IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION RECEIVED JUN 18 2015

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: Amber Blackmon Address: 144 Louise Drive Mooresville NC Phone: 704-[illegible]

Owner Name: Robert A. Blackmon Address: 170 Louise Drive Mooresville NC, Phone: (24)650-0354

Property Information:

Street Address: 170 Louise Drive Mooresville, N.C, 28115

Subdivision Name: Carol woods Section/Phase: _____ Lot Number: 30

Driving Directions: _____

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

(✓) New Single Family Residence (Mobile Home Double wide)
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
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: _____ JUNE 18th 2015
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Amber Black

IREDELL COUNTY HEALTH DEPARTMENT

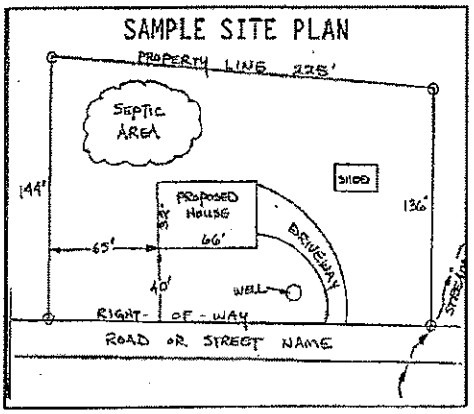
ENVIRONMENTAL HEALTH DIVISION

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 Septic permit

Signature: _____

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

JUNE 18th 2015

DATE

RECEIVED FEB 2 6 2015

Call prior 8431 704 928

IREDELL COUNTY HEALTH DEPARTMENT

2086007

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $500.00 Statesville

Paid $100.00 Site Revisit

Application For:

( ) New Well Permit ( ) Well Repair Permit (✓) Well Abandonment

(✓) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection 4/13/15 ( ) Septic System Repair

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Page 2: *Site Plan Worksheet* form MUST accompany this application

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Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Amber Blackmon Address: 141 Louise Drive Mooresville NC 28115 Phone: 704-929-89

Owner Name: Robert Blackmon Address: 170 louise Drive mooresville NC Phone: 704-650-03

Property Information: 0354

Street Address: 170 Louise Drive mooresville, NC 28115

Subdivision Name: Carol Woods Section/Phase: _____ Lot Number: 30

Driving Directions: _____

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

(✓) New Single Family Residence (mobil Home Doublewide) Maximum Number of Bedrooms: 3 (✓) Crawl Space Foundation

( ) New Multi-Family Residence Maximum Number of Occupants: _____ ( ) Concrete Slab Foundation

( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing

( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) 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: Amber Blackmon 2-20-15

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

Carolwoods Lot 30

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Robert A. Blackmon, am the legal owner of the property located at 170 Louise dr. Mooresville NC 28115 identified as PIN(Parcel Identification Number) 4675-20-60164-000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Clayton Homes #81 Bobbi A. LaSage, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Signature of Owner — Date: 6/17/15

Signature of Witness — Date: 6/17/15

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
or
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

LOUISE DRIVE
60' PRIVATE R/W
BROKEN GRAVEL/SEMI RD
S88°16'37"E
201.21'
N01°43'23"E
132.85'
N88°16'37"W
143.53'
N88°05'35"W 56.43'
S02°09'44"W
113.04'
N02°09'44"E
50.00'
N10°29'22"W
53.89' (TIE)
R=50.00'
Δ=151°29'32"
L=45.98'
CONCRETE DRIVE
15' REAR SETBACK
15' SIDE YARD
50' FRONT SETBACK
LOT 30
12,671.25 SQ. FT.
0.75 ACRES
#4 REBAR
#4 REBAR SET
N/F
RALPH W. PHIFER
& WIFE LOUGENE J. PHIFER
PARCEL # 467429335.000
DEED BOOK 622 PG. 280
N/F
BROOKS ARLEY DWAINE
PARCEL # 467429570.000
DEED BOOK 599 PG. 688
N/F
GAAC HORGACAGE LLC
PARCEL # 467520807.3.000
DEED BOOK 1699 PG. 407
CAROLWOODS SUBDIVISION
LOT 29
N/F
HAROLD V. WILLIAMS
& WIFE SARAH H. WILLIAMS
PARCEL # 467520464.000
DEED BOOK 879 PG. 143
CAROLWOODS SUBDIVISION
LOT 31
NOTES:
1) NO MONUMENT WITHIN 3000'.
2) IRON PINS FOUND OR SET AT ALL CORNERS UNLESS OTHERWISE NOTED.
3) NO NEW LOT LINES HAVING BEEN CREATED OR ESTABLISHED.
4) NO TITLE SEARCH HAS BEEN PERFORMED BY OR SUPPLIED TO THE SURVEYOR GROUP. PROPERTIES SHOWN ON THIS SURVEY ARE SUBJECT TO ANY AND ALL EASEMENTS, COVENANTS, RIGHTS OF WAY AND ENCUMBRANCES OF RECORD OR IMPLIED A TRUE TITLE SEARCH MAY DISCLOSE.
LEGEND
O NEW IRON PIN
● EXISTING IRON PIN
R/W RIGHT OF WAY
Δ COMPUTED POINT
M.B.L. MINIMUM BUILDING LINE
R.Y. REAR YARD
TELEPHONE PEDISTAL
OVERHEAD POWER POLE
NORTH CAROLINA
PROFESSIONAL
SEAL
L-3509
LAND SURVEYOR
STEPHEN S. DYER

