IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 243896

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

PIN # 4706904048

APPLICANT/OWNER: Brad Koepnick APPLICANT ADDRESS: 208 Pinedell Acre Statesville 28677

SITE ADDRESS: 4200 Taylorsville Hwy Statesville NC 28625 PHONE: 704 880-2930 ALT. PHONE 828-409-0581

SITE DIRECTIONS: Hwy 90 Taylorsville Hwy 3 miles on R SAP CONTROLLED: ☐ YES ☒ NO

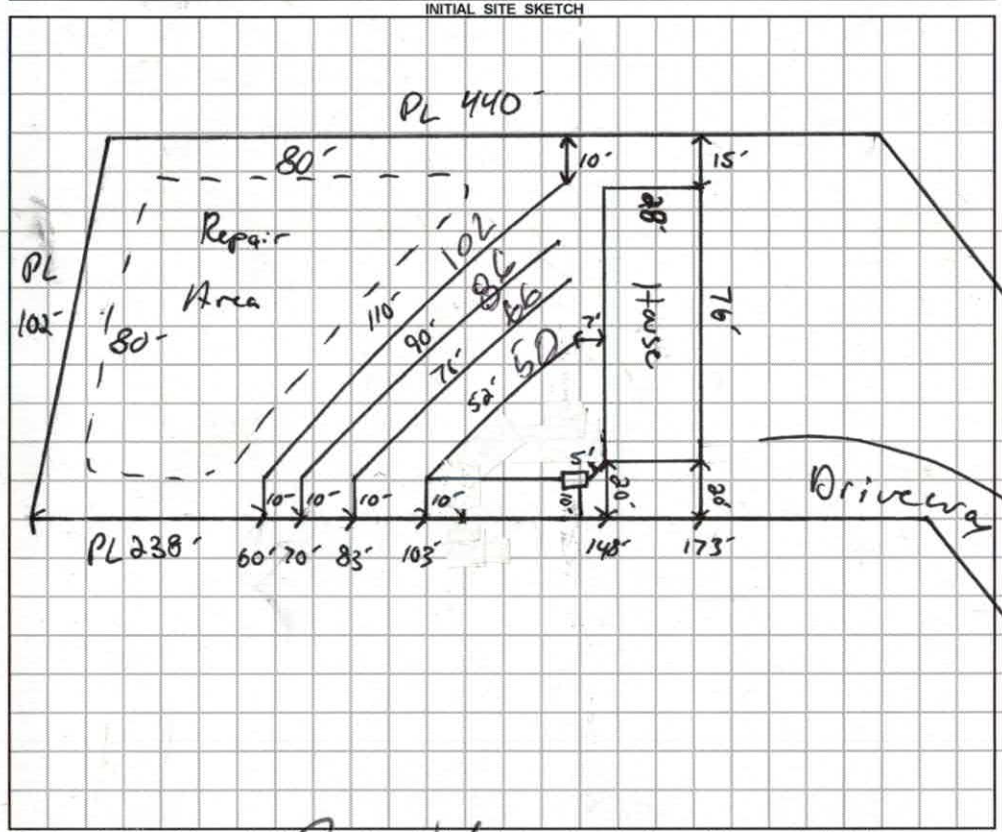
SUBDIVISION: MIA Estates SECTION: - LOT # 3 LOT AREA: .93 DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	760	Date	4-6	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	25% Reduction			
Pump Make			Model		Serial #		Repair System Description:	25% Reduction			
# Nitrification Fields	1	# Lines	4		Linear Ft	300'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(~~Low side~~)		Max 33"	Gravel Depth	-	☒ GRAVITY	☐ PRESSURE			

