ICHD - ENVIRONMENTAL HEALTH DIVISION

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

BB BLDR# 2023-13137

PERMIT # AP-329772

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

PIN # 4703 -- 62 -- 7249

APPLICANT/OWNER: AARON BRADSHAW | APPLICANT ADDRESS: 5005 BRICKFIELD STREET, HICKORY, N.C, 28651

SITE ADDRESS: 367 MORROW FARM ROAD, STATESVILLE, N.C. 28677 | PHONE: 828-270-9663 | ALT. PHONE 828-455-7298

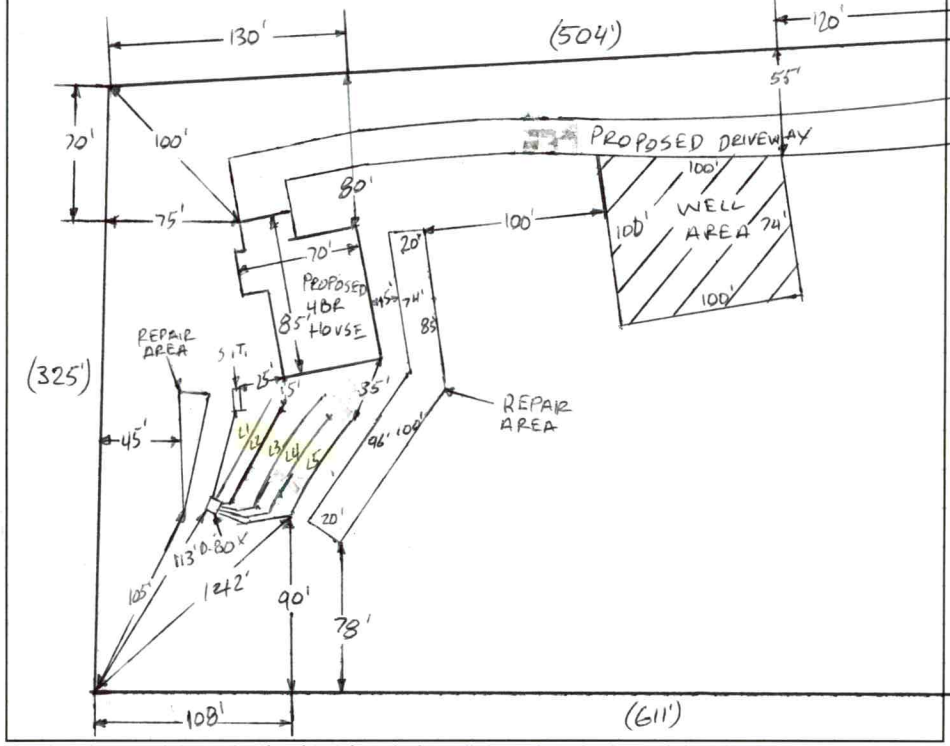
SITE DIRECTIONS: (W) ON 70, (L) ON MORROW FARM, LOT ON (L) | SAP CONTROLLED: [x] YES [ ] NO

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 4.234 AC | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.225

Septic Tank	1000	(gal)	STB		Date		[x] New System [ ] Repair [ ] Expansion	System Type: I II (III) IV V VI	[x] Residence	No. Bedrooms	4	Water Supply
Pump Tank	—	(gal)	PT	—	Date	—	System Description: 50% REDUCTION - PPBPS HORIZONTAL		[ ] Business	No. Persons	8	[x] Private
Pump Make	—	Model		—	Serial #	—	Repair System Description: 50% REDUCTION		[ ] Other	No. Employees	—	[ ] Public
# Nitrification Fields	1	# Lines	6	Linear Ft	360 FT		Maintenance Agreement Required: [ ] YES [x] NO		[ ] Slab	[x] Crawl Space		[ ] Community
Trench Width	36 IN	Trench Bottom Depth(Low side)		34 IN	Gravel Depth	—	[x] GRAVITY [ ] PRESSURE		[ ] Basement w/plumbing			[ ] Basement w/o plumbing

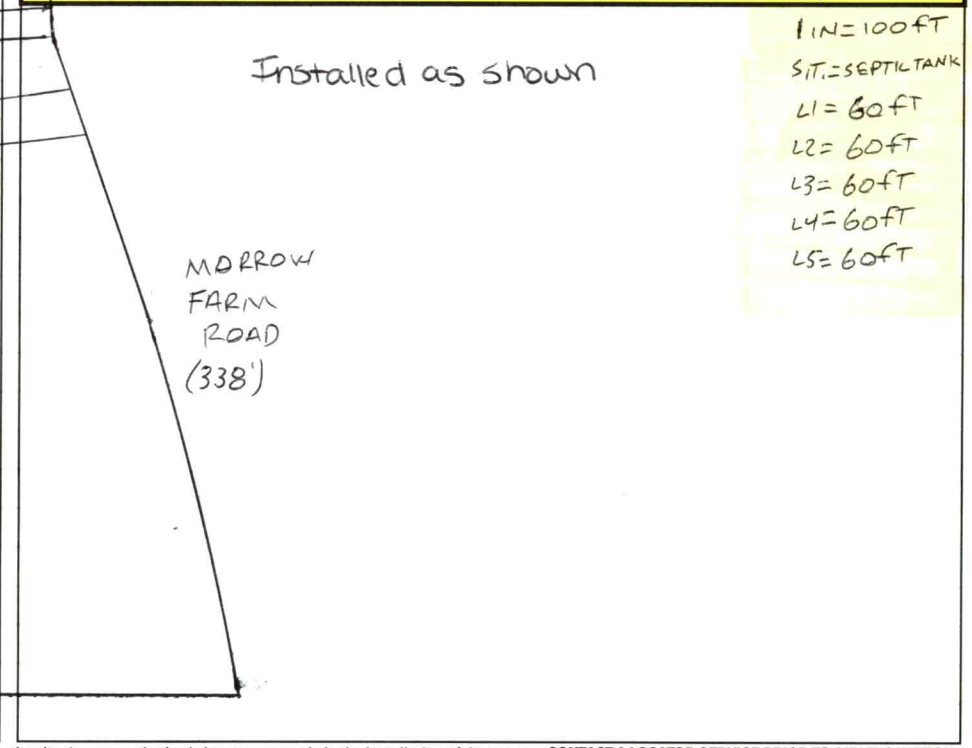
Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS
UTILIZE EQUAL DISTRIBUTION, DO NOT EXCEED A 40 IN MAX
TRENCH DEPTH, DO NOT SHALLOW UP, PRE-CONSTRUCTION MEETING RECOMMENDED

INITIAL SITE SKETCH



AS BUILT SKETCH

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



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.* [x] **IMPROVEMENT PERMIT** ***with site plan*** *valid for 60 mos.* [x] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Aaron Bradshaw | Date: 12-19-2022 | Installed by: Malden Grading

