RECEIVED AUG 5 2015
Paid $250.00 # 212620

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: X Improvement Permit ___Authorization To Construct ___ 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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Maximiliano J. Martinez	802 Linwood Rd Mooresville NC 28115	704 245 9028	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Maximiliano Martinez	802 Linwood Rd Mooresville NC 28115	704 245 9028	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
802 Linwood Rd Mooresville NC 28115	Quail Run 2	4676327303 Lot 16

Driving Directions: From Main St Mooresville TURN on Linwood Rd Go 6 Bytes (counter Clockwise) on RT side by road.

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to
(X) Other Addition of carport to home

Maximum Number of Bedrooms 3
Maximum Number of Occupants 5
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:

( ) 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)* ( ) EXISTING SYSTEM installed ? *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___

8. Please Answer The Following ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes ( ) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: _____ 8/5/15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

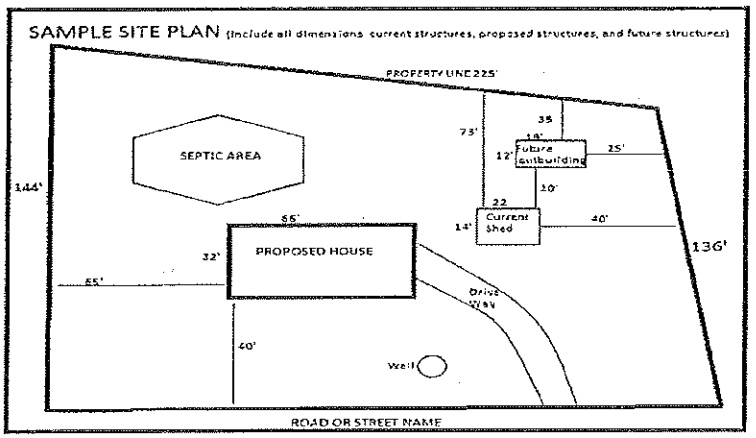
SITE PLAN WORKSHEET

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*!!!

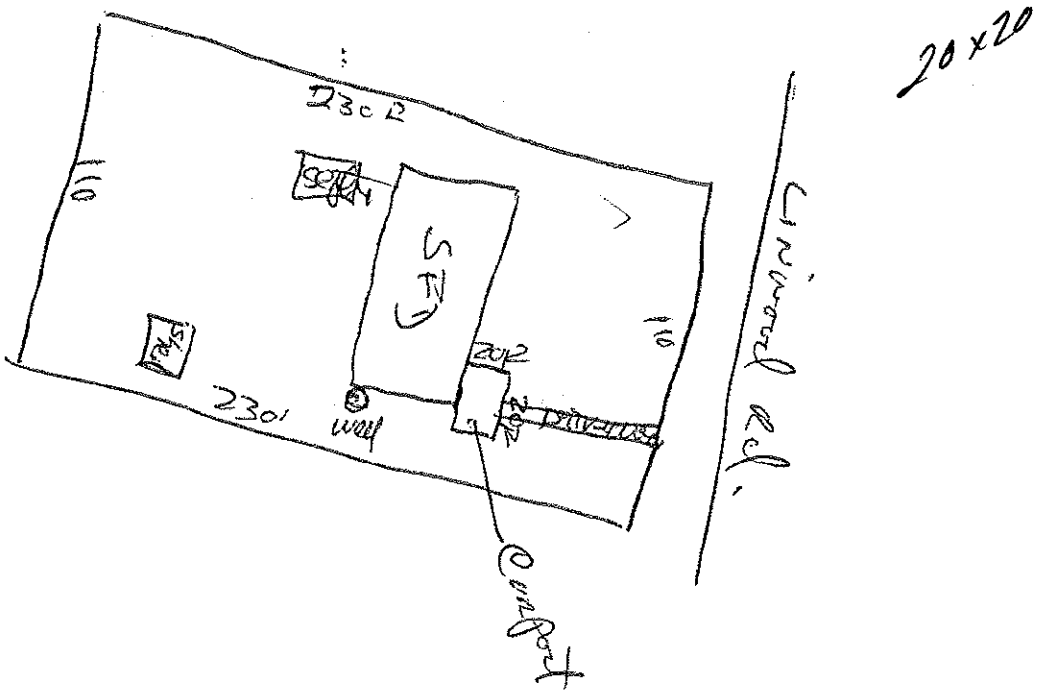
Place an (X) beside each item as you complete the site plan:
_____ Property Line measurements are clearly identified... _____ All proposed structures are indicated...

