ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT #AP 247729

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

PIN # 4679-41-0932

APPLICANT/OWNER: Diamond Restoration | APPLICANT ADDRESS: 273 Executive Park Dr. Concord, NC 28025

SITE ADDRESS: 137 Savannah Crossing Dr. Mooresville, NC | PHONE: 704-784-0763 | ALT. PHONE

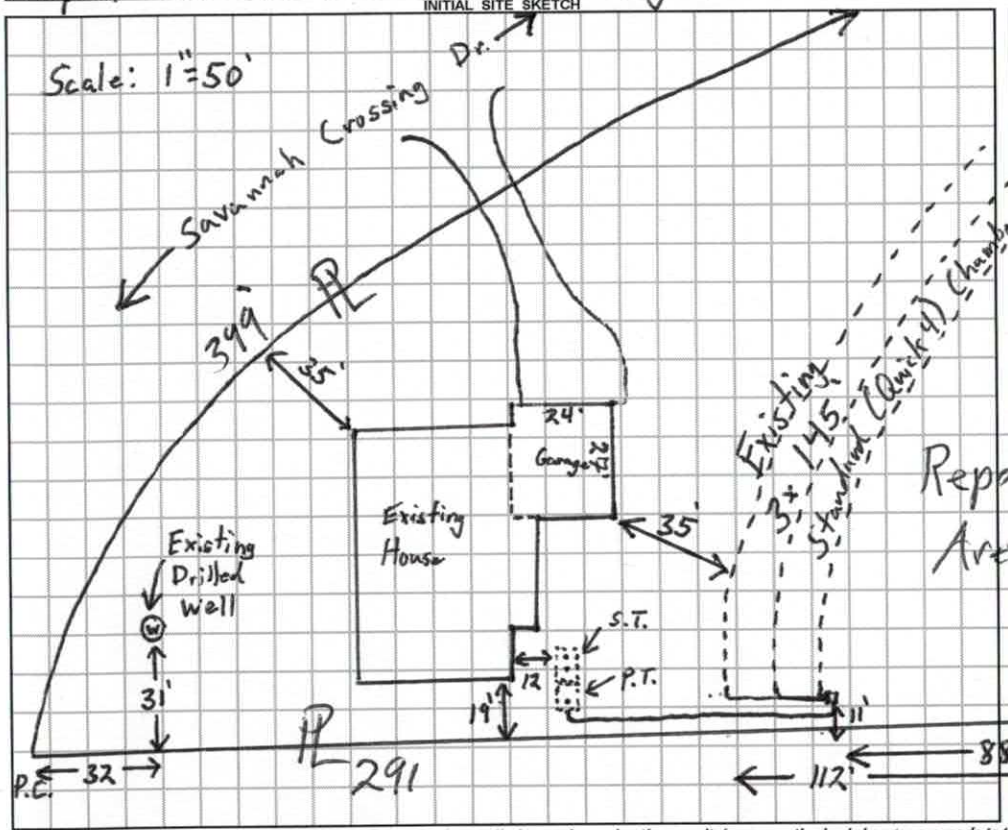
SITE DIRECTIONS: Rt 801 E from Mooresville → R on Wiggins → R on Savannah Crossing → House on left | SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Kerri Plantation | SECTION: — | LOT # 2 | LOT AREA: 1.06 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.275 (Ex)