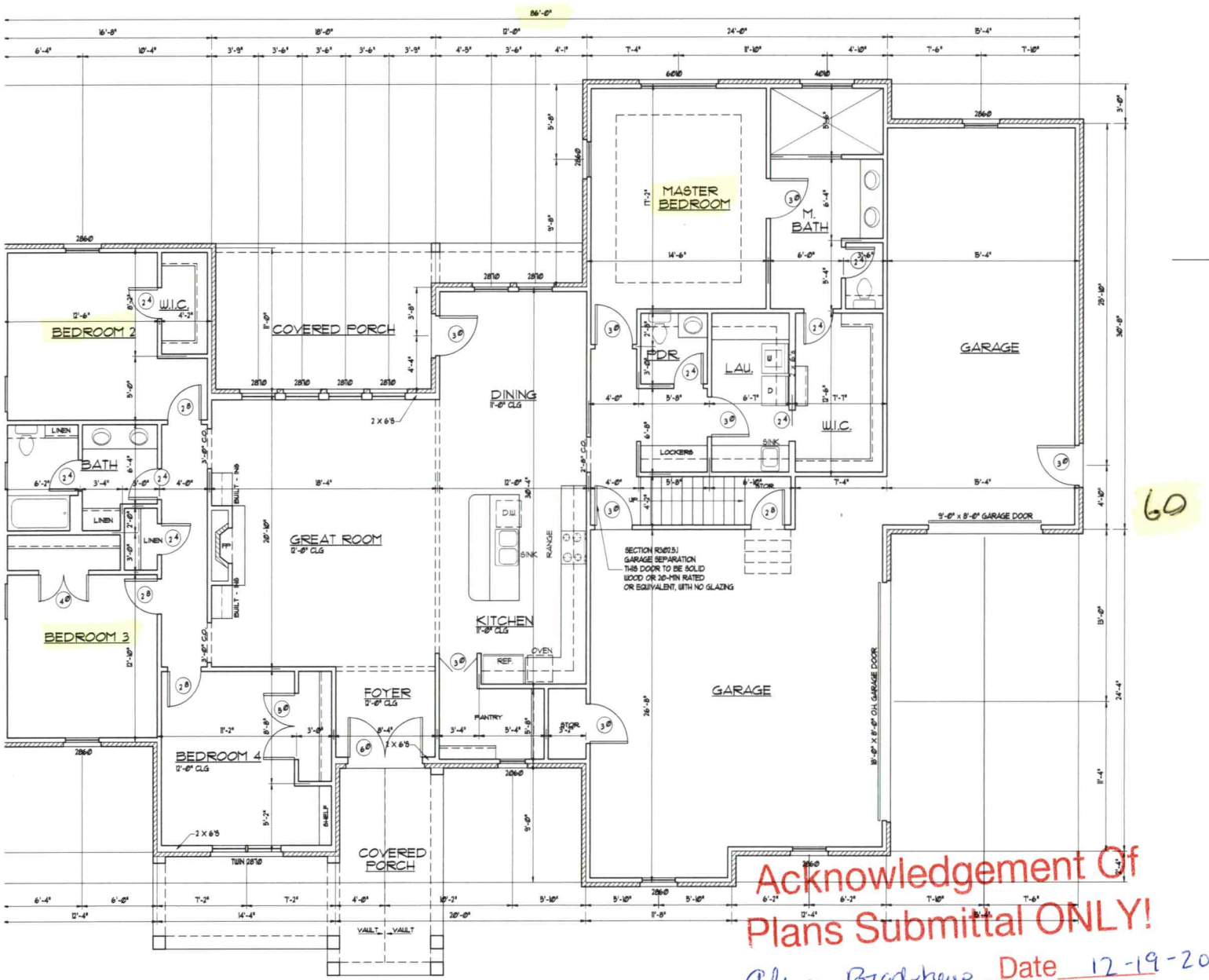
IMPROVEMENT PERMIT by: Bryant C. White | Date: 12-15-2022 | OPERATION PERMIT by: Sarah Williams | Date: 8/8/23

AUTHORIZATION TO CONSTRUCT by: Bryant C. White | Date: 12-15-2022 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

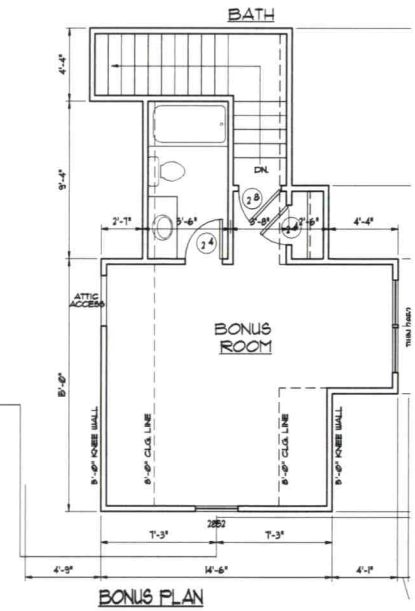
Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	



MAIN FLOOR PLAN

SCALE: 1/4" = 1'-0"
2488 HEATED SQUARE FEET
10'-0" CEILINGS
8'-0" DOORS & HEAD HEIGHT



BONUS PLAN

SCALE: 1/4" = 1'-0"
351 BONUS SQUARE FEET

60

GENERAL NOTES:

