IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 222823

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

PIN # 4678-64-8425 ✓

APPLICANT: Rollans Soil / Waldo APPLICANT ADDRESS: Po Box 832 Mville 28115

SITE ADDRESS: 225 Scottish Dr. Mooresville, NC 28115 PHONE: 704-746-5046 ALT. PHONE:

SITE DIRECTIONS: 150 E, TL Scottish, on L

SUBDIVISION: SECTION: — LOT # — LOT AREA: 10 AC DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank 1000 (gal) STB Plastic Infiltrator Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 2 Linear Ft: 300'

Trench Width 36" Max. Trench Bottom Depth 24" Gravel Depth —

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

System Description: 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

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

No. Bedrooms 3 No. Persons 6 No. Employees Crawl Space

☑ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions:

INITIAL SITE SKETCH

See Plan From Rollans Soil & Env. Services

AS BUILT SKETCH

Installed as Drawn, Used Quick 4

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: Diane Vaulkey Date: 2-15-17 Installed by: IW Ammons

IMPROVEMENT PERMIT by: BA Date: 2-13-17 OPERATION PERMIT by: Maria Dotson RS Date: 2/15/18

AUTHORIZATION TO CONSTRUCT by: BA Date: 2-15-17 Existing System Inspected by: Date:

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

RECEIVED JAN 3 0 2017 RECEIVED JAN 30 2017

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)

Paid $350.00

1. APPLICATION FOR: ___ Improvement Permit ___ Authorization To Construct ___ Existing System Inspection

222823

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 ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

Place check ( ) beside whichever is submitted if applicable

3. Applicant Information:

Rollans Sol	P.O. Box 882 Mooresville NC 28		704 746 5046
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Kevin Vanloy	174 Weeping Spring Dr, Mooresville 28115		7044954193
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

225 Scottish Dr Mooresville NC 28115	N/A	N/A
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Hwy 150 E, Hon Scottish, Lot on Lt.

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 _____
( ) Other _____

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 ( ) 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 Accepted

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: _____ 1/30/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

APPROVED FEB 1 3 2017

CBA

1" = 30'

N.C. GRID NORTH (NAD 83) FROM
B.O.M. 9995 PG. 5564 (ROWAN CO.)

DRIVE

HOUSE

61'

55'

51'

552'

E 1,321.30

ST

1 R 100'

2 B 124'

3 Y 132'

4 O 152'

5 R 152'

SUBDIVISION ADMINISTRATOR
IREDELL COUNTY, NORTH CAROLINA

DATE

479.6'

ZONE X
ZONE AE

New Line (7-1-16)
S 86° 50' 16" E > 1,278.54'

ZONE AE
ZONE X

332.61'

Tract 3
10.000 Ac.

New Line (7-1-16)
S 10° 26' 53" E
182.07'

HOUSE

New Line (7-1-16)
S 2° 45' 35" W
155.65'

New Line (7-1-16)
S 86° 50' 16" E > 1,321.30'

DRIVE

New Line (7-1-16)
S 2° 45' 35" W
329.54'

329.54'

APPX. 1% ANNUAL CHANCE FLOOD
PLAIN BOUNDARY (TYP.)
(SEE FIRM 37097 20070 202145)

Tract 4
10.000 Ac.

APPROVED FEB 13 2017

IREDELL COUNTY

CALCULATIONS

Location 225 Scottish Drive, Mooresville, NC 28115

APPROVED FEB 13 2017

Project Number 01-3217

Lot No: 3

No. of Bedrooms 3

Design Flow 360 $^{gal}/_{day}$

LTAR 0.300 $^{gal}/_{ft^2\ day}$

PPBPS? (YES OR NO) NO

Supply Line Length 50 ft.

Supply Line Volume 32.65 gal.

Required Feet of Line 300 ft.
Amount of Line from Layout 304 ft.

Gallons per Minute N/A $^{gal}/_{min}$

Required Septic Tank Capacity 1000 gal.
Septic Tank Size 1000 gal.

Panel Volume N/A gal.
# of Panels N/A
Dosing Volume N/A gal.

Tank Draw Down N/A

Pump Run Time

Elevation Head N/A ft.
Pressure Head N/A ft.
Friction Factor N/A ft./100 ft. *(From the interpolater.)*
Friction Head N/A ft.

Total Dynamic Head (+15%) N/A ft.

FRICTION FACTOR
INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a gravity 25% reduction (Accepted) installation.
- Repair is specified as a gravity 25% reduction (Accepted) installation.