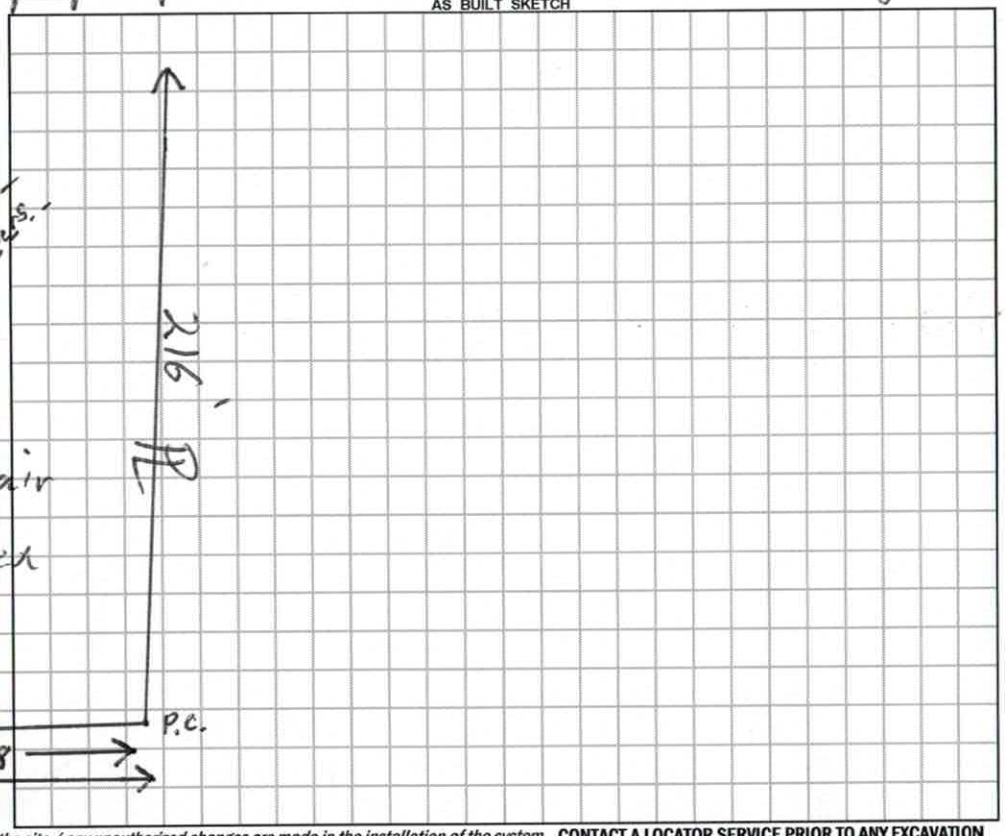
Septic Tank ____ (gal) STB ____ Date ____	☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI	☒ Residence No. Bedrooms 4	Water Supply
Pump Tank ____ (gal) PT ____ Date ____	System Description: Existing	☐ Business No. Persons 8	☒ Private Existing
Pump Make ____ Model ____ Serial # ____	Repair System Description:	☐ Other No. Employees ____	☐ Public
# Nitrification Fields EXISTING # Lines ____ Linear Ft ____	Maintenance Agreement Required: ☐ YES ☒ NO	☒ Slab ☒ Crawl Space	☐ Community
Trench Width ____ Trench Bottom Depth(Low side) ____	Gravel Depth — ☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing ☐ Basement w/o plumbing	

Comments / Conditions: Permit to rebuild 24'x27' garage at same location as original (before fire). It remains unknown as to what impact the fire (and its extinguishing) has had on the overall functionality of the system. Recommend that septic tank be pumped (every 5 years) and functional test of pump be performed. No bedrooms to be added above garage

INITIAL SITE SKETCH



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: [signature] Date: 10/2/19 | Installed by: —

IMPROVEMENT PERMIT by: — Date: — | OPERATION PERMIT by: — Date: —

AUTHORIZATION TO CONSTRUCT by: — Date: — | Existing System Inspected by: Tom Shuck Date: 10/2/19

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.

RECEIVED AUG 2 7 2019

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Paid $250.00

AP-247729

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY) Tray Souders

Applicant Name: Diamond Restoration Address: 273 Executive Park Dr. Zip: 28025
Applicant Email: _____ Phone: 704-784-0763 Alt. Phone: _____
Owner Name: Jeremy & Helga Sherrill Address: 137 Savannah Crossing Zip: 28115
Owner Email: _____ Phone: 704-402-2572 Alt. Phone: _____

Property Information:

Street Address: 137 Savannah Crossing Dr. Mooresville NC 28115
Subdivision Name: Kerri Plantation Section/Phase: _____ Lot Number: _____
Driving Directions: Right turn off Wiggins Rd coming from US Park Ave

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: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
(✓) Other Addition/Structure: Rebuild from fire damage bonus room & garage
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 2600 Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

CHECK FOUNDATION TYPE

(X) Crawl Space Foundation
( ) Concrete Slab Foundation Slab for garage
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

See Zoning

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2012
( ) 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: _____ 8/23/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

2. I, Jeremy & Helga Sherrill, am the legal owner(s) of the property located at 137 Savannh crossing Dr, identified as

PIN (Parcel Identification Number) 4659411932, located in Iredell County, North Carolina.