- FLASHING @ ALL WINDOWS AND DOORS (SECTION R703.8)
- FLASHING @ GROUND LEVEL (SECTION R703.7.3)
- HEADERS ARE TO BE DOUBLE 2 X 10'S UNLESS OTHERWISE NOTED SEE TABLES R502.5 (1) & (2).
- ALL WOOD FRAMING MEMBERS SHALL BE KEPT AT LEAST 1" FROM CHIMNEY MASONRY AND TWO INCHES FROM FIREPLACE MASONRY.
- THE GLAZED AREA OF HABITABLE ROOMS SHALL BE NOT LESS THAN 8% OF THE TOTAL FLOOR AREA WITH HALF THE AREA OPENABLE (MIN. 4 SQ. FT., MIN. 22" HIGH, MIN. 20" WIDE.) (SECTION R303.1 & SECTION R310.1.1)
- WALLS SEPARATING GARAGE FROM HEATED AREAS TO HAVE A MINIMUM 1/2" GYPSUM BOARD ON THE GARAGE SIDE WALL (SECTION R302 DOORS FROM GARAGE TO HEATED AREAS TO BE EITHER SOLID WOOD 1 3/8" THICK, OR A 20-MINUTE FIRE-RATED DOOR. (SECTION R302.5.1)
- ALL ROOF TRUSSES MUST BEAR ON FOUNDATION WALLS.
- MANUFACTURED TRUSSES (FLOOR & ROOF) PER SECTION R502.11, AND R80
- CRAWL SPACE, ATTIC ACCESS, AND ROOF VENTILATION. SECTION R408.1, R408.2, R807, AND R806.
- CLOSED CRAWL SPACE R409
- SEE WOOD DECKS, APPENDIX M.
- SEE BASIC LOAD ESTIMATING, APPENDIX N.
- SEE CANTILEVER FLOOR SECTIONS, TABLE 502.3.3(1)
- FIREPLACES, CHIMNEYS, AND FIRESTOPPING. SECTION R1001
- SECTION R308.4 (WINDOWS HAZARDOUS LOCATIONS, LABELING, AND CERTIFICATION.
- ATTIC ACCESS PER SECTION R807.1
- CHIMNEYS AND FIREPLACES PER CHAPTER 10.
- LINTELS SUPPORTING MASONRY VENEER SEE TABLE R703.7.3
- STAIRWAYS SHALL NOT BE LESS THAN 36" IN CLEAR WIDTH AT ALL POIN ABOVE THE PERMITTED HANDRAIL HEIGHT AND BELOW THE REQ'D HEADROOM HEIGHT (SECTION R311.5.1.)
- WINDERS ARE PERMITTED, (SECTION R 311.7.4.2.)
- SPIRAL STAIRWAYS ARE PERMITTED, (SECTION R311.7.9.1.)
- HANDRAILS (SECTION R311.7.7)
- GUARDS (SECTION R312.)
- CIRCULAR STAIRWAYS SHALL HAVE A TREAD DEPTH AT A POINT NOT MORE THAN 12" FROM THE SIDE WHERE THE TREADS ARE NARROWER OF NOT LESS THAN 9" AND THE MIN. DEPTH OF ANY TREAD SHALL NOT BE LESS THAN 6" (SECTION 311.7.4.2.3(1.3.3.).
- EXTERIOR WALLS SHALL BE BRACED WITH CONTINUOUS STRUCTURAL PANEL SHEATHING (CS-WSP). BRACED WALL LINES SHALL U BRACED WALL PANELS CONSTRUCTED IN ACCORDANCE WITH SECTION R6 TABLE R602.10.4. AN END AND RETURN WOOD STRUCTURAL PANEL OF A MINIMUM 24" SHALL BE PROVIDED AT CORNERS AT BOTH ENDS OF A BRA WALL LINE IN ACCORDANCE WITH SECTION R602.10.4.4. BRACED WALL LI SHALL BE CONNECTED TO STRUCTURE ABOVE AND BELOW IN ACCORDAN WITH SECTION R602.10.6. PER SECTION R602.10.8, ALL VERTICAL JOINTS PANEL SHEATHING SHALL OCCUR OVER, AND BE FASTENED TO COMMON HORIZONTAL JOINTS IN BRACED WALL PANELS FASTENED TO COMMON BLOCKING OF A MINIMUM BLOCKING IS NOT REQUIRED IN WALL SECTIONS NOT COUNTED AS BRACE PANELS.)

Acknowledgement Of
Plans Submittal ONLY!

Alvan Bradshaw Date 12-19-2022

Burnt C. White Date 12-15-2022

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

NOT A PERMIT

Sheet 2 of 2
PROPERTY ID #: 4703-62-7249
COUNTY: IREDELL

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: AARON BRADSHAW — APPLICATION DATE: 6-17-2022
ADDRESS: 5005 BRICKFIELD STREET, HICKORY, N.C. 28651 — DATE EVALUATED: 8-30-2022
PROPOSED FACILITY: 4BR — PROPOSED DESIGN FLOW (.1949): 480GPD — PROPERTY SIZE: _____
LOCATION OF SITE: 367 MORROW FARM ROAD, STATESVILLE, N.C. 28677 — 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	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
1 B	LINEAR SIDE 10%	0-18	C, SBK	FR, S, P, SE, SP	SAP INC THRU OUT	33"	PS II SL	NA	PS .3
		18-33	CL, WSBK	FR, SS, SP, SE, SP					
		33-60	SAP, RC	FI, NS, NP, SE, SP					
2 B	HEAD 15%	0-10	SCL, SBK	FR, SS, SP, SE, SP	Y/B MOTS 10"-26" 10YR6/2 @ 14"	50"	PS II SL	NA	PS .25 BELOW 14"
		10-31	C, SBK	FR, S, P, SE, SP					
		31-50	CL, WABK	FR, SS, SP, SE, SP					
		50-58	SAP, RC	FI, NS, NP, SE, SP					
3 B	LINEAR SIDE 10%	0-6	FILL	MIXED	SAP INC THRU OUT Y/B MOTS 6"-48" 10YR6/2 @ 20	56"	PS II SL	NA	PS .225 BELOW 20"
		6-26	C, ABK	FR, S, P, SE, SP					
		26-48	CL, WABK	FI, SS, SP, SE, SP					
		48-56	SAP, RC	FI, NS, NP, SE, SP					
4 B	LINEAR SIDE 5%	0-28	C, SBK	FR, S, P, SE, SP	SAP INC THRU OUT Y/B MOTS 0"-24"	47"	PS II SL	NA	PS .275
		28-47	CL, WABK	FI, SS, SP, SE, SP					
		47-58	SAP, RC	FI, NS, NP, SE, SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%H
Site LTAR	0.225	0.225

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. Wheat
OTHER(S) PRESENT: _____

COMMENTS: NOT A PERMIT

Updated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

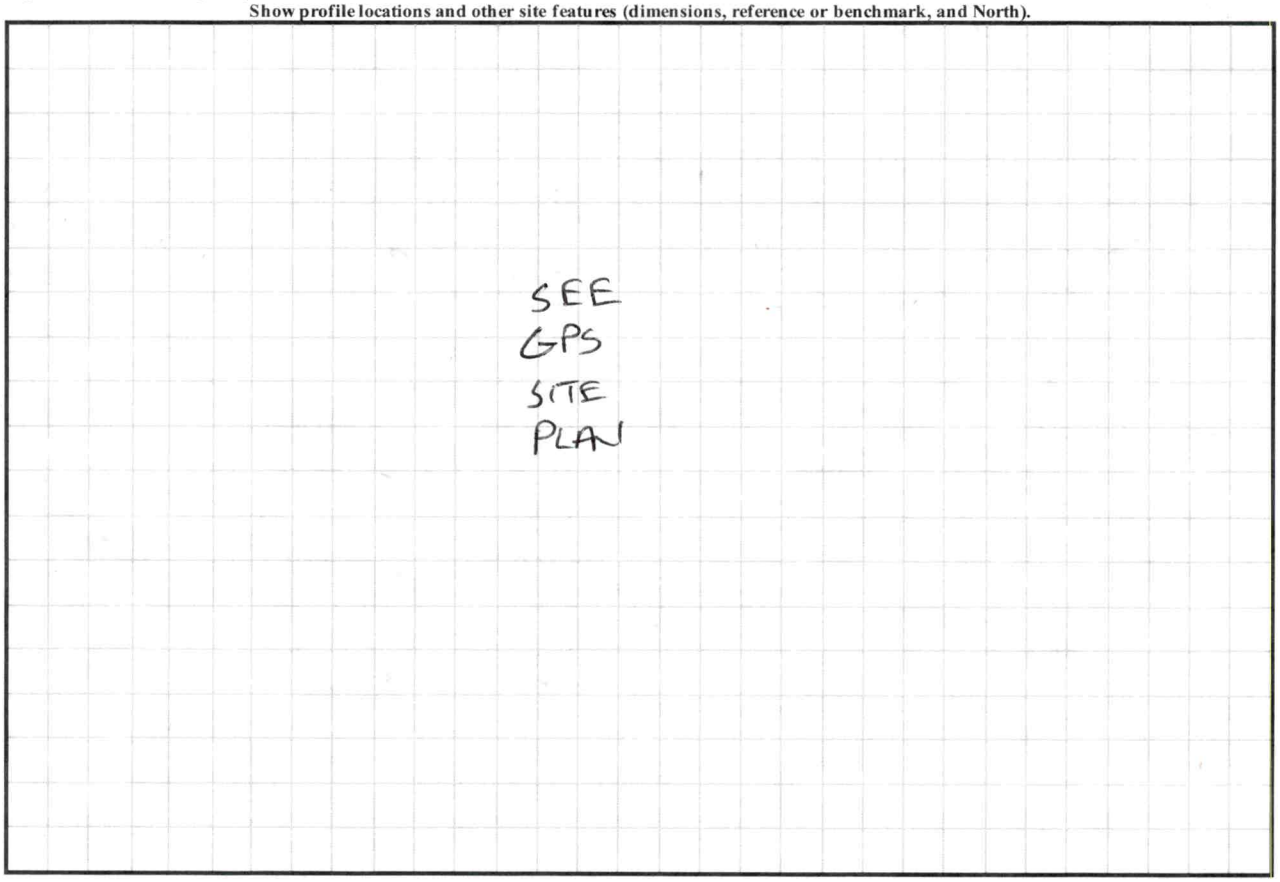
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



