ICHD–ENVIRONMENTAL HEALTH DIVISION

PJB

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

PERMIT # 209011

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

PIN # 4676-95-3390

APPLICANT/OWNER: Century Communities | APPLICANT ADDRESS: 7400 Carmel Exec. Park Dr. Ste #205 Charlotte, NC

SITE ADDRESS: 111 Turtleback Dr. Mooresville, NC | PHONE: 704-943-1310 | ALT. PHONE

SITE DIRECTIONS: Linwood Rd → Ram Shadows → Turtleback → Lot on left (corner lot) | SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Hollybrook | SECTION: — | LOT # 17 | LOT AREA: 1.32 acres | DESIGN FLOW: 600 GPD | L.T.A.R.: 0.30

Septic Tank	1500 (gal)	STB	EM1530	Date	Exhibit A	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	5	Water Supply
Pump Tank	1500 (gal)	PT	EM1530	Date	Exhibit A	System Description:	PM - 25% Reduction	☐ Business	No. Persons	10	☒ Private Existing
Pump Make	Goulds	Model	WE05112H	Serial #	—	Repair System Description:	LPPPBPS (50% Reduction)	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft.	500'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	27"-30"	Gravel Depth	—		☐ GRAVITY ☒ PRESSURE	☒ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Recommend pumping septic tank every 3-5 years. As of 7/3/19, house is already built. See floor plans approved 11/30/18. Surface water diversion berm/ditch to be 12"-18". Solid pipe must extend 2 feet from the sidewall of the cut/powerline-utility trench.

PARTIAL SITE SKETCH

See attached plans from Michael Athanas + Associates

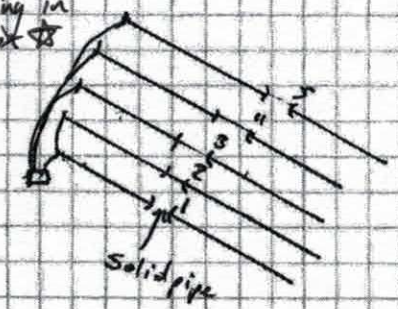
P.E. [illegible] [illegible] Lic.# 1252

	Date	Initials
Drain Lines Checked	7/17	BB
Tanks Checked	7/17	BB
Pressure Manifold or Valve Box Checked	8/2/19	SA
Pressure Head Set	8/2/19	SA
Electrical Checked	8/2/19	SA
Floats Set	8/2/19	SA
Alarm Checked	8/2/19	SA
Maintenance Contract Y (N)	—	—
Comments: * Filter in Tank * Line 5 Solid Pipe ✓ KW 7-18		

AS BUILT SKETCH

8/1/19: -2 float system
- 6" feather between on/off
- Alarm float ok
- 2 of Pressure Head set
- Breakers OK (#36+38)

★ - surface Berm still needed and caulking in electrical box ★



Line 1 - 9'
Line 2 - 11'
Line 3 - 10'
Line 4 - 10'
Line 5 - 10'

7-18: checked solid pipe on line 5 + supply line KW

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

site plan valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Hope Mackanic | Date: 7/5/2019 | Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Tom Shuck | Date: 7/5/2019 | OPERATION PERMIT by: Patrick J Bagley III | Date: 8/20/19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck | Date: 7/5/2019 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

ICHD–ENVIRONMENTAL HEALTH DIVISION

POB

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 209011

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

PIN # 4676-95-3390

APPLICANT/OWNER: Century Communities | APPLICANT ADDRESS: 7400 Carmel Exec. Park Dr. Ste #205 Charlotte, NC

SITE ADDRESS: 111 Turtleback Dr. Mooresville, NC | PHONE: 704-943-1310 | ALT. PHONE

SITE DIRECTIONS: Linwood Rd → Rain Shadows → Turtleback → Lot on left (corner lot) | SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Hollybrook | SECTION: — | LOT # 17 | LOT AREA: 1.32 acres | DESIGN FLOW: 600 GPD | L.T.A.R.: 0.30

Septic Tank	1500	(gal)	STB		Date		☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	1500	(gal)	PT		Date		System Description:	PM - 25% Reduction	
Pump Make			Model		Serial #		Repair System Description:	LP-PPBPS (50% Reduction)	
# Nitrification Fields	1		# Lines	5	Linear Ft	500'	Maintenance Agreement Required:	☐ YES ☒ NO	
Trench Width	36"		Trench Bottom Depth(Low side)	28"-30"	Gravel Depth	—		☐ GRAVITY ☒ PRESSURE	

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing

No. Bedrooms: 5 | No. Persons: 10 | No. Employees: | ☐ Crawl Space

Water Supply: ☒ Private Existing ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Recommend pumping septic tank every 3-5 years. As of 7/3/19, house is already built. See floor plans approved 11/30/18. Surface water diversion berm/ditch to be 12"-18". Solid pipe must extend 2 feet from the sidewall of the cut/powerline-utility trench.

INITIAL SITE SKETCH

See attached plans from Michael Athanas + Associates

Dated: 6/27/19 Michael Athanas LSS # 1252

Revised: 7/3/19 (drawing: diversion berm)

