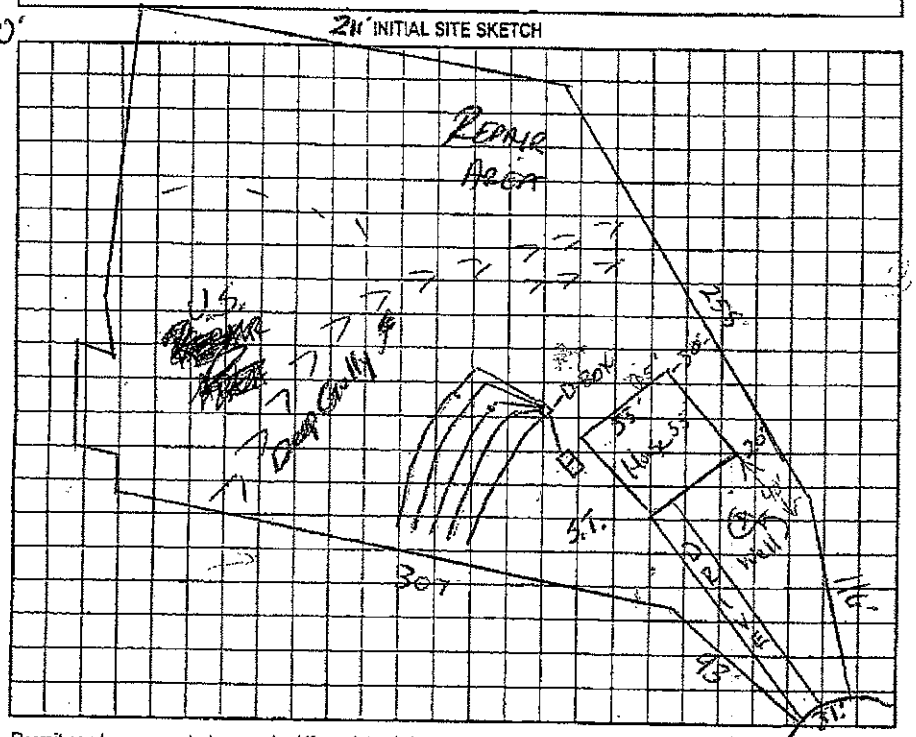
Gravel Depth ___ ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: 1) Stay 15' minimum from gully/steep embankment
2) Tanks & Lines to be 5' min. from House
3) Footprints = 55'x55'

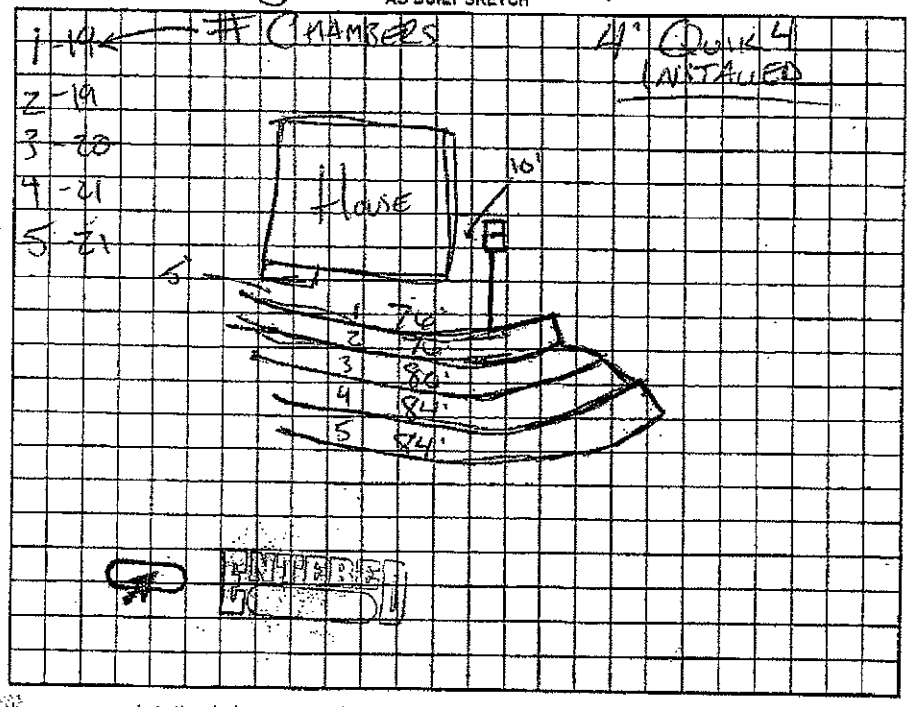
Comments/Conditions: Note: House is further from left property line then Shown! Drainfield starts 10ft behind house & runs entire length of house plus 25ft.

1" = 100'

24" 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. 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: Vasile Lazar date Jul 19-07 Installed by: Rowan Septic

Improvement Permit by: [signature] date 6-18-07 Operation Permit by: [signature] REHS date 2-9-12

Authorization to Construct by: [signature] date 4/15/11 Existing System Inspection by: _____ date _____

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

IREDELL COUNTY

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

FILE COPY

APPLICATION NUMBER
212175
Issue Date: 07/21/2015

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4669015916.000	184 ALBANY DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SCHLIE JOHN D+KIM M	Applicant: SCHLIE JOHN D+KIM M
Address: 533 18TH ST MOORESVILLE, NY 11704	Address: 533 18TH ST MOORESVILLE, NY 11704
Phone:	Phone:

Use Requested	Zone Code
DETACHED GARAGE 25X35	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.150		10.00	10.00	10.00	NOT	X

Remarks:

PAID 1136 7-21-15 DA

Shall not be erected in front building line of the principal structure. Shall not be erected within 25 ft of any side street or corner lot. Shall not be erected within 10 ft of any line not a street line or within 10ft of any other building on the same lot. Shall not be erected within the 50ft buffer zone on lake front properties. Shall not exceed the height limitation of the principal structure. Exceptions to the front building line location: if the lot equals 1 acre or greater, and is double frontage lake lot or the location of the building/structure is 150 feet or greater than from the frontage street right of way line than the structure can be located in front of home. Any accessory building or structure over 1200 sq/ft shall be setback a minimum of fifty (50) feet from any property line

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: See Attached Date: _____

Permit Number	44158	TOTAL FEES:	$ 77.25