NOT A PERMIT

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4703-62-7249
DATE OF EVALUATION: 7-18-2022
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON 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
1A	LINEAR SIDE 12%	0-25	C, ABK	~~FR, S, P, SEXP~~	SAP INC THRU OUT	44"	PS II SL (FI)	NA	PS .3
		25-44	CL, WABK	FR, SS, SP, SEXP					
		44-57	SAP, RL	FI, NS, NPS, EXP					
2A	LINEAR SIDE 6%	0-27	FILL	MIXED	SAP INC THRU OUT	55"+	NA	NA	U TILL FILL REMOVED
		27-46	C, ABK	FR, S, P, SEXP					
		46-55	CL, WABK	FI, SS, SP, SEXP					
3A	LINEAR SIDE 4%	0-24	FILL	MIXED	SAP INC THRU OUT	71"+	NA	NA	U TILL FILL REMOVED
		24-48	C, ABK	FR, S, P, SEXP					
		48-71	CL, WABK	FR, SS, SP, SEXP					
4A	LINEAR SIDE 7%	0-7	FILL	MIXED	SAP INC THRU OUT	55"+	NA	NA	PS .3
		7-30	C, ABK	FR, S, P, SEXP					
		30-55	CL, WABK	FR, SS, SP, SEXP					

COMMENTS: NOT A PERMIT

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None	**MOIST** VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	**WET** NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