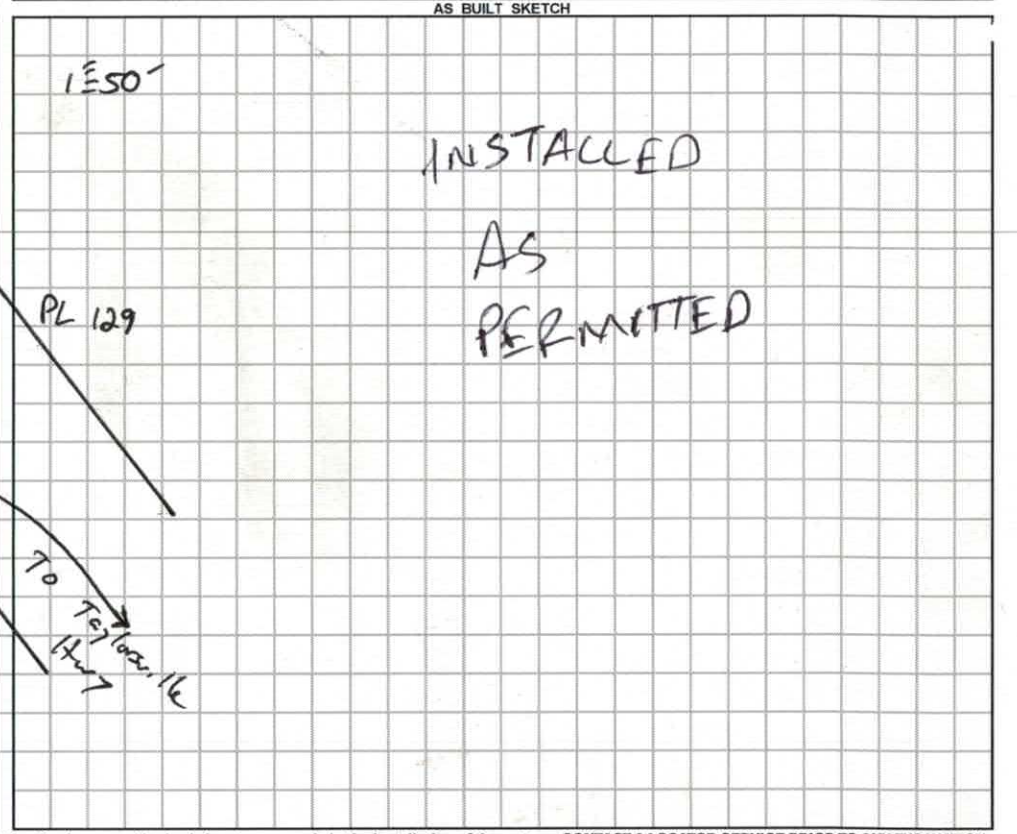
☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees		☒ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install Drainlines on Contor of land, use serial distribution.

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: Date: 6-11-19 Installed by: CRAIG THOMPSON

IMPROVEMENT PERMIT by: Date: 6-7-19 OPERATION PERMIT by: Bwfmt c. office Date: 7-5-19

AUTHORIZATION TO CONSTRUCT by: Date: 6-7-19 Existing System Inspected by: Date:

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.

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

Sheet 1 of 1
PROPERTY ID #: 4706 904048
COUNTY: Iredell

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

OWNER: Brad Koepnick
ADDRESS: 4200 Taylorsville Hwy Statesville NC 28625
PROPOSED FACILITY:
LOCATION OF SITE: Lot 3 4200 Taylorsville Hwy

APPLICATION DATE 4-18-19
DATE EVALUATED: 4-4-19
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: .93
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 6-7%	0-4	SBK SCL	Fr SS SP Serp	N/A	48"+	N/A	N/A	PS .3
		4-30	SBK C	Fr SS SP Serp					
		30-48	SBK CL	Fr SS SP Serp					
2	SS 6-7%	0-4	SBK SCL	Fr SS SP Serp	N/A	48"+	N/A	N/A	PS .3
		4-30	SBK C	Fr SS SP Serp					
		30-48	SBK CL	Fr SS SP Serp					
3	SS 6-7%	0-4	SBK SCL	Fr SS SP Serp	N/A	48"+	N/A	N/A	PS .3
		4-30	SBK C	Fr SS SP Serp					
		30-48	SBK CL	Fr SS SP Serp					
4	SS 6-7%	0-4	SBK SCL	Fr SS SP Serp	N/A	48"+	N/A	N/A	PS .3
		4-30	SBK C	Fr SS SP Serp					
		30-48	SBK CL	Fr SS SP Serp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	300'
System Type(s)	25% Red	25% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Boggs
OTHER(S) PRESENT:

COMMENTS:

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		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky)	NS (Non-sticky) SS (Slightly Sticky) S (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.