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

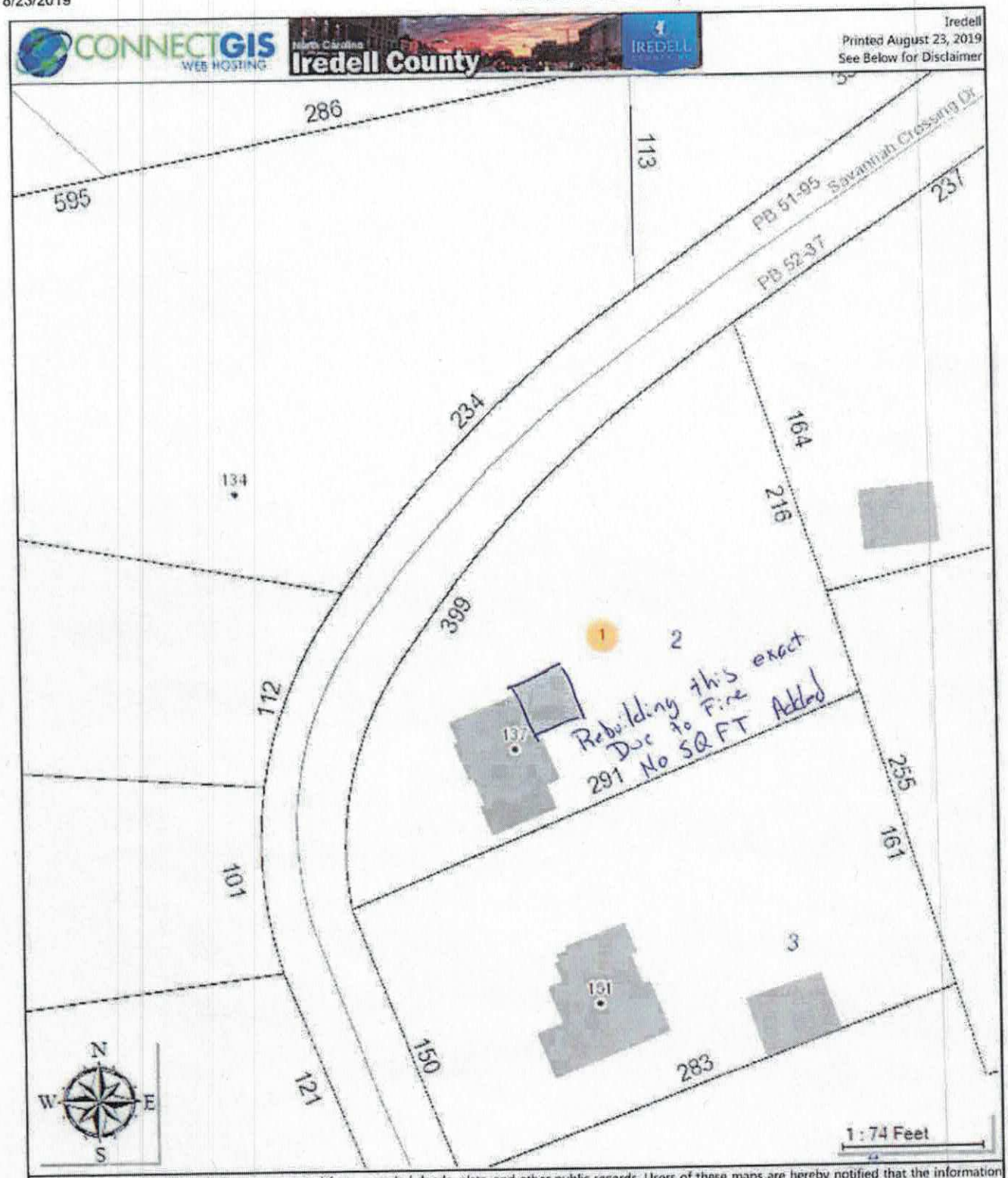
- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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.