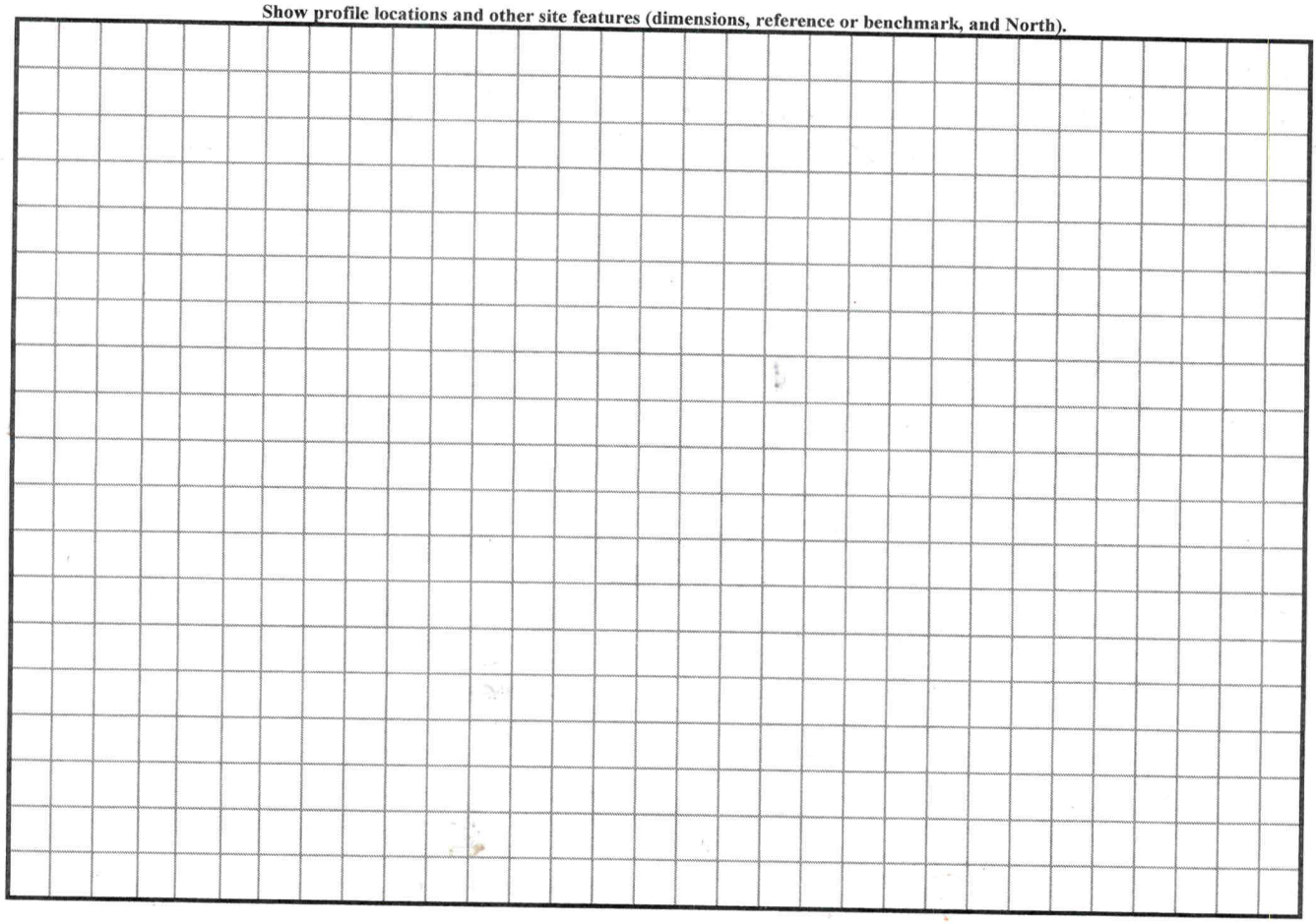
NOTES

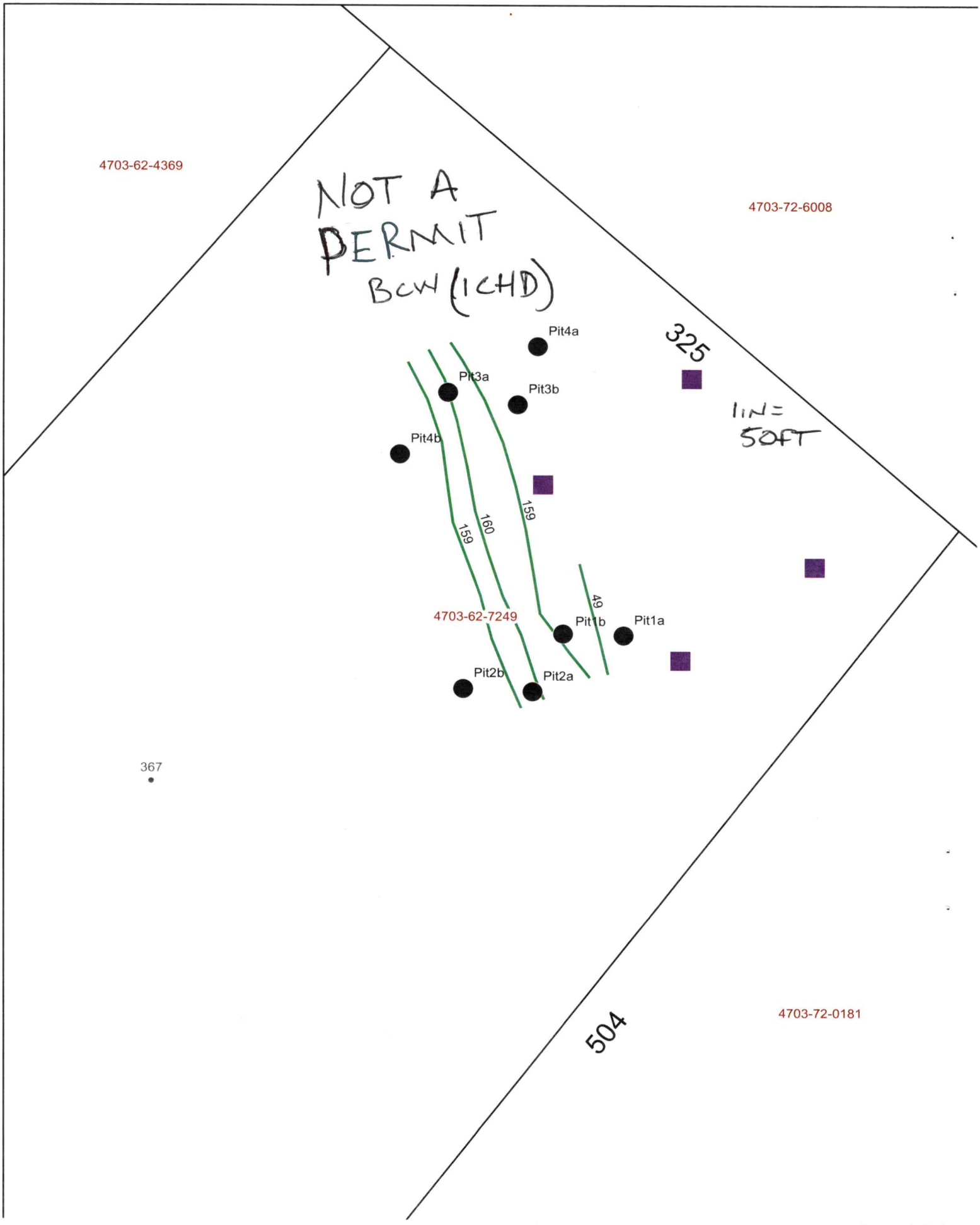
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

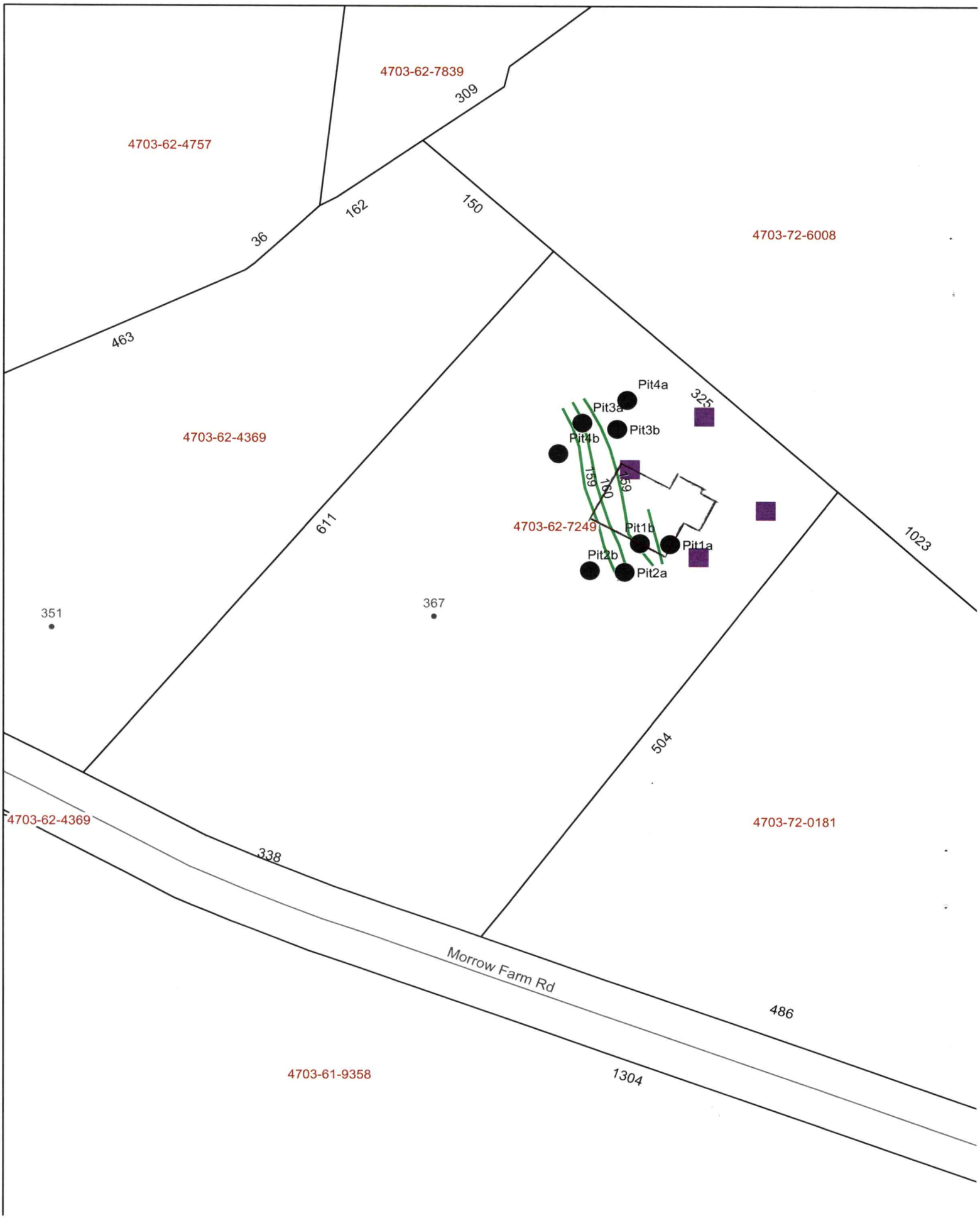
Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).




