4679-50-6442 FAST TRACK

179595
06-26-13
Pd 350.00 @ Stev M

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or 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 #	Alternate Phone #
ERIC WARD/CLAYTON HOMES	1230 CONOVER BLVD, CONOVER NC. 28613	704883-6148	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
DAVID PAXTON	539 WILSON AVE MOORESVILLE	980-721 8008	

4. Property Information:

259 WIGGINS ROAD - Mocksville 28115
Street Address — Subdivision Name — Section/Phase and Lot Number

Driving Directions: HWY 150 TOWARDS SALISBURY TL ONTO WIGGINS ROAD LOT IS ON RIGHT AFTER 400 CROSS BRIDGE WILL BE MARKED W/ PINK RIBBONS & FLAGS

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
( ) Other

Maximum Number of Bedrooms 4
Maximum Number of Occupants 5
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: Eric Ward — 6-26-13
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

Ck #447252
Ck #446478

$ PAID
350.00 - Fast Track Prov.
77.25 Zoning
427.25

Certificate of Ownership and Dedication

I hereby certify that I am the owner of the property shown and described hereon, which is located in the subdivision jurisdiction of the County of Iredell and that I hereby adopt this plan of subdivision with my free consent and establish minimum building setbacks as noted.

I further certify that:

a. there are no deed restrictions which will be violated by the requested subdivision; and
b. there are no governmental regulations of any kind, other than those for which a variance has been applied for under the Iredell County Subdivision Ordinance regulations, which will be violated by the requested subdivision; and
c. I understand that enforcement of deed restrictions and any other contractual agreements is not the responsibility of Iredell County, will not be undertaken by Iredell County, and is the sole responsibility of the parties affected by violations of such deed restrictions and contractual agreements.

Owner _____ Date _____

North Carolina
_____ County

I, _____, a Notary Public for said County and State, do hereby certify that _____ owner(s) personally appeared before me this day, and acknowledged the execution of the foregoing instrument. Witness my hand and official seal, this _____ day of _____, 20__.

Notary Public

My Commission Expires: _____

Health Disclaimer

As of the date of this recording, the lots represented on this plat have not been inspected or approved by the Iredell County Health Department. Until inspected, there is no assurance that a building permit will be issued.

Certificate of Survey and Accuracy

I, David S. Clark, PLS, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 1171, page 740, etc.) (other); that the boundaries not surveyed are clearly indicated as drawn from information found in Book 416, page 119; that the ratio of precision as calculated is 1:20,000; that this plat was prepared in accordance with G. S. 47-30, as amended. Witness my original signature, registration number and seal this 30th day of May, A.D. 2013.

I further certify that this survey creates a subdivision of land within the area of a county or municipality that has an ordinance that regulates parcels of land.