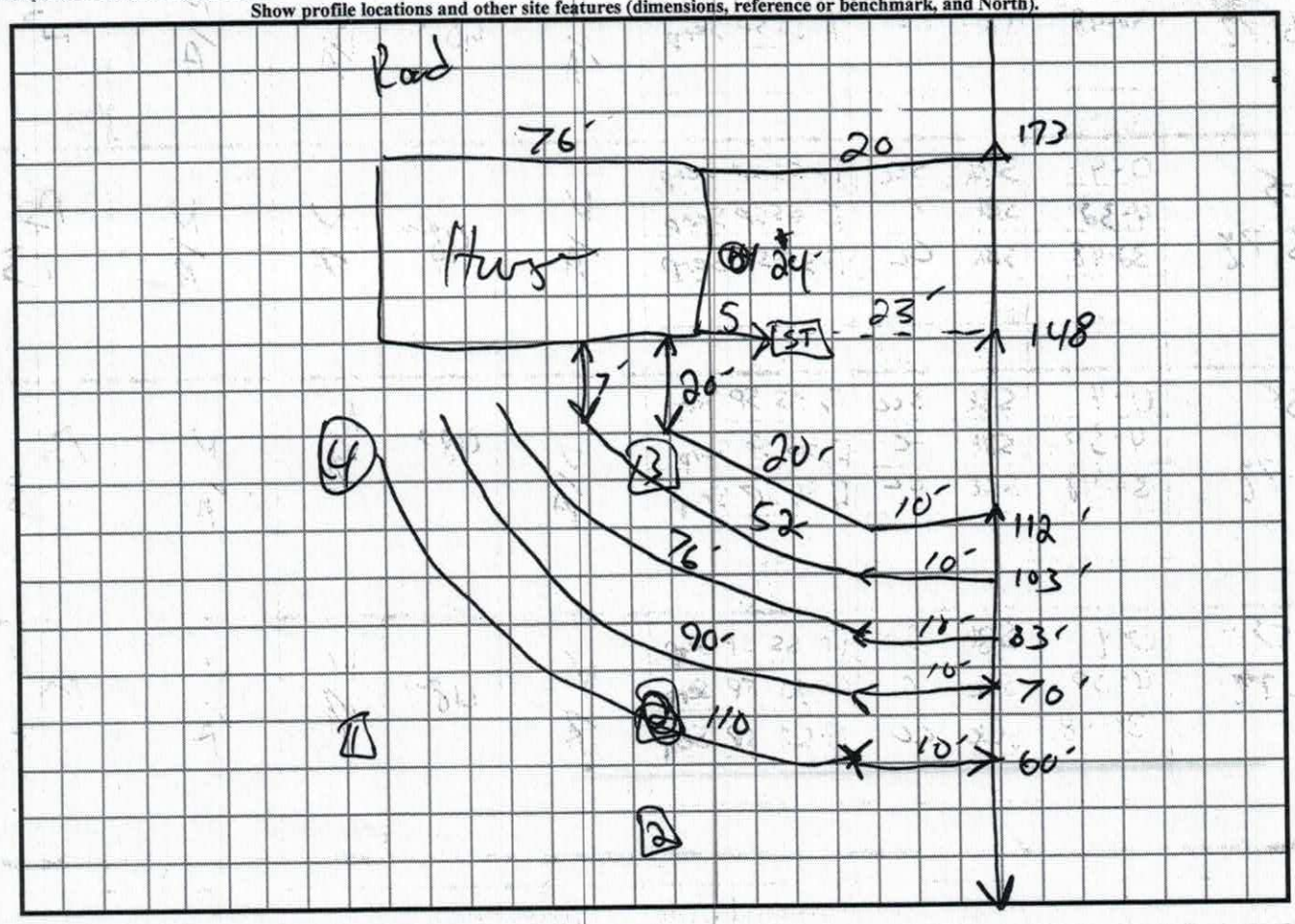
NOTES

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/ft²

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



RECEIVED APR 1 8 2019

Paid $500.00

#243896

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: (X) 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: Brad Koepnick Address: 208 Pinedell Acres Dr Zip: 28677
Applicant Email: Brad@Cityscapeloft.com Phone: 704-880-2930 Alt. Phone: 828-409-0591
Owner Name: Don Koepnick Address: 1015 The Gunners Statesville Zip: 28677
Owner Email: _____ Phone: 704-877-7082 Alt. Phone: _____