4703-62-4369
NOT A PERMIT BCW (1CHD)
4703-72-6008
Pit4a
Pit3a
Pit3b
Pit4b
325
1IN = 50FT
159
160
159
49
4703-62-7249
Pit1b
Pit1a
Pit2b
Pit2a
367
504
4703-72-0181


4703-62-7839
309
4703-62-4757
162
150
36
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463
4703-62-4369
Pit4a
Pit3a
325
Pit3b
Pit4b
159
160
159
4703-62-7249
Pit1b
Pit1a
Pit2b
Pit2a
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338
Morrow Farm Rd
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4703-61-9358
1304

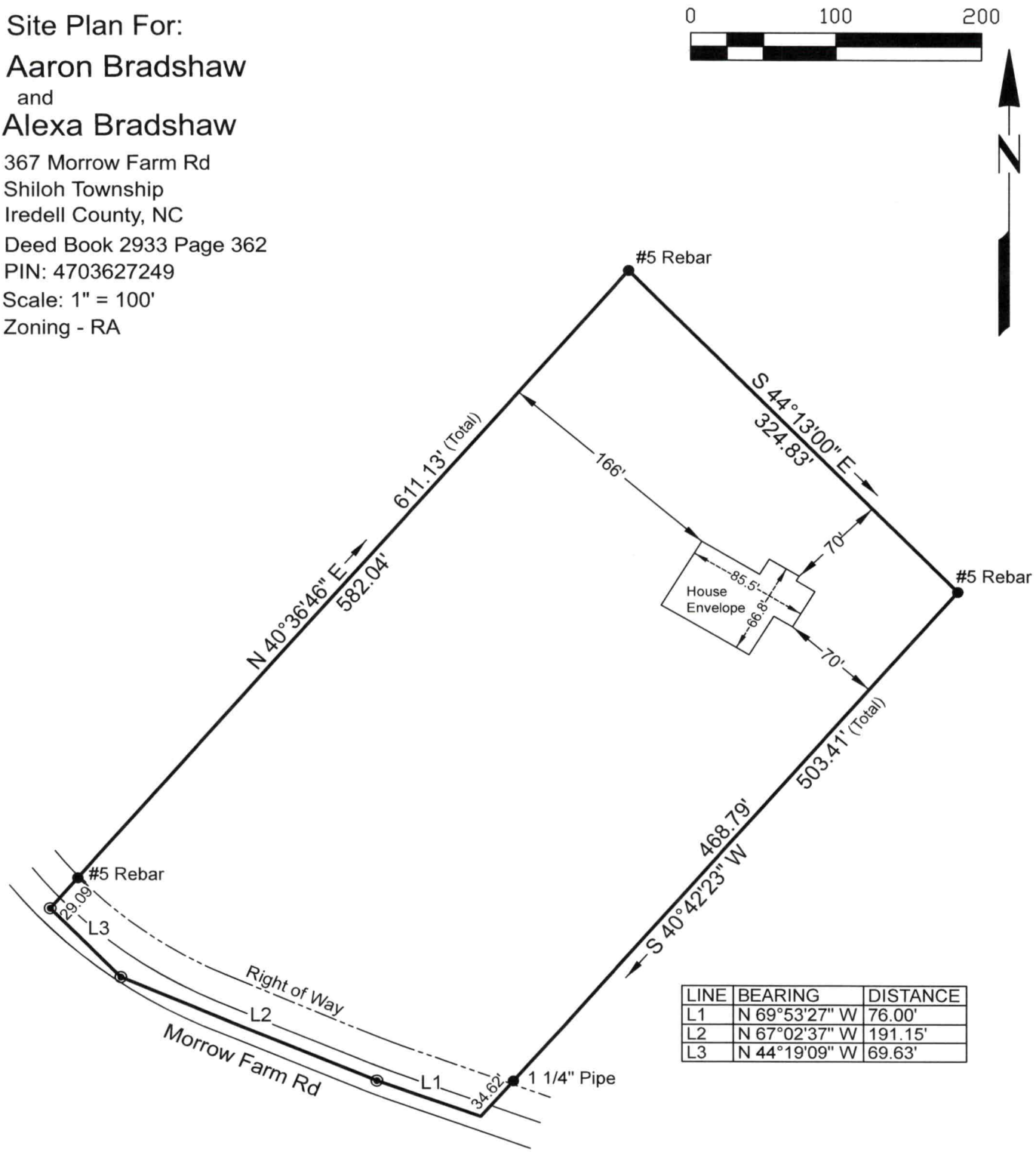
Site Plan For:

Aaron Bradshaw

and

Alexa Bradshaw

367 Morrow Farm Rd
Shiloh Township
Iredell County, NC
Deed Book 2933 Page 362
PIN: 4703627249
Scale: 1" = 100'
Zoning - RA



LINE	BEARING	DISTANCE
L1	N 69°53'27" W	76.00'
L2	N 67°02'37" W	191.15'
L3	N 44°19'09" W	69.63'

9

BW

RECEIVED JUN 17 2022

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-329772 $500.00

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: Aaron Bradshaw Address: 5005 Brickfield St Hickory Zip: 28601
Applicant Email: abradshaw212@gmail.com Phone: 828 270 9463 Alt. Phone: _____
~~Owner Name:~~ Authorized Agent: Hilary Repass Address: _____ Zip: _____
Owner Email: _____ Phone: 828.4556299 Alt. Phone: _____

Property Information: 367

Street Address: 00 Morrow Farm Rd Statesville NC
Subdivision Name: None Section/Phase: _____ Lot Number: _____
Driving Directions: access Rd from lot to left of subject purple marker

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: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 2500 3000 sqft (1500 sqft grg) Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

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

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: _____

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: _____ 4/19/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

4.234
RA
WSIVPA CLKN NO

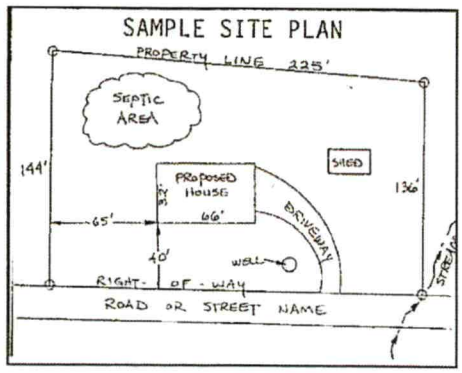
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!***