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 4678648442
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

APPROVED FEB 13 2017
RA

OWNER: Kevin & Dianne Vanhoy
ADDRESS: 225 Scottish Drive
APPLICATION DATE
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949):
DATE EVALUATED: 1-26-17
LOCATION OF SITE: Turn Left onto Scottish Drive off Hwy 150 E
PROPERTY SIZE: 10.0
PROPERTY RECORDED: Yes
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
B 1	8%	0-11	BR SL GR	FR SS SP	few SAP	48"			PS. 3
		11-36	BRRC w-m SBK	FR SS SP	com SAP				
		36-48	RBRCL WF SBK	FR SS SP					
B 2	5%	0-5	BR SL GR	FR SS SP	few/com SAP	48"			PS. 3
		5-20	RBRCL W SBK	FR SS SP					
		20-36	BR RC WM SBK	FR SS SP					
		36-48	BR RCL WF SBK	FR SS SP					
B 3	6%	0-4	RBRCL WM SBK	FR SS SP	com/many SAP	48"			PS. 3
		4-28	RC WM SBK	FR SS SP					
		28-48	RBRCL WF SBK	FR SS SP					
B 4	8%	0-4	BRCL WM SBK	FR SS P	few SAP INC. C-m SAP INC.	48"			PS. 3
		4-18	BRC WM SBK	FIRM SS P					
		18-28	BRCL WM SBK	FR SS SP					
		28-48	BRCL WF SBK	FR SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted	Accepted
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollans
OTHER(S) PRESENT:
34-46 SCL WSBK 46-51 LSAP

COMMENTS:

Alt #5 A-1D 10% 10-24 RCL mSBK 24-34 R/RCL mSBK

GRAVITY ACCEPTED SYSTEM FOR WASTEWATER TREATMENT

APPROVED FEB 13 2017

Applicant:	Rollans Soil
Address:	P.O. Box 832 Mooresville, NC 28115
Phone:	704.746.5046
County:	Iredell
Location:	225 Scottish Drive PIN (4678648425)
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	360
System Flow:	N/A

Design Specifications

Drainfield Size:	300	
Loading Rate (gpd/ft.^{2}):	0.3	
Depth of Gravel in Trench:	N/A	
Gravel Size:	N/A	
Trench Depth:	24 in.	Repair Trench Bottom 24 in.
Trench Width:	36 in.	
Septic Tank Size:	1000	
Estimated Supply Line Length:	50	
Supply Line Diameter:	4 in. SCH 40 PVC	
Supply Line Volume:	32.65	
Dosing Volume:	N/A	
Supply Manifold:	N/A	
Supply Manifold Length:	N/A	
Supply Manifold Volume:	N/A	
Recommended Float Controls:	N/A	
Recommended Control Panel:	N/A	
Pressure Head:	N/A	
Friction Head:	N/A	
Elevation Head:	N/A	
Total Dynamic Head:	N/A	
Threaded Union:	N/A	
Gate Valves:	N/A	
Check Valves:	N/A	
Anti-Siphon Hole:	N/A	
Additional Comments:	Soil suitability was performed by Rollans Soil & Environmental Services	

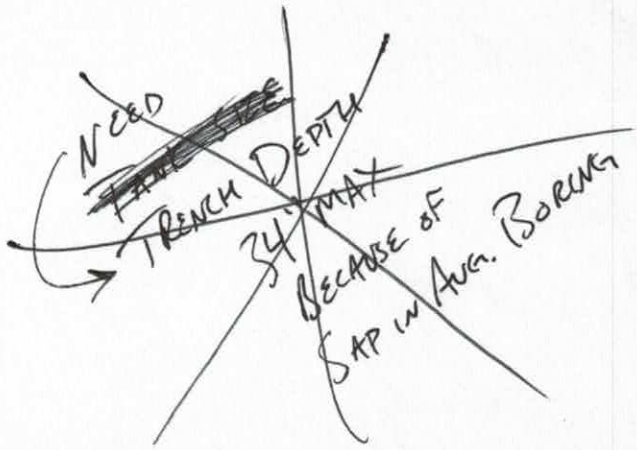
225 Scottish Drive

APPROVED FEB 13 2017

RA

ACCEPTED SYSTEM

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	912
TOTAL LATERAL LENGTH:	304
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	300
SUPPLY LINE LENGTH:	50
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000