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Robert Allen Blackmon, am the legal owner of the property located at 170 Louise Drive, identified as PIN(Parcel Identification Number) 4675 20 6064, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Jeremy + Amber Blackmon, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

_____ 4-13-15
Signature of Owner Date

_____ _____
Signature of Witness Date

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
or
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY

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

APPLICATION NUMBER
208607
Issue Date: 02/20/2015

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4675206064.000	170 LOUISE DRIVE, MOORESVILLE, NC 28115	MOORESVILLE

Owner Information	Applicant Information
Owner: BLACKMON ROBERT ALLEN+DONNA DA VIS	Applicant: BLACKMON, AMBER
Address: 13906 RAMAH CHURCH RD HUNTERSVILLE, NC 28078	Address: 144 LOUISE DR MOORESVILLE, NC 28115
Phone:	Phone: 704-928-8937

Use Requested	Zone Code
DW MOBILE HOME	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.750	35.00	35.00	15.00	15.00	NOT	X

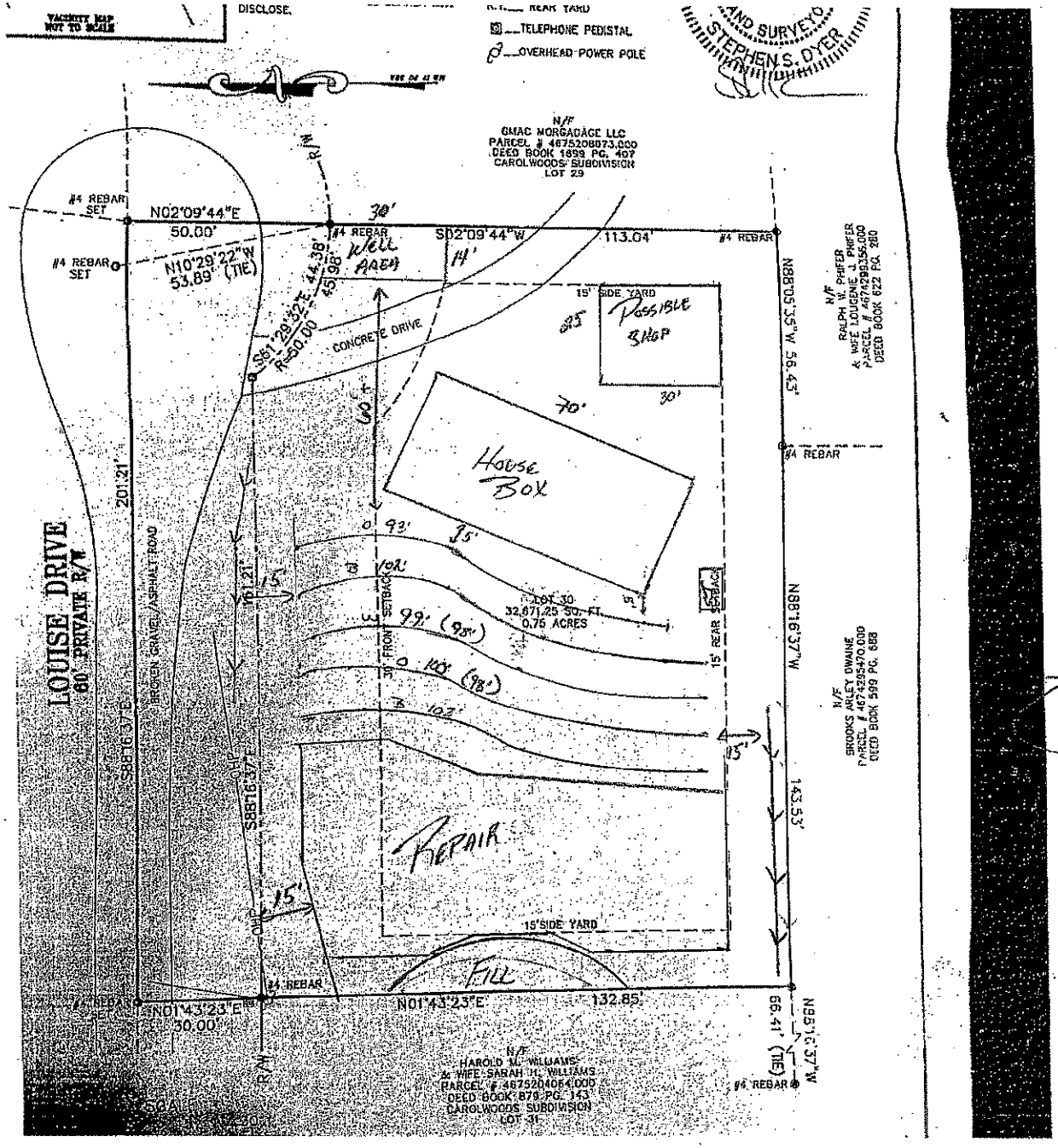
Remarks:

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front and rear entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile 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	32007	TOTAL FEES:	$ 77.25



1" = 40'

102
98
98
102

400