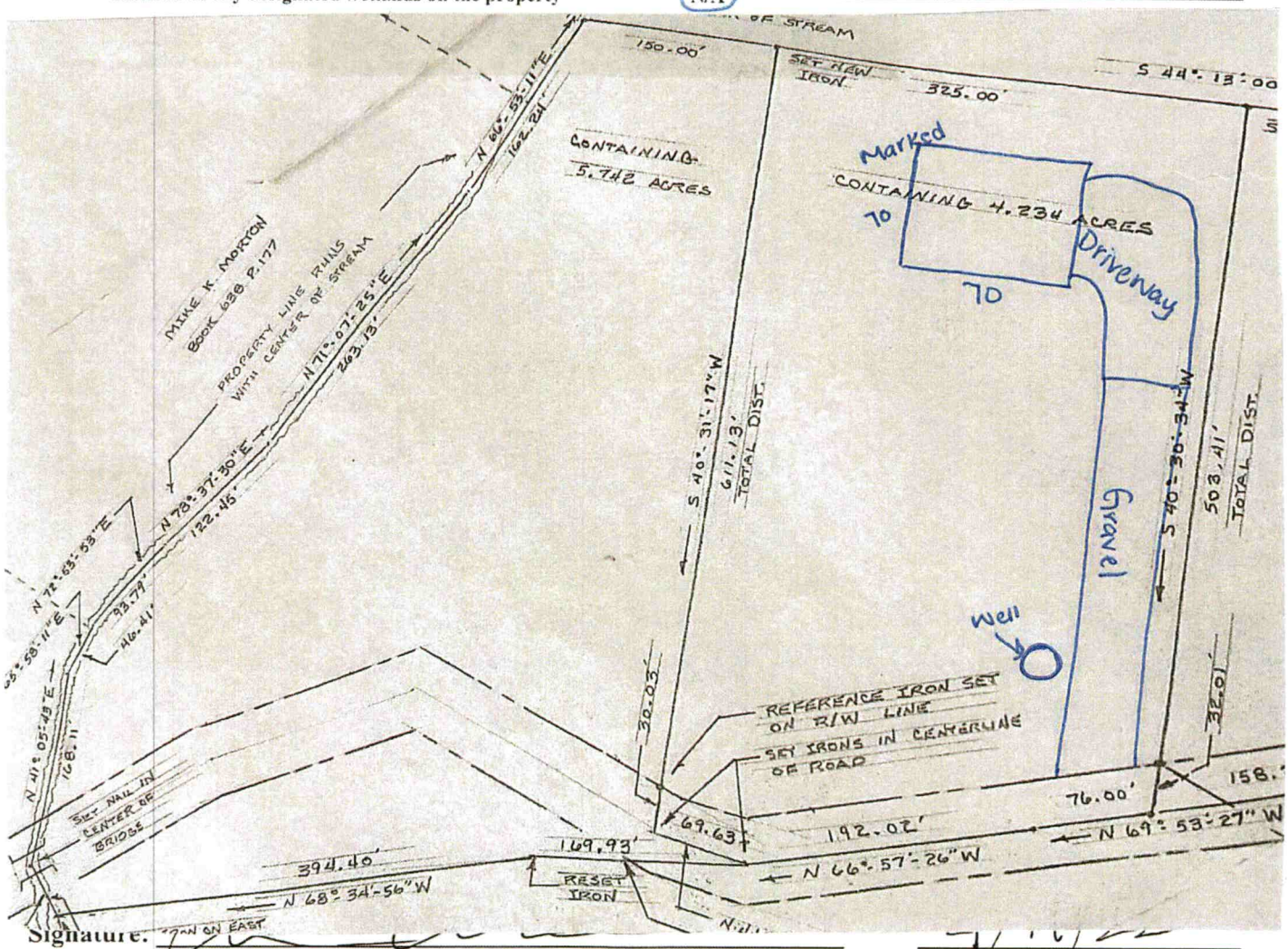
Place an (X) beside each item as you complete the site plan:

- ( ) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location
- (✓) Preferred well location
- (✓) Preferred septic system location
- ( ) North arrow, or other sufficient indicator of direction



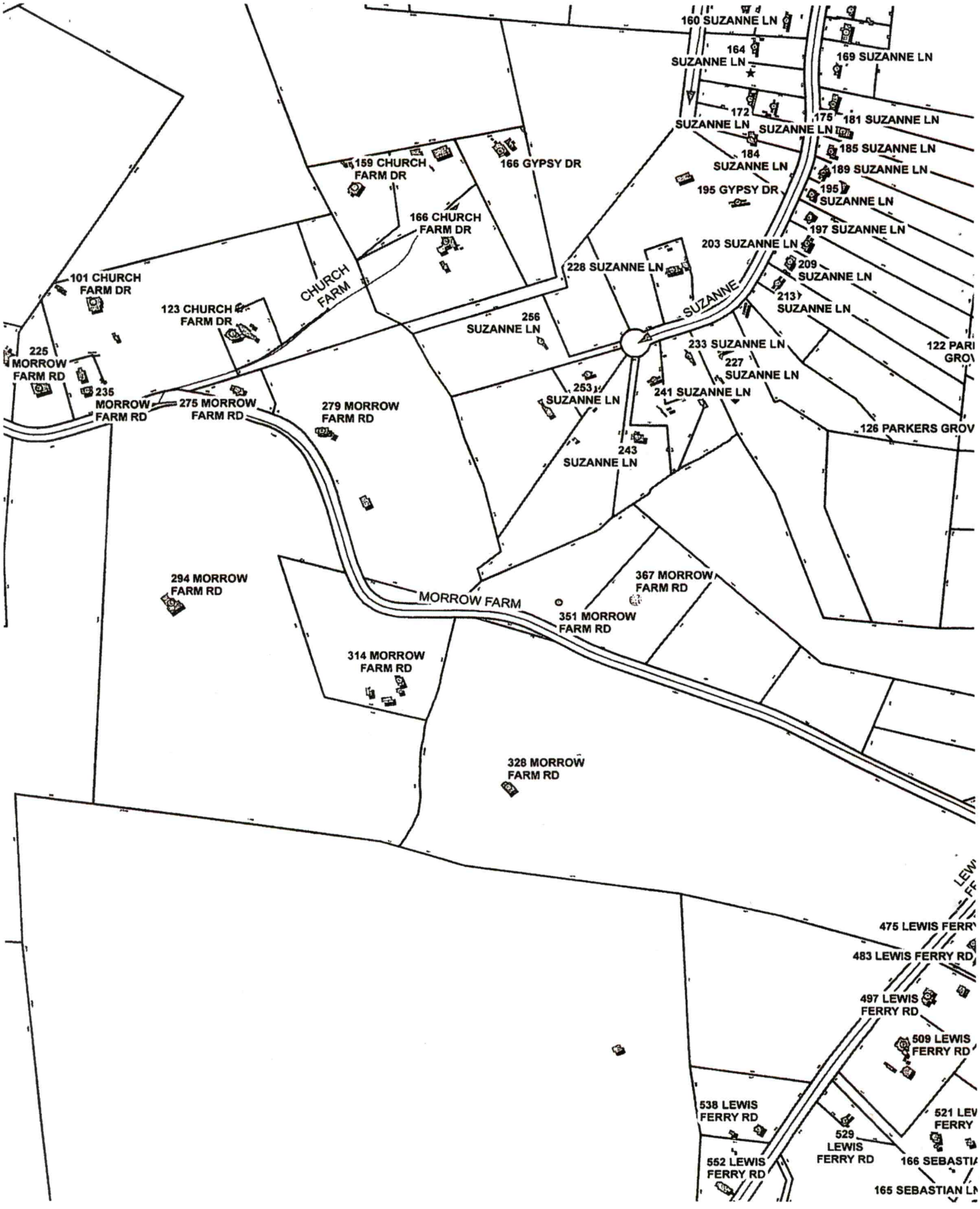
Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property (N/A)
Location of easements and rights of ways on your property (N/A)
Location of any designated wetlands on the property (N/A)