Layout Specifications - 225 Scottish Drive

APPROVED FEB 1 3 2017

Project #: 01-3217

LAYOUT FOR 3 BEDROOM HOME

January 30, 2017

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
1	RED					100	100
2	BLUE					124	124
3	YELLOW					132	132
4	*ORANGE*					*152*	*152*
5	*RED*					*152*	*152*
					Total	**660**	**660**

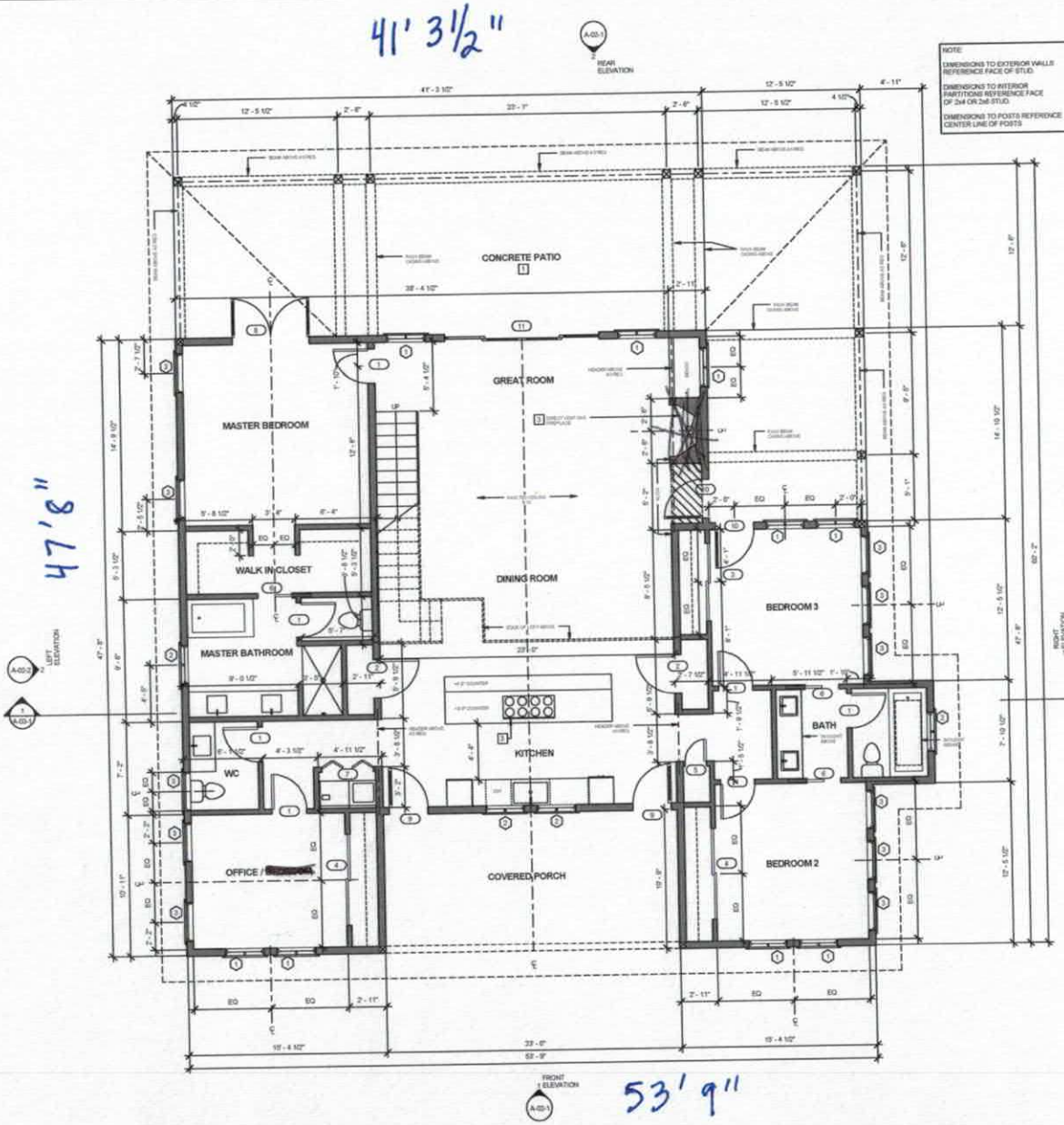
	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
** System*	*304*	*0.300*	*ACCEPT.*	*0.300*	*25% RED*	*GRAVITY*
Repair	356	0.300	ACCEPT.	0.300	25% RED	GRAVITY