_____ 8-23-19
Signature of Owner(s) Date

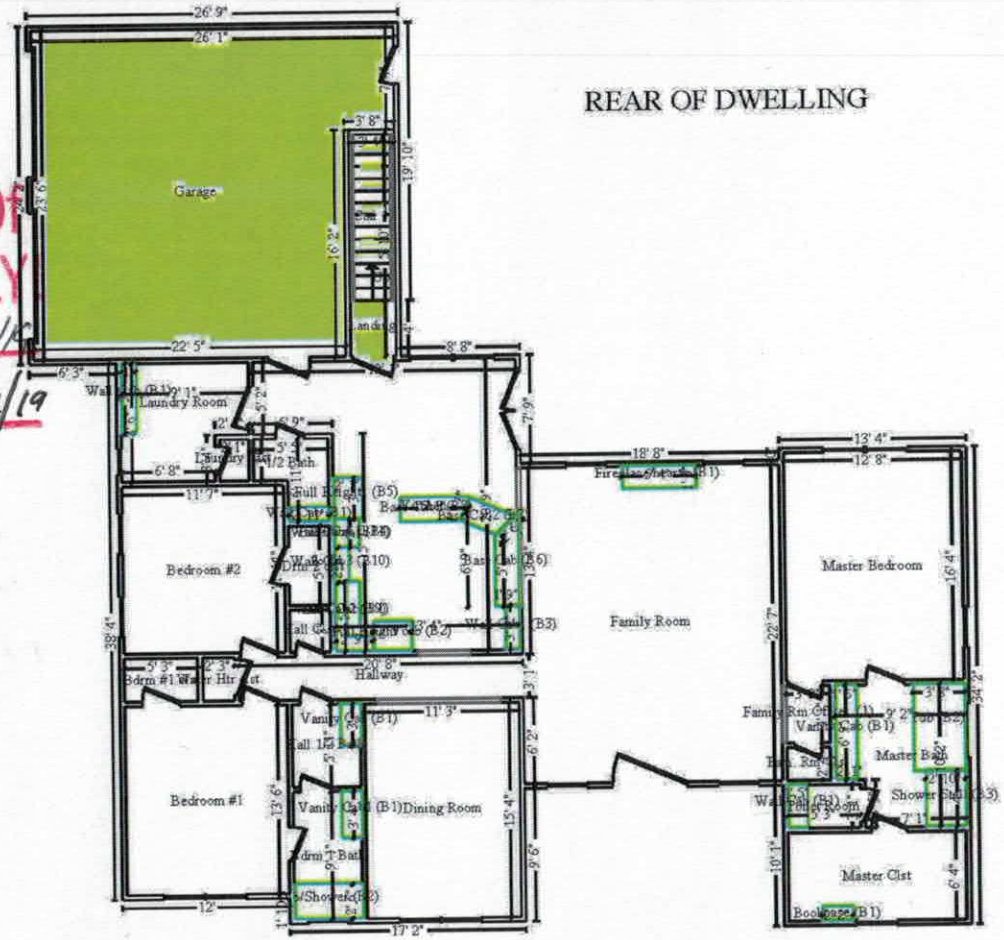
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