Signature: _____ _____

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


160 SUZANNE LN
164 SUZANNE LN
169 SUZANNE LN
172 SUZANNE LN
175 SUZANNE LN
181 SUZANNE LN
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228 SUZANNE LN
233 SUZANNE LN
227 SUZANNE LN
241 SUZANNE LN
253 SUZANNE LN
256 SUZANNE LN
243 SUZANNE LN
SUZANNE
159 CHURCH FARM DR
166 CHURCH FARM DR
166 GYPSY DR
195 GYPSY DR
101 CHURCH FARM DR
123 CHURCH FARM DR
CHURCH FARM
225 MORROW FARM RD
235 MORROW FARM RD
275 MORROW FARM RD
279 MORROW FARM RD
294 MORROW FARM RD
314 MORROW FARM RD
328 MORROW FARM RD
MORROW FARM
351 MORROW FARM RD
367 MORROW FARM RD
126 PARKERS GROV
475 LEWIS FERRY
483 LEWIS FERRY RD
497 LEWIS FERRY RD
509 LEWIS FERRY RD
538 LEWIS FERRY RD
552 LEWIS FERRY RD
529 LEWIS FERRY RD
166 SEBASTI
165 SEBASTIAN LN

DigiSign Verified - 7733072b-38b3-46ce-9c04-53dc108ee264

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, Robert + James _____, am the legal owner(s) of the property located at 00 Morrow Farm Rd. Statesville NC 28677, identified as

PIN (Parcel Identification Number) 4703627249.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Hilary Repass _____, ReMax Traditions _____, 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.

Robert W James Jr Emilee Robinson James
Signature of Owner(s)

06/13/2022
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

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

APPLICATION NUMBER
329772 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4703627249.000		Iredell County

Owner Information	Applicant Information
Name: JAMES ROBERT W JR+EMILEE R	Name: Aaron Bradshaw
Address:	Address: 5005 Brickfield St Hickory, NC 28601
Phone:	Phone: (828)270-9663

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
4.234	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks
sfd. new address 367 Morrow Farm Rd

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.

Signature of Owner/Contractor

Date: 06/16/2022

Permit Number		329772	TOTAL FEES:	$77.25

329772

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)928-2025

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built ✓ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 4 and stories?___

Please describe project (Details, Purpose, or Use): residential

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Aaron Bradshaw Phone # 828-234-8528

Owner's Current Address 5005 Brickfield Street Hickory, NC 28601

Property Information

Property Address 367 Morrow Farm Rd Parcel # _____

Subdivision:_____ Lot:____ Zoning:_____ Watershed: Y / (N) Flood Plain: Y / (N) Township:_____

Directions to property (from a MAIN ROAD) _____

Application Information

Applicant's Name or Company Aaron Bradshaw Applicant's Phone #_____

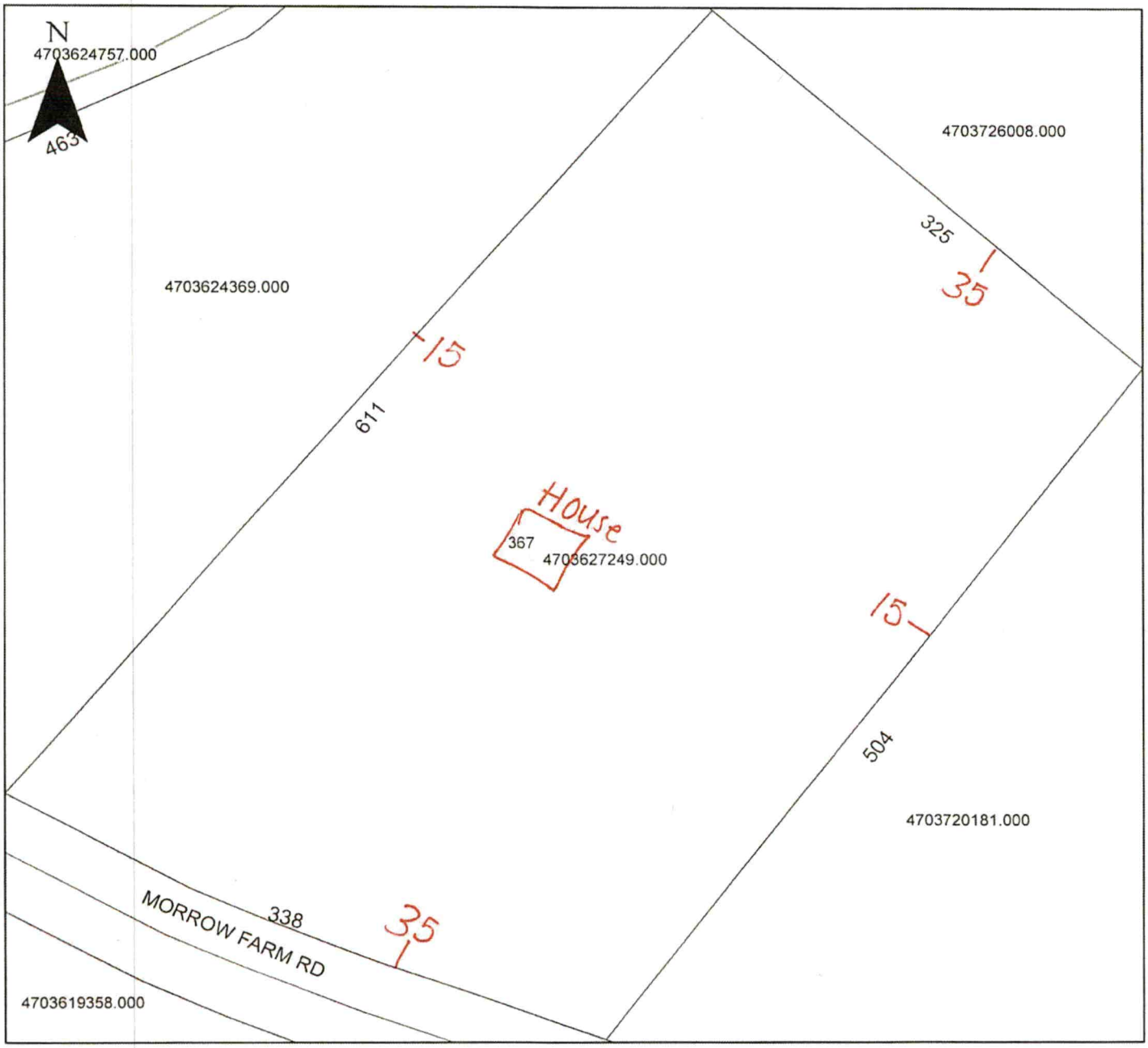
Applicant's Address 5005 Brickfield Street Hickory, NC 28601

If Company, Representative's Name and Title _____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT Aaron Bradshaw DATE 4/16/22

ZONING DISCLAIMER



Property Address 367 Morrow Farm Rd.

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. Applicant further acknowledges that the 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.

Clarion Bradshaw
Applicant

6/16/22
Date