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**

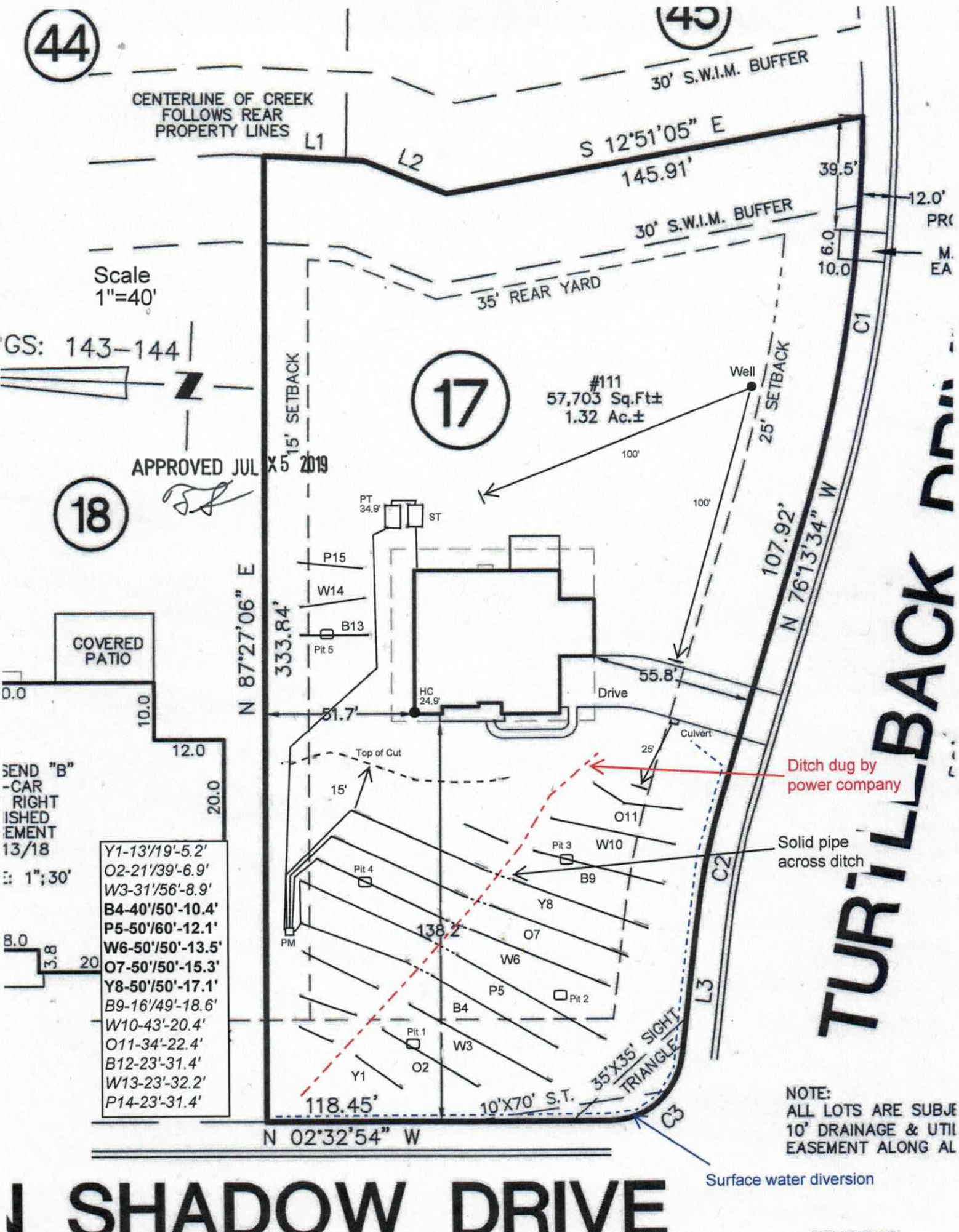
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Hope Macdonald | Date: 7/5/2019 | Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Tom Shuck | Date: 7/5/2019 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Tom Shuck | Date: 7/5/2019 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.


44
45
30' S.W.I.M. BUFFER
CENTERLINE OF CREEK FOLLOWS REAR PROPERTY LINES
L1
L2
S 12°51'05" E
145.91'
39.5'
12.0'
30' S.W.I.M. BUFFER
6.0
10.0
35' REAR YARD
Scale 1"=40'
GS: 143–144
17
#111
57,703 Sq.Ft±
1.32 Ac.±
15' SETBACK
25' SETBACK
Well
100'
100'
APPROVED JUL X 5 2019
18
PT 34.9'
ST
P15
W14
B13
Pit 5
333.84'
N 87°27'06" E
107.92'
N 76°13'34" W
C1
C2
C3
L3
COVERED PATIO
10.0
12.0
20.0
HC 24.9'
51.7'
55.8'
Drive
Culvert
25'
Top of Cut
15'
Ditch dug by power company
O11
Pit 3
W10
B9
Solid pipe across ditch
Pit 4
Y8
138.2'
O7
W6
P5
Pit 2
B4
Pit 1
W3
O2
Y1
118.45'
10'X70' S.T.
35'X35' SIGHT TRIANGLE
N 02°32'54" W
Surface water diversion
PM
Y1-13'/19'-5.2'
O2-21'/39'-6.9'
W3-31'/56'-8.9'
B4-40'/50'-10.4'
P5-50'/60'-12.1'
W6-50'/50'-13.5'
O7-50'/50'-15.3'
Y8-50'/50'-17.1'
B9-16'/49'-18.6'
W10-43'-20.4'
O11-34'-22.4'
B12-23'-31.4'
W13-23'-32.2'
P14-23'-31.4'
NOTE:
ALL LOTS ARE SUBJE
10' DRAINAGE & UTIL
EASEMENT ALONG AL
TURTLEBACK DR
I SHADOW DRIVE
REVISIONS



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for Hollybrook Lot 17
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side, 25' side street
Water Source: Private well
Number of Bedrooms/Daily Flow: 5/600 GPD
Proposed LTAR: 0.3 GPD/FT^2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Pressure Manifold
Flow per Tap: 1 @ 10.1 GPM, 3 @ 5.48 GPM
Tap Size and Material: 1 @ ¾" SCH 80, 3 @ ½" sch 80
System Flow: 26.6 GPM
Dosing Volume: 218.8 gallons
Pump Run Time: 8.2 minutes
Elevation Head: 29.5'
Friction Head: 2.9'
Pressure Head: 2'
Total Dynamic Head: 34.4'
Supply Line Length: 155' of 2" PVC
Septic/Pump Tank Size: 1500/1500 gallons
Proposed Trench Bottom: 36"



APPROVED JUL X 3 2019

Line	Design Length	Actual Length	Elevation
Yellow 1		13'/19'	5.2'
Orange 2		21'/39'	6.9'
White 3		31'/56'	8.9'
Blue 4	**40'/50'**	**41'/52'**	**10.4'**
Pink 5	**50'/60'**	**50'/60'**	**12.1'**
White 6	**50'/50'**	**57'/68'**	**13.5'**
Orange 7	**50'/50'**	**64'/61'**	**15.3'**
Yellow 8	**50'/50'**	**61'/55'**	**17.1'**
Blue 9		16'/49'	18.6'
White 10		43'	20.4'
Orange 11		34'	22.4'

Line	Design Length	Actual Length	Elevation
Blue 12		23'	31.4'
White 13		23'	32.2'
Pink 14		23'	33.5'

Initial System: 500' **Repair System:** 390'
Pump Tank: 34.9' **House Corner:** 24.9' **Benchmark:** 1.2'

Comments:
MA&A's original design was compromised due to a ditch dug through the system area by the power company. We have redesigned the system. The lines will be cross the ditch with solid pipe. The lines will have 2ft separation from the ditch.
¾" SCH 80 tap will feed the combined lines of B4 and P5. The 3, ½" SCH 80 taps will feed W6, O7, and Y8.