Area to be rebuilt



REAR OF DWELLING

RIGHT SIDE

LEFT SIDE

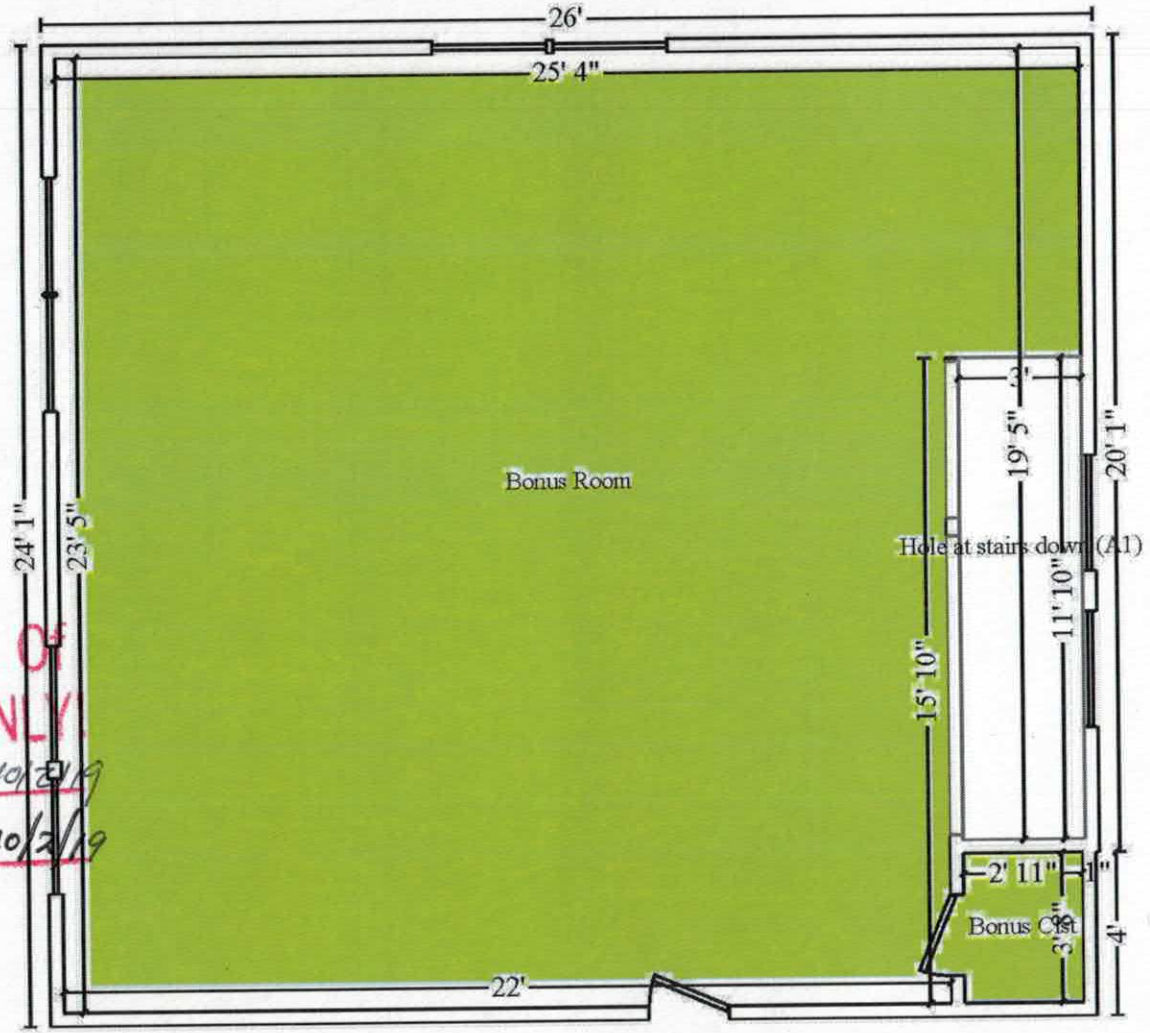
FRONT OF DWELLING

Acknowledgement Of
Plans Submittal ONLY
Date 10/2/19
Tom Shrack Date 10/2/19

N

Main Level

Area to be rebuilt



Acknowledgement Of
Plans Submittal ONLY!
Date 10/2/19
Tom Shuck Date 10/2/19

N

Level 2

IREDELL COUNTY · NC

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

APPLICATION NUMBER
247729 Issue Date: 08/27/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4679410932.000	137 SAVANNAH CROSSING DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: SHERRILL JEREMY B+HELGA B	Name: DIAMOND RESTORATION, LLC
Address:	Address: 416 OLD CHARLOTTE RD SW SUITE C CONCORD, NC 28115
Phone:	Phone: (704)784-0763

Use Requested	Zone Code
Addition	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.06	35	35	15	15	WSII-BOW Back Creek	NO

Remarks
REBUILD FROM FIRE DAMAGE BONUS ROOM AND GARAGE

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.

Date: 08/27/2019

Signature of Owner/Contractor

Permit Number	015326	TOTAL FEES:	