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
_____ Front and side setbacks from property line... _____ Preferred driveway location and configuration, preferred 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

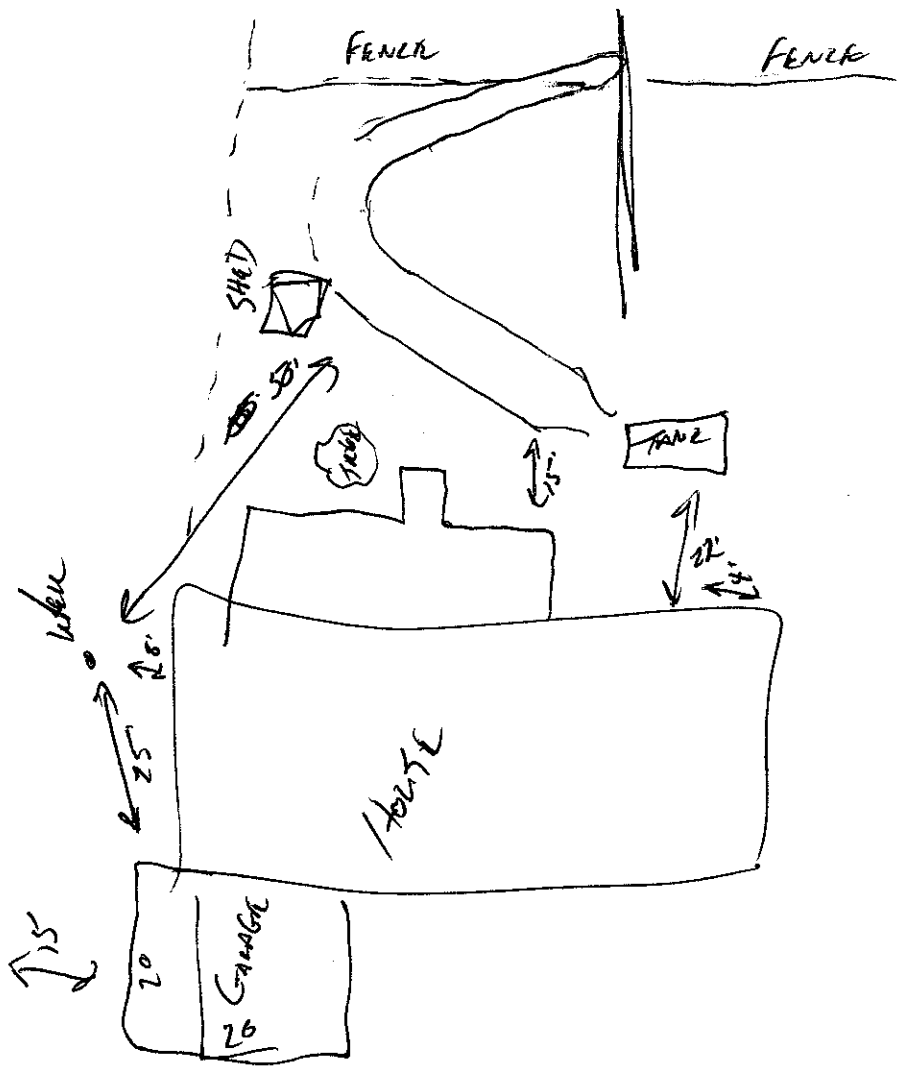


USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: _____
REQUIRED property owner or owner's legal representative signature.

8-5-14
DATE


FENCE
FENCE
SHED
50'
TREE
15'
TANK
22'
4'
WELL
26'
25'
HOUSE
15'
20
GARAGE
26

IREDELL COUNTY

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

APPLICATION NUMBER
212620
Issue Date: 08/05/2015

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4676327363.000	802 LINWOOD ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MARTINEZ MAXIMILIANO J+MAYRA	Applicant: MARTINEZ MAXIMILIANO J
Address: 802 LINWOOD RD MOORESVILLE, NC 28115	Address: 802 LINWOOD RD MOORESVILLE, NC 28115
Phone:	Phone:

Use Requested	Zone Code
ADDING CARPORT TO EXISTING HOUSE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	BOWC	X

Remarks:

STARTED BY RH- VIOLATION

$ PAID 08/11/15

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	45705	TOTAL FEES:	$ 77.25