APPROVED JUL 23 2019

PROPERTY ID #: 4676953390_
COUNTY: _Iredell_____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Century Communities_____ APPLICATION DATE_____
ADDRESS: 7400 Carmel Exec Park Dr, Suite 205, Charlotte, NC 28226_____ DATE EVALUATED: _6/2019_____
PROPOSED FACILITY: ___5 bdrm_____ PROPOSED DESIGN FLOW (.1949): __600 GPD____ PROPERTY SIZE: __1.32 AC_____
LOCATION OF SITE: Hollybrook lot 17_____ PROPERTY RECORDED: _____
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 1	LS 12%	0-4	Br CL WSBK	FR SS SP SXP	N/A	55"	F-C SAP	N/A	PS 0.3
		4-26	R C SBK	FR SS SP SXP					
		26-55	R CL WSBK	FR SS SP SXP					
PIT 2	LS 12%	0-4	Br CL WSBK	FR SS SP SXP	N/A	50"	F-C SAP PS	N/A	PS 0.3
		4-22	R C SBK	FR SS SP SXP					
		22-50	R CL WSBK	FR SS SP SXP					
		50-60	VER SL SAP M	FR SS SP SXP					
PIT 3	LS 12%	0-4	Br CL WSBK	FR SS SP SXP	Mn @ 42" CHR 2 @ 48"	48"	N/A	N/A	PS 0.3 TO 42"
		4-28	R C SBK	FR SS SP SXP					
		28-48	R CL WSBK	FR SS SP SXP					
PIT 4	LS 12%	0-27	R C SBK	FR SS SP SXP	N/A	64"	F-C SAP	N/A	PS 0.3
		27-64	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1500 FT^2	1170 FT^2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____
APPROVED JUL X3 2019

COMMENTS:_____

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4676953390_____
DATE OF EVALUATION: _____
COUNTY: _IREDELL_____

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 5	LS 6%	0-14	FILL		N/A	21"	F-C SAP PS	N/A	PS 0.4
		14-21	R CL WSBK	FR SS SP SXP					
		21-72	VER SL SAP M	VFR SS SP SXP					

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: _____

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
~~14~~	HS (11)	AB 0-5	SBK SCL	SEXP FR S SP	2.5Y 4/6	36"+	?	?	IV <0.25 Itar (EXP, VS, VP)
		B+ 5-36+	" C	EXP " VS VP					
		have dropped about 8" based on wtr. mark in pit.							Several cedar trees in vicinity of site
~~15~~	HS (11)	AB 0-5	SBK SCL	SEXP FR S SP	2.5YR 4/6	48"+	N/A	N/A	IV <0.25 Itar (EXP, VS, VP)
		B+ 5-48+	" C/CL	EXP " VS VP					
		based on wtr. mark in pit.							
~~16~~	HS (11)	A 0-25	SBK SCL	S EXP FR S SP	2.5YR 4/6	48"+	N/A	N/A	III 0.4 Itar
		B+ 25-48+	" CL	" " " P					
~~17~~	CV 8-12% smooth	AB 0-5	SBK SCL	SEXP FR S SP	2.5YR 4/6	48"+	N/A	N/A	IV 0.3 Itar
		B+ 5-48+	" C	" " " P					
(18)	L 6-12% smooth	AB 0-5	SBK SCL	SEXP FR S SP	2.5YR 4/6	48"+	N/A	N/A	III/IV ~~0.35~~ Itar .3 sm
		B+ 5-48+	" C/CL	" " " P					

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: _____

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
~~23~~	As ① Wtr. in pit 1/1 No wtr 11 3/4 ± 0 sap	B+ 0-28	SBK C	SEXP FR S P	2.5YR 4/8	40"	N/A	40" to CB	IV 0.3 ltr
		BC 28-40	" "	" " " "					
		CB 40-48+	SBK/GR CL/SL	" FR/VFR SS SP					
24	As ① Wtr in pit 1/1 Wtr. level had dropped about 18 since 12/30 Storm event	BC 0-26	SBK C	SEXP FR S P	2.5YR 4/8	20"	II SL	20" to C	Sap 0.5 ltr
		C 20-48+	SBK/GR SL	" VFR SS SP					
~~25~~	As ①	AB 0-3	SBK SCL	SEXP FR S SP	2.5YR 4/6	32"	II SL	32" to sap	III AB-B+ 0.2 ltr LPP II sap INC 0.5 ltr sap system
		B+ 3-32	" C	" " " P					
		C 32-48+	" SL	" " " "					
~~26~~	No wtg 15 Dropped 3" As ① Wtr in pit 1/1	A+ 0-3	SBK SCL	SEXP FR S SP	2.5YR 4/6	48"+	N/A	N/A	II 0.3 ltr
		B+ 3-38	" C	" " " P					
		BC 38-48+	" C/CL	" " " "					
27	As ①	B+ 0-22	SBK C	SEXP FR S P	2.5YR 4/6	41"	N/A	41" to C/C sap	II 0.3 ltr .3 OK
		BC 22-41	SBK* C/CL	" " " P					
		C 41-48+	" SL	" VFR SS SP					

COMMENTS: * BC & C exhibit faint PL structure apparently relict of PM

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 7 of 24
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Russell Williams — APPLICATION DATE
ADDRESS: — DATE EVALUATED: 1/1/08
PROPOSED FACILITY: — PROPOSED DESIGN FLOW (.1949): — PROPERTY SIZE:
LOCATION OF SITE: — PROPERTY RECORDED:
WATER SUPPLY: Private Public Well Spring Other
EVALUATION METHOD: Auger Boring (Pit) Cut TYPE OF WASTEWATER: (Sewage) Industrial Process Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
28	As (1)	A/B 0-3	SBK SCL	SEXP FR S SP	2.5YR 4/6	48"+	N/A	N/A	III (CL) IV 0.35 Har .3 gpm
		Bt1 3-24	SBK* C	" " " P					
		Bt2 24-48+	" CL	" " " "					
29	NS/FP 4-8 smooth	AB 0-3	SBK SCL	SEXP FR S SP	2.5YR 4/6 2.5YR 4/6 w/ 6/1 secondary	48"+	N/A	38" to redox	III Outside 10 yr floodplain. 0.35 Har conventional?
		Bt 3-38	" "	" " " P					
		Btg 38-48+	" "	" " " "					
30	S/A 6-10 smooth	AB 0-3	SBK SCL	SEXP FR S SP	2.5YR 4/6	39"+	N/A Didn't see but about 4" of it.**	39" to sap	IV 0.3 Har
		Bt 3-39	" C	" " " P					
		C 39-48+	" SCL/SL	" " " "					
31 4	L 6-10 smooth	A 0-4	SBK SCL	SEXP FR S SP	2.5YR 4/6	46"	N/A	46" to CB	IV 0.3 Har
		Bt 4-38	" C	" " " P					
		BC 38-46	" "	" " " "					
		CB 46-48+	" SCL/SL	" " " "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY:
OTHER(S) PRESENT:

COMMENTS: * Much mica, <1 mm diameter flakes
** Pit 42" ± deep

Comprehensive Relayout

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $350.00 #209011

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: **(PRINT CLEARLY)**

Applicant Name: Century Communities **Address:** 7400 Carmel Exec. Park Dr, STE 205, Charlotte, NC **Zip:** 28226

Applicant Email: _____ **Phone:** 704-943-1310 **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 111 Turtleback Drive

Subdivision Name: Hollybrook **Section/Phase:** _____ **Lot Number:** 17

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 5 — ( ) 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
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

(✓) 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: Accepted

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: _____ 6/27/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

209011

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (X) 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: (PRINT CLEARLY)

Applicant Name: Century Communities **Address:** 7400 Carmel Executive Park Dr, STE 205, Charlotte, NC **Zip:** 28226

Applicant Email: _____ **Phone:** Gene-704-361-9395 **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 111 Turtleback

Subdivision Name: Hollybrook **Section/Phase:** _____ **Lot Number:** 17

Driving Directions: _____

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 5
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(✓) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

(✓) 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: Accepted

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: _____ 11/15/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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 ___BOTH ___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	Work Phone
Wastewater Solutions	4711 Rocking Horse Dr. Maiden.		980-429-1580
David McKay	505 Teeter Rd. Mooresville.		704 664-9080.
Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Holly Brook.	Lot # 17

Driving Directions: Hwy # 152-E, Rt on Teeter Rd. go ≈ 2mi. left on Rain Shadow into Hollybrook. lot on left on Is corner of Turtle back & Rain Shadow.

****

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

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
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 ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ (✓) No Preference

****

8. **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. 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:** Russell McKay — 5-4-08

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

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Matthew Chisholm, am the legal owner(s) of the property located at Hollybrook 17, identified as PIN (Parcel Identification Number) 4676953390, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Century Communities Michael Athanas & Associates, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	6/27/2019 Date	Rhonda Gustafson Signature of Witness	6/27/2019 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

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

ELECTRICAL LEGEND

- PROVIDE ADDITIONAL EXTERIOR WEATHERPROOF RECEPTACLE WITHIN 15 FEET OF CONDENSING UNITS
- INSTALL GFCI AND ARC FAULT CIRCUIT INTERRUPTER PROTECTION PER NEC SECTIONS 210.12(C)
- ALL GARAGE OUTLETS SHALL BE ON A DEDICATED CIRCUIT

KEYNOTES

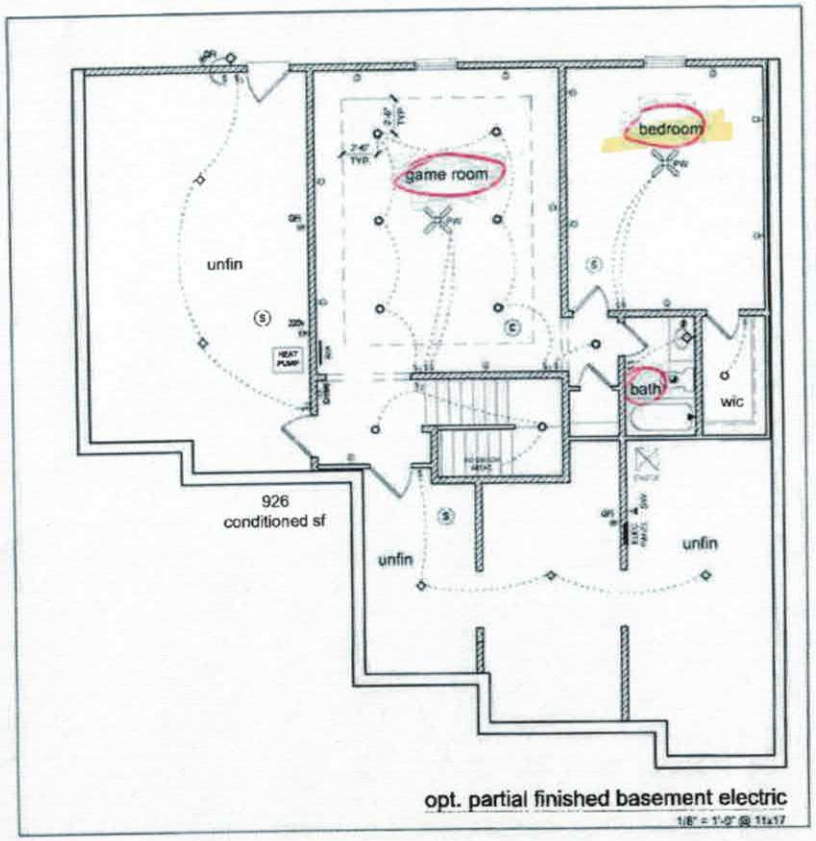
A2	GARAGE CEILING - 5/8" TYPE X DRYWALL, VERTICAL SURFACE WALLS - 1/2" DRYWALL
A3	22"X30" ATTIC ACCESS (CONSTRUCTED WITH 5/8" TYPE X GYP AND DOOR WAY / FRAME ACCESS SUPPORT
D1	DRYWALL SOFFIT - 12" DROP FROM CEILING LINE
D2	DRYWALL SOFFIT - 6" DROP FROM CEILING LINE
D3	8" TALL DRYWALL OPENING WIDTH PER PLAN
D4	6" WALL CASED OPENING, WIDTH PER PLAN
D5	8' 10" TALL CASED OPENING, WIDTH PER PLAN
K1	28" KNEE WALL W/ 1" TILE CAP
K2	36" KNEE WALL WITH 1x CAP
K4	36 1/2" KNEE WALL
K5	42" KNEE WALL WITH 1x CAP
P1	OPT. LAUNDRY SINK

NOTES & LEGENDS

1. REFER TO ENGINEERING STRUCTURAL DRAWINGS (S-#) FOR BEARING WALL LOCATIONS AND FOR ALL BEAM & HEADER SIZES AND BEARING WALL LOCATIONS
2. EXTERIOR & LOAD BEARING WALLS SHALL BE 16" O.C. WITH DOUBLE TOP PLATE U.N.O. INTERIOR NON-BEARING WALLS SHALL BE 24" O.C. WITH DOUBLE TOP PLATE U.N.O.
3. INTERIOR NON-BEARING DOOR & WINDOW HEADERS SHALL BE (1) 2x4 OR (1) 2x6 W/ VERTICAL CRIPPLERS @ 2'-0" O.C. TO MATCH WALL WIDTH UNLESS NOTED OTHERWISE.
4. 2½ HOSE BIBS SHALL BE INSTALLED, LOCATION TO BE DETERMINED BY PLUMBING CONTRACTOR.