David S. Clark PLS
Surveyor

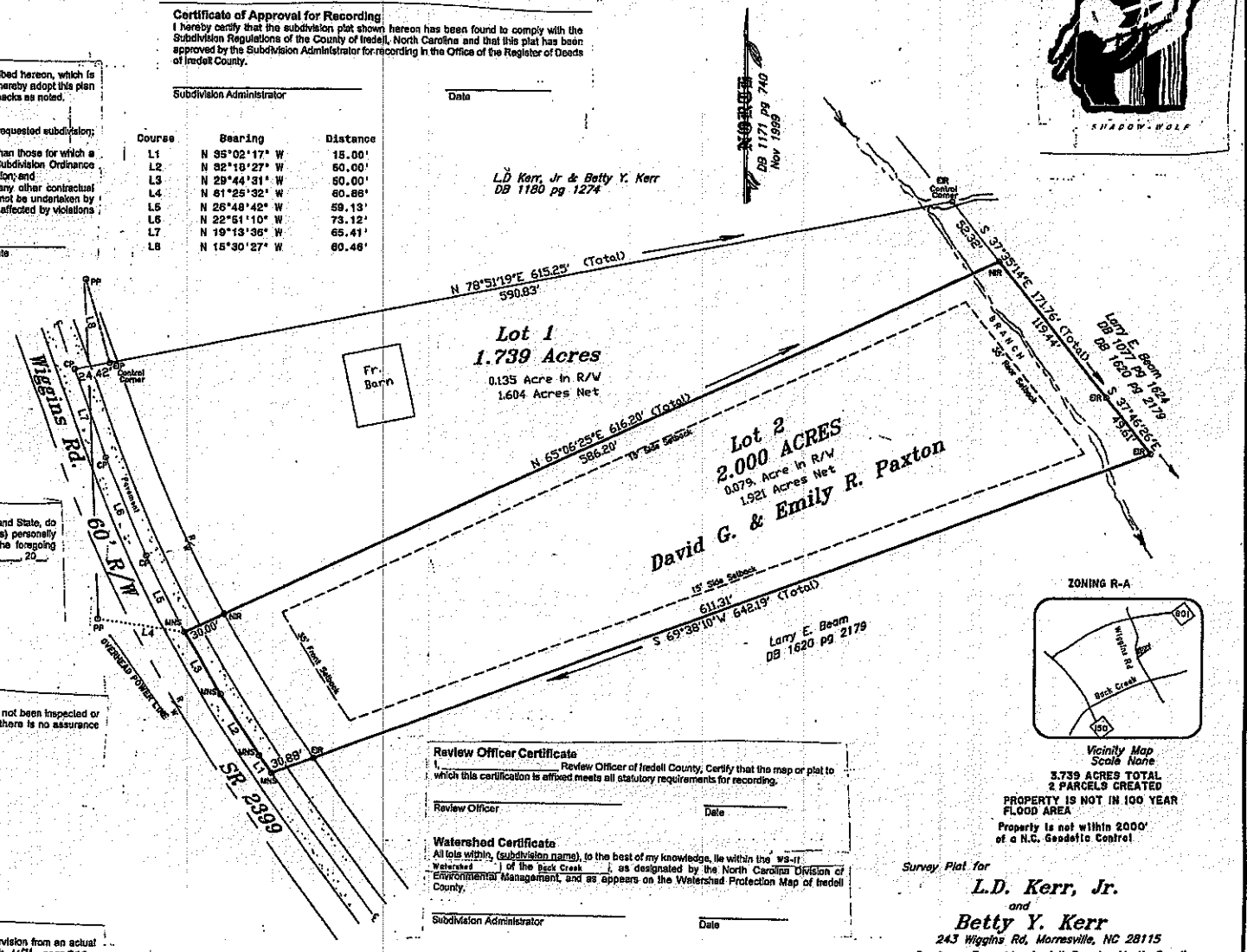
L-2829
Registration Number

Certificate of Approval for Recording

I hereby certify that the subdivision plat shown hereon has been found to comply with the Subdivision Regulations of the County of Iredell, North Carolina and that this plat has been approved by the Subdivision Administrator for recording in the Office of the Register of Deeds of Iredell County.

Subdivision Administrator _____ Date _____

Course	Bearing	Distance
L1	N 35°02'17" W	15.00'
L2	N 32°18'27" W	50.00'
L3	N 29°44'31" W	50.00'
L4	N 61°25'32" W	60.86'
L5	N 26°48'42" W	59.13'
L6	N 22°51'10" W	73.12'
L7	N 19°13'36" W	65.41'
L8	N 15°30'27" W	60.46'



Review Officer Certificate

I, _____, Review Officer of Iredell County, Certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

Review Officer _____ Date _____

Watershed Certificate

All lots within, (subdivision name), to the best of my knowledge, lie within the WS-II Watershed ( ) of the Back Creek ( ) as designated by the North Carolina Division of Environmental Management, and as appears on the Watershed Protection Map of Iredell County.

Subdivision Administrator _____ Date _____

LEGEND

DB = Deed Book
PG = Page
PP = Power Pole
MNS = Mag Nail Set
MH = Man Hole
EIP = Existing Iron Pipe
EIR = Existing Iron Rod
NIR = New Iron Rod
Bldg = Dwelling
Bldg = Building
C/L = Center Line
R/W = Right of Way
CM = Concrete Marker
CP = Computer Point

GRAPHIC SCALE – FEET
50 0 50 100 150

3.739 ACRES TOTAL
2 PARCELS CREATED
PROPERTY IS NOT IN 100 YEAR FLOOD AREA
Property is not within 2000' of a N.C. Geodetic Control

Survey Plat for
L.D. Kerr, Jr.
and
Betty Y. Kerr
243 Wiggins Rd, Mooresville, NC 28115
Barringer Township, Iredell County, North Carolina

PIN 4679505457.000
DB 1171 pg 740
Date May 30th, 2013

Drawn By DKB
FB 139 pg 56
Scale 1"=50'

David S. Clark Surveyor
1920 32nd Street NE, Hickory NC, 28601
828-256-6400 FAX 828-256-1068
www.clarksurveying.com

Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 179595ZO

Printed: 6/26/2013

Master #: 179595

Associated Permits:

179595WE	Well
179595ZO	Zoning

Applicant

Name: CLAYTON MH
Address: 1230 CONOVER BLVD
CONOVER, NC 28613

Phone: 704-883-6148

85823-31416

Parcel

Parcel Number: 4679506442.000
Address: 259 WIGGINS RD
MOORESVILLE, NC 28115
Subdivision:
Directions to Parcel:

Zoning: RA
Township: 1600
Area:
Lot(s): 2

Owners

Name: DAVID G. & EMILY R PAXTON
Address: 539 WILSON AVE
MOORESVILLE, NC 28115

Phone: 980-721-8008

Contractors

Contractor Type: Mobile Home
Name: Clayton Homes - Conover
Address: 1230 Conover Blvd West
Conover, NC 28613

Phone: 828-465-3450

Fees and Receipts:

Number	Description	Amount
FEE-289066-07	Zoning - Permit Application	$75.00
FEE-289067-07	Technology Fee - Planning	$2.25
FEE-289068-07	Environmental Health - Gravity - Fast Track	$350.00

6-26-13 (cash) PAID Chk #446747O + 447252

1230 Conover Blvd W • Conover, Nc 28613
Get Directions

828-465-3450 Contact Us

NDALE

Back to Home Listings

○- Cable Jack
□- Water faucet
X- Electrical

Acknowledgement Of
Plans Submittal ONLY!
Date 7-26-13
Date

PAXTON

