RECEIVED OCT 2 - 2014 DH
Paid $500.00 Statesville Expansion #206171

# 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: Jay Hager Address: 1569 Mt. Ulla Hwy. Mooresville N.C 28115 Phone: 704-664-0565

Owner Name: Jay Hager Address: 1569 Mt. Ulla Hwy. Mooresville, N.C 28115 Phone: 704-664-0565

[redacted]

Street Address: 1569 Mt. Ulla Hwy. Mooresville, N.C 28115

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: N° side on 801 W° of Wiggins
801 intersection 2000 yards

**Site Development Information:** *(check or complete ALL that apply)* add one for one person

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(X) Bedroom(s) Addition C17

Maximum Number of Bedrooms: SH 4 B 3
Maximum Number of Occupants: 1 5 6 5 occupants
( ) Swimming Pool
( ) Other Addition/Structure: _____

(X) 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: 1959, 1970's

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

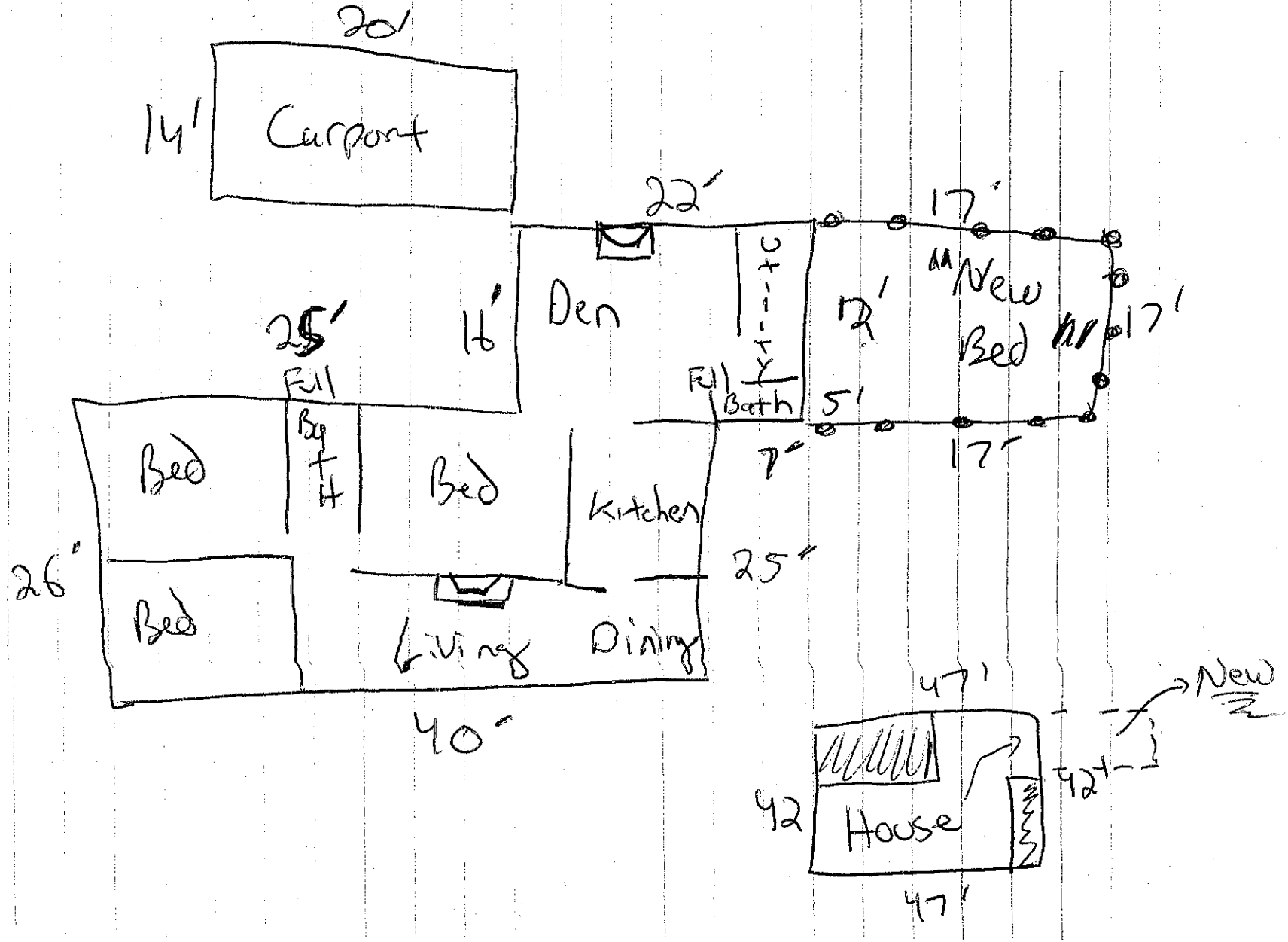
**Please answer the following to the best of your ability:**

( ) 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:** Jay Hager 9/29/14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Acknowledgement Of
Plans Submittal ONLY!
Date 10/6/14
APPROVED OCT 23 2014



# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 206171 |
| Issue Date: 10/02/2014 |

## ZONING PERMIT

Residential

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4679339257.000 | 1569 MT ULLA HIGHWAY, MOORESVILLE, NC 28115 | MOORESVILLE |

| Owner Information | Applicant Information |
|---|---|
| Owner: HAGER JAY D+SHUANGLING | Applicant: HAGER JAY D+SHUANGLING |
| Address: 1569 MT ULLA HWY<br>MOORESVILLE, NC 28115 | Address: 1569 MT ULLA HWY<br>MOORESVILLE, NC 28115 |
| Phone: | Phone: |

| Use Requested | Zone Code |
|---|---|
| ADDING BEDROOM | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 1.450 | 35.00 | 35.00 | 15.00 | 15.00 | BOWB | 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 | 23114 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|