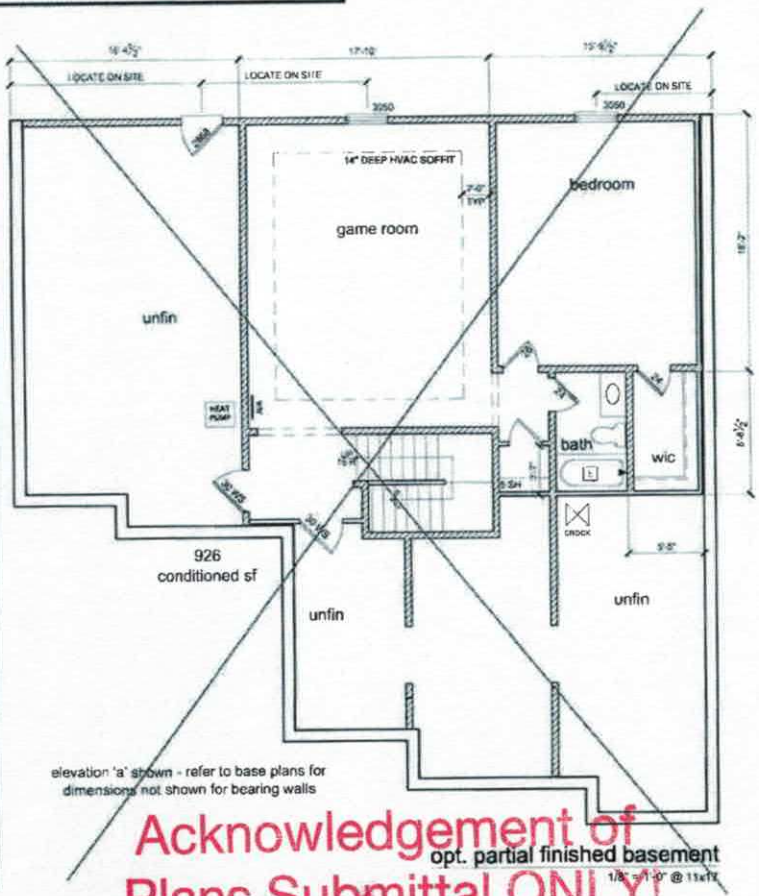
OPTIONAL WINDOW | 2X4 I RANG WALL | 2X6 FRAME WALL | MASONRY FRAME WALL (NON-STRUCTURAL)

REVERSE



opt. partial finished basement electric

1/8" = 1'-0" @ 11x17



elevation 'a' shown - refer to base plans for dimensions not shown for bearing walls

opt. partial finished basement

1/8" = 1'-0" @ 11x17

Acknowledgement of Plans Submittal ONLY!

Rhonda Bustard Date

Date 11/30/18

REVISION NUMBER

REFER TO COVER SHEET FOR DESCRIPTION

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CENTURY COMMUNITIES

PLAN NUMBER 5023425

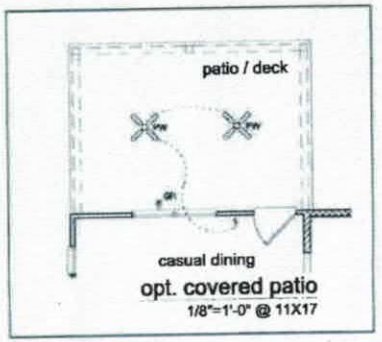
RELEASE DATE: 8-13.18

MODEL TOWNSEND

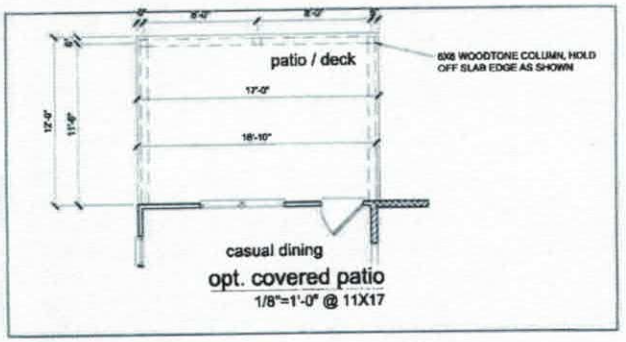
DRAWING TITLE OPT. PARTIAL FINISHED BASEMENT