Notes: **All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

Licensed to donnaofwaldo@gmail.com

41' 3½"



1 MAIN LEVEL FLOOR PLAN - 2,168 SF
1/4" = 1'-0"

NOTE:
DIMENSIONS TO EXTERIOR WALLS REFERENCE FACE OF STUD.
DIMENSIONS TO INTERIOR PARTITIONS REFERENCE FACE OF 2x4 OR 2x6 STUD.
DIMENSIONS TO POSTS REFERENCE CENTER LINE OF POSTS

FLOOR PLAN VIEW LEGEND

- STUD WALL
- POURED CONC WALL
- CENTER LINE OF BEAM ABOVE AS REQ. U.O.N.
- OBJECT OVERHEAD AS SPECIFIED ON PLAN
- FACE OR EDGE OF OBJECT BELOW
- REQUIRED CLEARANCE, HIDDEN OBJECT OR SWING PROJECTION
- 4x4 WOOD POST
- 4x6 WOOD POST
- 8x8 WOOD OR STEEL POST AS REQ U.O.N.
- LALLY COLUMN
- DIRECTION OF FRAMING ABOVE
- LOCATION OF CEILING DROP / SOFFIT ABOVE

Acknowledgement of Plans Submittal ONLY!
Dianne Vawter
Date 2/15/17
Date 2-16-17

DOORS, WINDOWS, & SKYLIGHTS

1. WINDOW HEAD HEIGHT TO ALIGN WITH TALLEST EXTERIOR DOOR HEIGHT.
2. USE TEMPERED GLAZED AS REQUIRED.

DOOR SCHEDULE

No.	DESCRIPTION	ROUGH WIDTH	ROUGH HEIGHT	QUANTITY
1	SOLID WOOD DOOR	2' - 10"	8' - 2 1/2"	7
2	SOLID WOOD DOOR	3' - 2"	8' - 2 1/2"	2
3	SLIDING	6' - 2"	8' - 2 1/2"	1
4	SLIDING	7' - 2"	8' - 2 1/2"	2
5	WOOD FLUSH DOOR	1' - 10"	8' - 2 1/2"	1
6	SOLID WOOD POCKET	2' - 10"	8' - 2 1/2"	9
7	BIFOLD 4-PANEL	4' - 2"	8' - 2 1/2"	1
8	DOUBLE GLASS DOOR	6' - 2"	8' - 2 1/2"	1
9	FRENCH DOOR	3' - 2"	8' - 2 1/2"	2
10	GLASS DOOR	3' - 2"	8' - 2 1/2"	2
11	SLIDING 4-PANEL	12' - 2"	8' - 2 1/2"	1

WINDOW SCHEDULE

No.	DESCRIPTION	ROUGH WIDTH	ROUGH HEIGHT	QUANTITY
1	DOUBLE HUNG	3' - 0 1/2"	7' - 0 1/2"	11
2	DOUBLE HUNG	3' - 0 1/2"	4' - 6 1/2"	4
3	FIXED	3' - 0 1/2"	3' - 0 1/2"	11
4	DOUBLE HUNG	3' - 0 1/2"	6' - 6 1/2"	2
5	SKYLIGHT	5' - 0 1/2"	2' - 0 1/2"	1
6	SKYLIGHT	7' - 0 1/2"	2' - 0 1/2"	1

WINDOW & DOOR ROUGH OPENINGS REPRESENTED IN THESE SCHEDULES ARE SUGGESTED VALUES ONLY. SPECIFIC UNIT DIMENSIONS AND ROUGH OPENINGS VARY WIDELY PER MANUFACTURER. IT IS RECOMMENDED THAT ALL WINDOW & DOOR UNITS BE INSTALLED ACCORDING TO MANUFACTURERS SPECIFICATION AND INSTALLATION INSTRUCTIONS. FOR BEST PRACTICE SUGGESTED INSTALLATION METHODS SEE DETAILS ON PAGE "A-03-2" IN THIS SET.

HOUSEPLANS STUDIO
BY NICHOLAS LEE
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CONTACT:
NICHOLAS LEE
HOUSEPLANS.com
617 A SECOND STREET
PETALUMA, CA. 94952
PH: 415.475.5315

1. STEPS OR RAMP TO GRADE AS REQ PER SITE CONDITIONS. MINIMUM 3'-0" LANDING REQUIRED AT ALL ENTRY WAYS. PORCHES, BALCONIES OR RAISED FLOOR SURFACES LOCATED MORE THAN 30" ABOVE THE FLOOR OR GRADE BELOW SHALL HAVE GUARDS. NOT LESS THAN 36" IN HEIGHT.
2. FLOOR TO FLOOR HEIGHTS WILL VARY BASED ON DEPTH OF FLOOR FRAMING AS DETERMINED BY STRUCTURAL ENGINEER. STAIR RISERS MUST NOT EXCEED 7 3/4". STAIR TREADS MUST NOT BE LESS THAN 10" AS PER IRC 2009.
3. VENT AS PER MANUFACTURERS SPECIFICATIONS
4. DRIP PAN AND FLOOR DRAIN UNDER WASHER IN LAUNDRY AREA. VENT DRYER THROUGH ADJACENT EXT WALL OR UP THROUGH ROOF.
5. PROVIDE SHOWER PAN WALL TILE AND TEMPERED GLASS SHOWER ENCLOSURE.

REVISION SCHEDULE

PROJECT NAME:
Farmhouse Small

MAIN LEVEL FLOOR PLAN

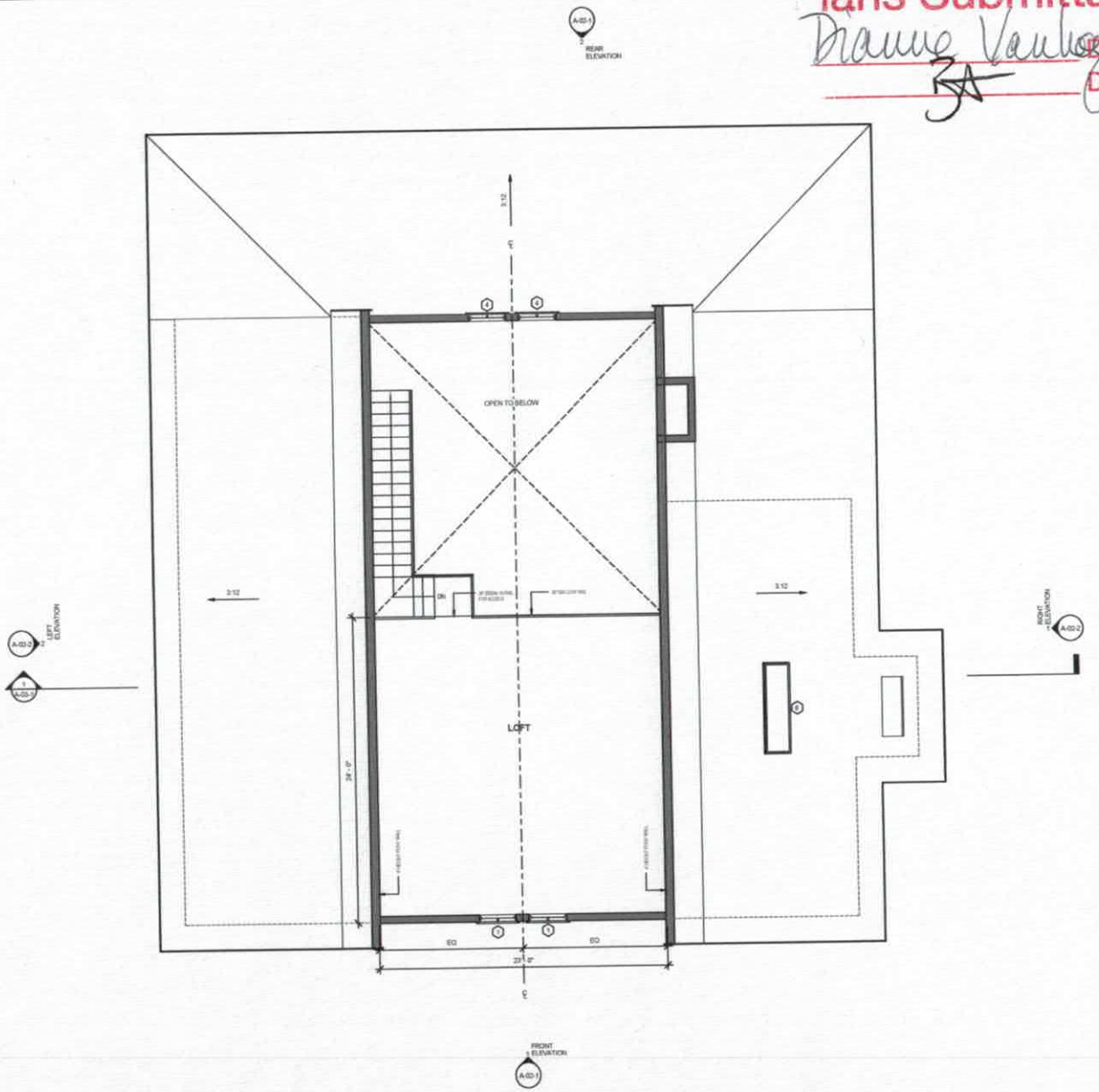
DATE: 08.22.2014
DRAWN BY: NA

A-01-1

SCALE: 1/4" = 1'-0"