SHEET NO. A2.4

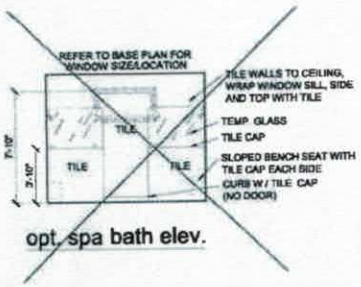
REVERSE



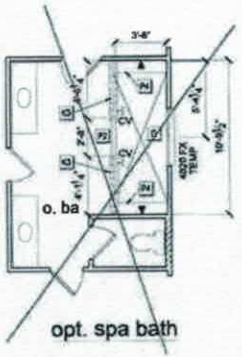
opt. covered patio
1/8"=1'-0" @ 11X17



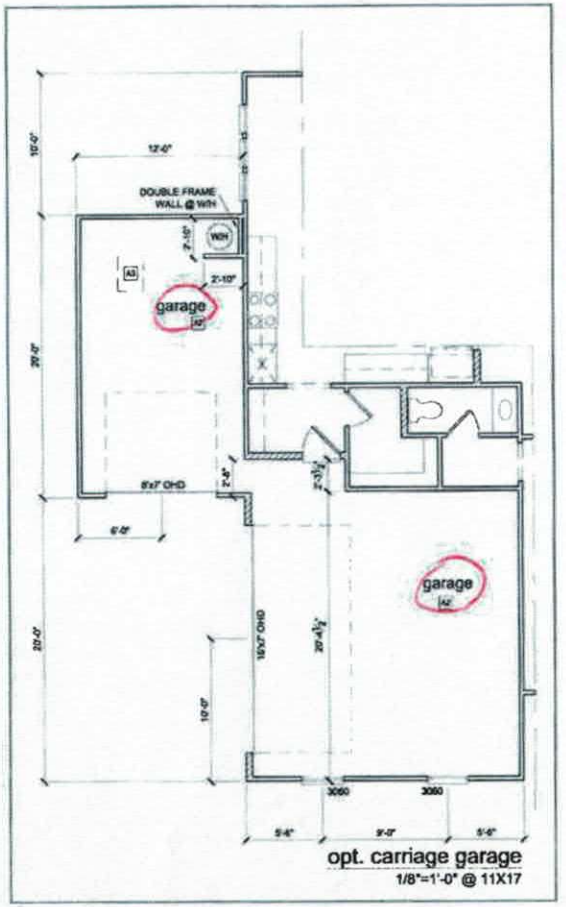
opt. covered patio
1/8"=1'-0" @ 11X17



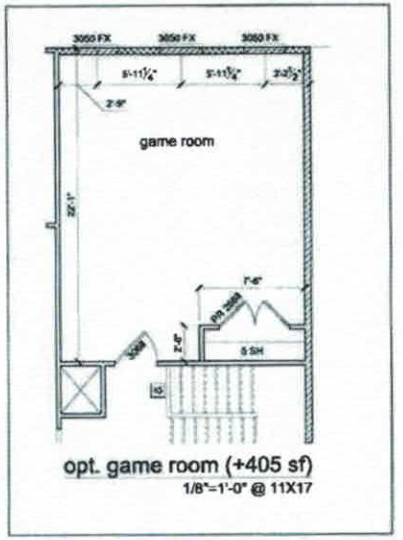
opt. spa bath elev.



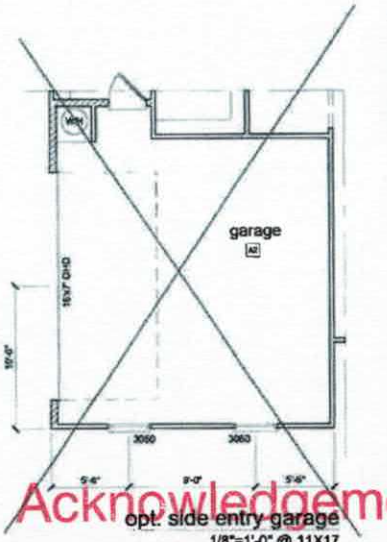
opt. spa bath



opt. carriage garage
1/8"=1'-0" @ 11X17



opt. game room (+405 sf)
1/8"=1'-0" @ 11X17



opt. side entry garage
1/8"=1'-0" @ 11X17

REVISION NUMBER

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CENTURY COMMUNITIES

PLAN NUMBER: 5023425

RELEASE DATE: 8-13-18

MODEL: TOWNSEND

DRAWING TITLE: PLAN OPTIONS

SHEET NO: A3.3

Acknowledgement of Plans Submittal ONLY!

Rhonda Bustard Date

Myra Olson Date 11/30/18

KEYNOTES

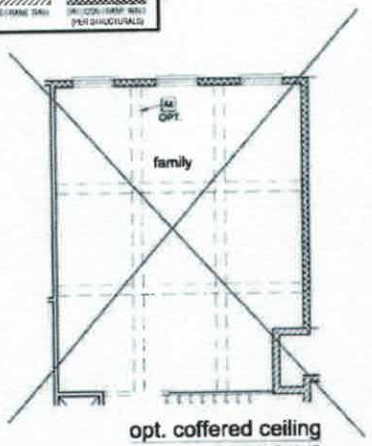
A1	[illegible]	F3	16" HIGH SLOPED BUNCH SEAT WITH TILE FINISH. SEE DETAIL
A2	GARAGE CEILING - 5/8" TYPE X DRYWALL VERTICAL SURFACE WALLS - 1/2" DRYWALL	F4	PER SHEET CO-1
A3	20"X30" ATTIC ACCESS CONSTRUCTED WITH 5/8" TYPE X GYP.BD. DOOR 1 HOUR RAMP ACCESS SUPPORT		22" HIGH TUB DECK PLATFORM. SEE DETAILS ON SHEET CO-1
A4	COFFERED CEILING PER SHEET CO-2	A	[illegible]
D1	DRYWALL SOFFIT - 12" DROP FROM CEILING LINE	K	42" X 60" SKIRTABLE TUB - INTEGRAL SKIRT
D2	DRYWALL SOFFIT - 6" DROP FROM CEILING LINE	G	42" X 60" OVAL LAYDOWN TUB - DROP-IN
D3	8' TALL DRYWALL OPENING - WIDTH PER PLAN	[illegible]	[illegible]
D4	8' TALL CASED OPENING - WIDTH PER PLAN	E	32"X60" TUB PER DETAILS
D5	6' 10" TALL CASED OPENING - WIDTH PER PLAN	T	SHOWER TILE FLOOR / WALLS, GLASS ENCLOSURE
		Q	SHOWER TILE FLOOR / WALLS, TILE WALL TO CEILING AND AT ALL SIDES OF WINDOWS
K1	36" KNEE WALL WITH 1X CAP	N	48"X48" SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
K2	28" KNEE WALL WITH 1X CAP		
K3	42" KNEE WALL WITH 1X CAP	S1	BOX STAIR WITH OPEN RAIL
K4	[illegible]	S2	BOX STAIR WITH OPEN RAIL
K5	42" KNEE WALL WITH 1X CAP	S3	EXPOSED TAFAU WOOD RAIL
[illegible]	[illegible]	S4	[illegible]

NOTES & LEGENDS

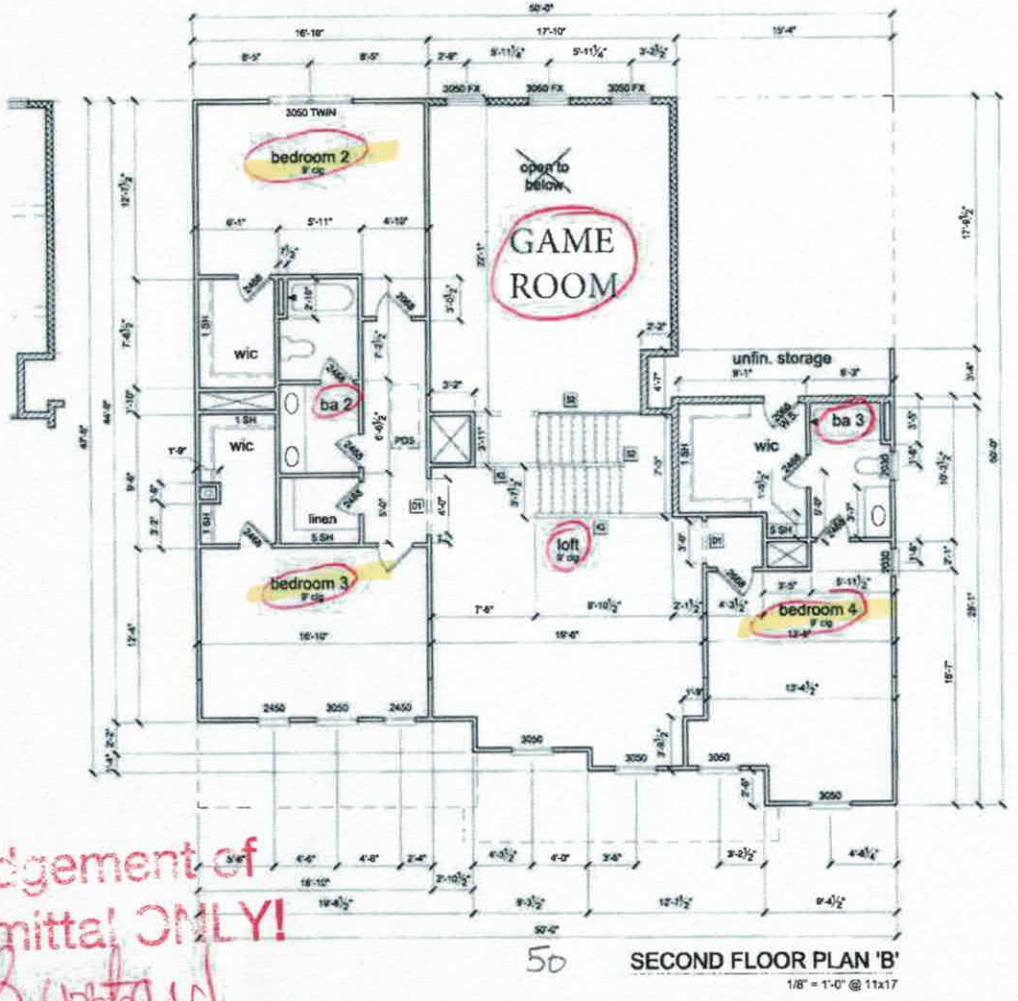
1. REFER TO ENGINEERING STRUCTURAL DRAWINGS (S-#) FOR BEARING WALL LOCATIONS AND FOR ALL BEAM & HEADER SIZES AND BEARING WALL LOCATIONS
2. EXTERIOR & LOAD BEARING WALLS SHALL BE 16" O.C. WITH DOUBLE TOP PLATE U.N.O. INTERIOR NON-BEARING WALLS SHALL BE 24" O.C. WITH DOUBLE TOP PLATE U.N.O.
3. INTERIOR NON-BEARING DOOR & WINDOW HEADERS SHALL BE (1) 2x4 ON (1) 2x6 VIVERTICAL DISPLACERS @ 2'-0" O.C. TO MATCH WALL WIDTH UNLESS NOTED OTHERWISE.
4. (2) HOSE BIBS SHALL BE INSTALLED, LOCATION TO BE DETERMINED BY PLUMBING CONTRACTOR.

OPTIONAL SOFFIT | 2X4 FRAME WALL | 2X6 FRAME WALL | CONCRETE WALL (FOR STRUCTURALS)

REVERSE



opt. coffered ceiling
1/8" = 1'-0" @ 11x17



SECOND FLOOR PLAN 'B'
1/8" = 1'-0" @ 11x17

Acknowledgement of Plans Submittal ONLY!
Rhonda Burstad
Maier Ltsa Date 11/30/18

50

REVISION NUMBER

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CENTURY COMMUNITIES

PLAN NUMBER 5023425

RELEASE DATE: 8-13-18

MODEL: TOWNSEND 'B'

DRAWING TITLE: 2ND FLOOR PLAN

SHEET NO: A3.2B

Hollybrook-17
111 Turtleback Dr.

KEYNOTES

A1	39" KNEE WALL WITH 5&1 CAP	F1	42" HIGH OLD-FLW BENCH SEAT WITH TILE FINISH - SEE DETAIL
A2	GARAGE CEILING - 5/8" TYPE X DRYWALL, VERTICAL SURFACE WALLS - 1/2" DRYWALL	F2	22" HIGH TUB DECK PLATFORM - DETAILS PER SHT CO-4
A3	22" X 30" ATTIC ACCESS CONSTRUCTED WITH 5/8" TYPE X GYP. AND DOOR TRIM FRAME. ACCESS SUPPORT	G	42" X 60" ENSEMBLE TUB - INTEGRAL SKIRT
D1	DRYWALL SOFFIT - 12" DROP FROM CEILING	H	42" X 60" OVAL LUXURIOUS TUB - DROP IN
D2	DRYWALL SOFFIT - 8" DROP FROM CEILING LINE	I1	60" X 60" NEO-ANGLE TUB - DROP IN
D3	8" TALL CASED OPENING, SEE ELEVATIONS	I2	60" X 72" SOAKER TUB - DROP IN
D4	8" TALL CASED OPENING, SEE ELEVATIONS	J	SHOWER TILE FLOOR / WALLS, TILL WALL TO CEILING AND ALL SIDES OF WINDOWSILL
K1	39" KNEE WALL WITH 5&1 CAP	K	48" X 48" SHOWER WITH TILE WALLS, GLASS ENCLOSURE
K2	36" KNEE WALL WITH 5&1 CAP	S1	BOX STAIR WITH 39" KNEE WALL & 5&1 CAP
K3	42" KNEE WALL WITH 5&1 CAP	S2	BOX STAIR WITH OPEN RAIL
K4	36 1/2" KNEE WALL	S3	EXPOSED TREAD W/OPEN RAIL
K5	42" WALL WITH 5&1 CAP	S4	OPEN RAIL W/INTERMEDIATE RAIL AS REQ'D. (TYP.)
P1	DRY LAUNDRY SINK		

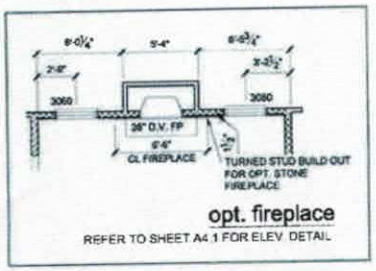
NOTES & LEGENDS

1. REFER TO ENGINEERING STRUCTURAL DRAWINGS (S-#) FOR BEARING WALL LOCATIONS AND FOR ALL BEAM & HEADER SIZES AND BEARING WALL LOCATIONS.
2. EXTERIOR, & LOAD BEARING WALLS SHALL BE 16" O.C. WITH DOUBLE TOP PLATE U.N.O. INTERIOR NON-BEARING WALLS SHALL BE 24" O.C. WITH DOUBLE TOP PLATE U.N.O.
3. INTERIOR NON-BEARING DOOR & WINDOW HEADERS SHALL BE (1) 2x4 OR (1) 2x6 INVERTICAL CRIPPLERS @ 2'-0" O.C. TO MATCH WALL WIDTH UNLESS NOTED OTHERWISE.
4. (2) HOSE BIBB SHALL BE INSTALLED, LOCATION TO BE DETERMINED BY PLUMBING CONTRACTOR.