Acknowledgement of
Plans Submittal ONLY!
Dianne Vanlaw Date 2/15/17
Date 2-16-17

Licensed to donnaofwaldo@gmail.com



1 LOFT LEVEL FLOOR PLAN - 550 SF
1/4" = 1'-0"

HOUSEPLANS STUDIO

BY NICHOLAS LEE

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CONTACT:
NICHOLAS LEE
HOUSEPLANS.com
617 A SECOND STREET
PETALUMA, CA. 94952
PH: 415.475.5315

LIMITED LICENSE

* You may build these plans for the construction of one and only one house as depicted by the plans. Reconstruction is not permitted.

* You may change or modify the plans. By changing or modifying the plans, you waive all claims against and agree to indemnify and hold harmless HOUSEPLANS LLC and its officers, contractors and employees from any and all claims, damages, losses and expenses, including attorney's fees, arising out of or resulting from your changes or modifications to the plans. You agree that HOUSEPLANS LLC's liability for any errors or omissions in the plans shall be limited to the fee paid for the plans, regardless of whether you modify the plans.

* Building codes are subject to various changes and interpretations. You should have a registered, licensed architect, engineer or other professional familiar with building codes, ordinances, site conditions, solar room orientation, and structural design, to evaluate and prepare the plans before you apply for a building permit and before you construct the project.

* Some additional materials are the responsibility of the homeowner and/or builder, including, but not limited to, proper engineering of footings, soils, retaining walls, shoring, bracing, framing, roofing, weatherproofing and energy calculations. Unless otherwise specifically indicated on the plans, these items are not included.

* You may make all or part of the plans for the purpose of obtaining a building permit, bidding or negotiating the purchase of the construction of your house. You agree to remove all license notices of the plans after construction is completed. Mortgage companies and building officials may retain plans for their records.

HOUSEPLANS LLC owns all copyright ownership of the original plans and expressly reserves all copyright ownership of the modified plans. You may submit all plans for the use of the plans does not terminate the right, title, or ownership of the plans.

Unauthorized use or copying of the plans, or any design, drawing or portion thereof, including but not limited to any copyright management information, violates federal copyright management laws and is punishable by up to $25,000 per infringement.

2 FLOOR TO FLOOR HEIGHTS WILL VARY BASED ON DEPTH OF FLOOR FRAMING AS DETERMINED BY STRUCTURAL ENGINEER. STAIR RISERS MUST NOT EXCEED 7 3/4". STAIR TREADS MUST NOT BE LESS THAN 10" AS PER IRC 2009.

REVISION SCHEDULE

PROJECT NAME:
Farmhouse Small

LOFT LEVEL FLOOR PLAN

DATE: 08.22.2014
DRAWN BY: NA

A-01-2

SCALE: 1/4" = 1'-0"

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, Kevin Vanhoy, am the legal owner(s) of the property located at 225 Secret Drive Mooresville NC 28115, identified as PIN (Parcel Identification Number) Parcel # 4675649425.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Samuel Ashley Rollins Rollins Septic Evaluations & Designs, 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.

Kevin P. Vanhoy — Signature of Owner(s) — 1-30-17 — Date

Peter Vanhoy — Signature of Witness — 1-30-17 — 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

IREDELL COUNTY

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

APPLICATION NUMBER
222823
Issue Date: 10/28/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4678648425.000	225 SCOTTISH DRIVE, MOORESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: VANHOY KEVIN BRUCE+BETSY D	Applicant: VANHOY KEVIN+BETSY DIA
Address: 174 WEEPING SPRING DR MOORESVILLE, NC 28115	Address: 174 WEEPING SPRING DR MOORESVILLE, NC 28115
Phone:	Phone:

Use Requested	Zone Code
	RA

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

Remarks:

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	84369	TOTAL FEES:	$ 77.25