OPTIONAL WINDOW | 2X4 FRAME WALL | 2X6 FRAME WALL | 3000000000000 BALLOON FRAME WALL (FOR STRUCTURAL)

AREA TABULATION

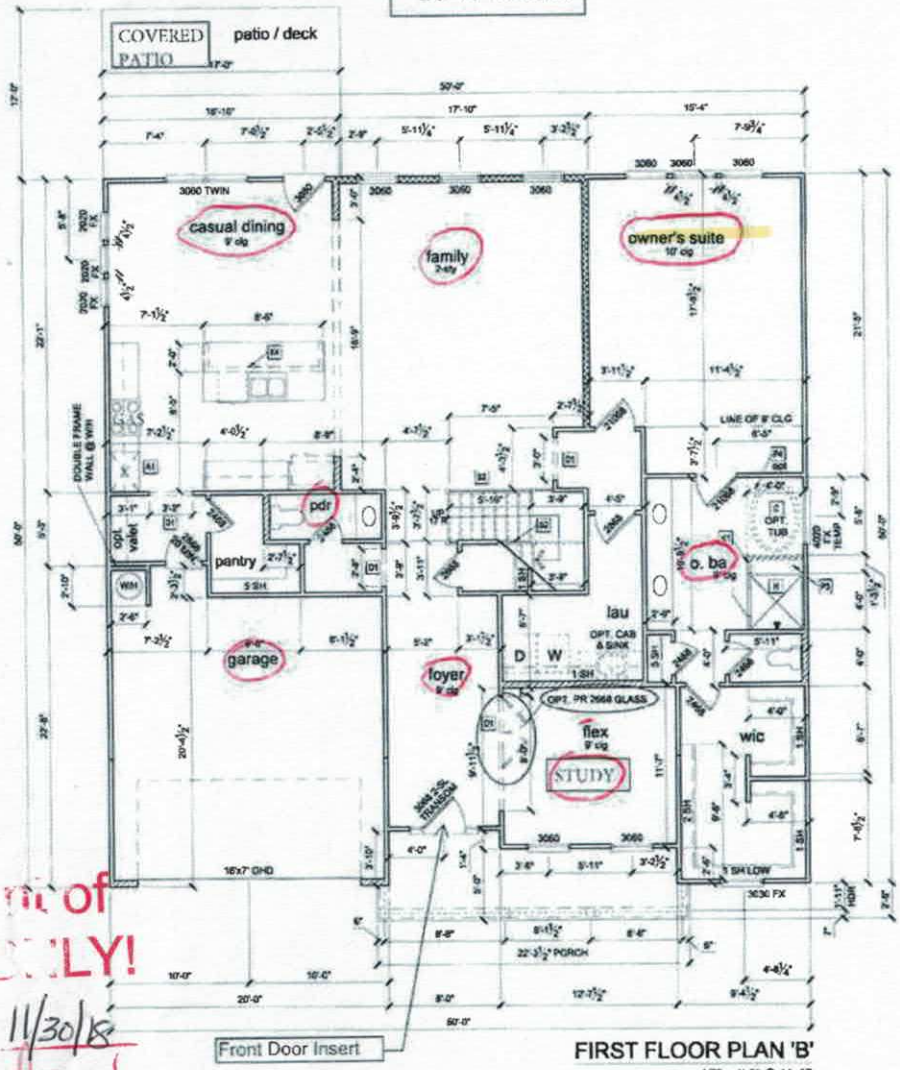
PATIO/DECK	264 SF
PORCH	119 SF
GARAGE	420 SF
FLOOR 1 LIVING	2,019 SF
FLOOR 2 LIVING	1,515 SF
TOTAL LIVING	3,534 SF
OPT. GARAGE	240 SF
SAME/ROOM	405 SF



opt. fireplace

REFER TO SHEET A4.1 FOR ELEV. DETAIL

REVERSE



FIRST FLOOR PLAN 'B'

1/8" = 1'-0" @ 11x17

Acknowledgement of Plans Submittal ONLY!

Maria Dolson Date 11/30/18

Rhonda Bousfield

REVISION NUMBER

REFER TO COVER SHEET FOR DESCRIPTION

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CENTURY COMMUNITIES

PLAN NUMBER 5023425

RELEASE DATE 8-13-18

MODEL TOWNSEND 'B'

DRAWING TITLE 1ST FLOOR PLAN

SHEET NO. A3.1B

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	149057ZO	Subdivision:	Hollybrook
Proposed Use:	Single Family	Township:	0300 Coddle Creek Outside
Location of Property:	000 Rain Shadow Dr. MOORESVILLE NC 28115		
Parcel #:	4676956328.017	Zoning:	RA
Lot #:	17 Size:	Flood Plain:	No Watershed: WSII BA
Applicant:	Wastewater Solutions & Design	Owner:	David & Betty McKay
Address:	4711 Rocking Horse Dr. Maiden NC 28650	Address:	505 Teeter Rd. MOORESVILLE, NC 28115
Phone:	980-429-1580	Phone:	
Property Recorded:	No Site Plan Reviewed:	Community Water:	No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: Min. Front Yard: 35 ft Min. Left Side Yard: 25 ft

Min. Lot Width: 100 Min: Rear Yard: 35 ft Min: Right Side Yard: 15 ft

Min. Number Parking Spaces: Max. Built Upon Area:

Comments:

SFD - HOLD BLDG PERMIT UNTIL PLAT IS RECORDED

RECEIVED
MAY 12 2008
By

Directions:

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	~~$400.00~~ 275
Environmental Health Existing System	☐	$0.00
Total Fees:		~~$445.00~~ 320

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

PAULA WOODY

Printed: 3/14/2008