Property Information:

Street Address: ~~4200~~ Taylorsville Hwy, Statesville, 28625
Subdivision Name: 4200 Section/Phase: _____ Lot Number: _____
Driving Directions: Hwy 90 - Taylorsville Highway - 3 miles on Right

Site Development Information: *(check or complete ALL that apply*

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 1997 Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) 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 (X) 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 (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: _____ 4-18-19
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, DON KOEPNICK, am the legal owner(s) of the property located at 4196 TAYLORSVILLE HWY, identified as

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

I do hereby authorize (print legal representative/company name) BRAD KOEPNICK, _____, 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.

_____ 4/18/2019
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

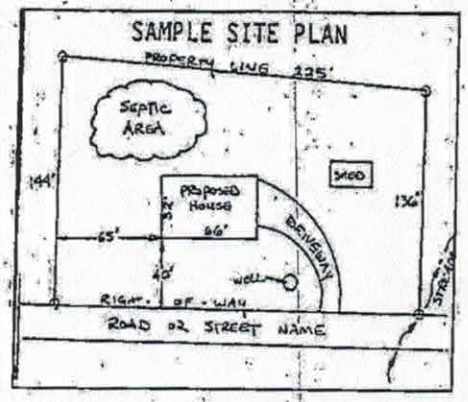
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- (X) 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

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Attached

Signature: _____

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

4/18/2019
DATE

LINE TABLE		
LINE	LENGTH	BEARING
L1	65.83	N76°37'34"W
L2	11.69	N77°07'13"W
L3	35.57	N77°07'13"W
L4	17.54	N77°07'13"W
L5	33.58	N77°20'45"W
L6	51.10	N77°20'45"W
L7	55.14	N72°46'37"W
L8	78.10	S77°45'37"E
L9	25.51	S77°45'37"E
L10	51.03	S77°45'37"E
L11	51.03	S77°45'37"E
L12	25.51	S77°45'37"E
L13	82.17	S77°45'37"E
L14	53.91	N72°46'37"W
L15	51.10	N77°20'45"W
L16	39.98	N77°20'45"W
L17	11.13	N77°07'09"W
L18	25.57	N77°07'09"W
L19	18.41	N77°07'09"W
L20	59.10	N76°37'34"W
L21	30.66	N00°43'13"E
L22	30.75	S00°43'29"W

Lot #	Total Area	Area Inside 20' Easement
Lot 1	34,218.53 sq.ft. 0.786 acre	2,684.55 sq.ft. 0.062 acre
Lot 2	39,806.63 sq.ft. 0.914 acre	510.26 sq.ft. 0.012 acre
Lot 3	40,721.70 sq.ft. 0.935 acre	1,020.56 sq.ft. 0.023 acre
Lot 4	41,638.84 sq.ft. 0.956 acre	NA

Owner's Certificate and Notarization:

KNOW ALL MEN BY THESE PRESENTS, that Matthew S. Williams & Brad Koepnick hereby certifies that we are the owners of the property shown on this plat,that we hereby acknowledge this plat and easement to be our free act and do hereby dedicate to public use all streets, alleys, easements and other public areas shown on this plat. We further certify that Matthew I. Grant surveyed and made this plat at our direction, and that the entire subdivision is within the boundaries of a tract conveyed to us by a deed recorded in Deed Book 2595, Page 2373, filed with the Iredell County Register of Deeds.

01-29-19

Matthew S. Williams

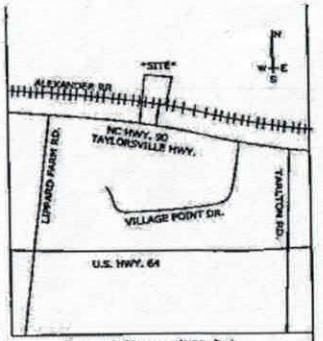
Brad Koepnick

State of North Carolina , Iredell County
I, Stephen M. Sharpe, a Notary Public for said County, and State, do hereby certify that Matthew S. Williams & Brad Koepnick personally came before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official seal, this the 29th day of January, 2019.

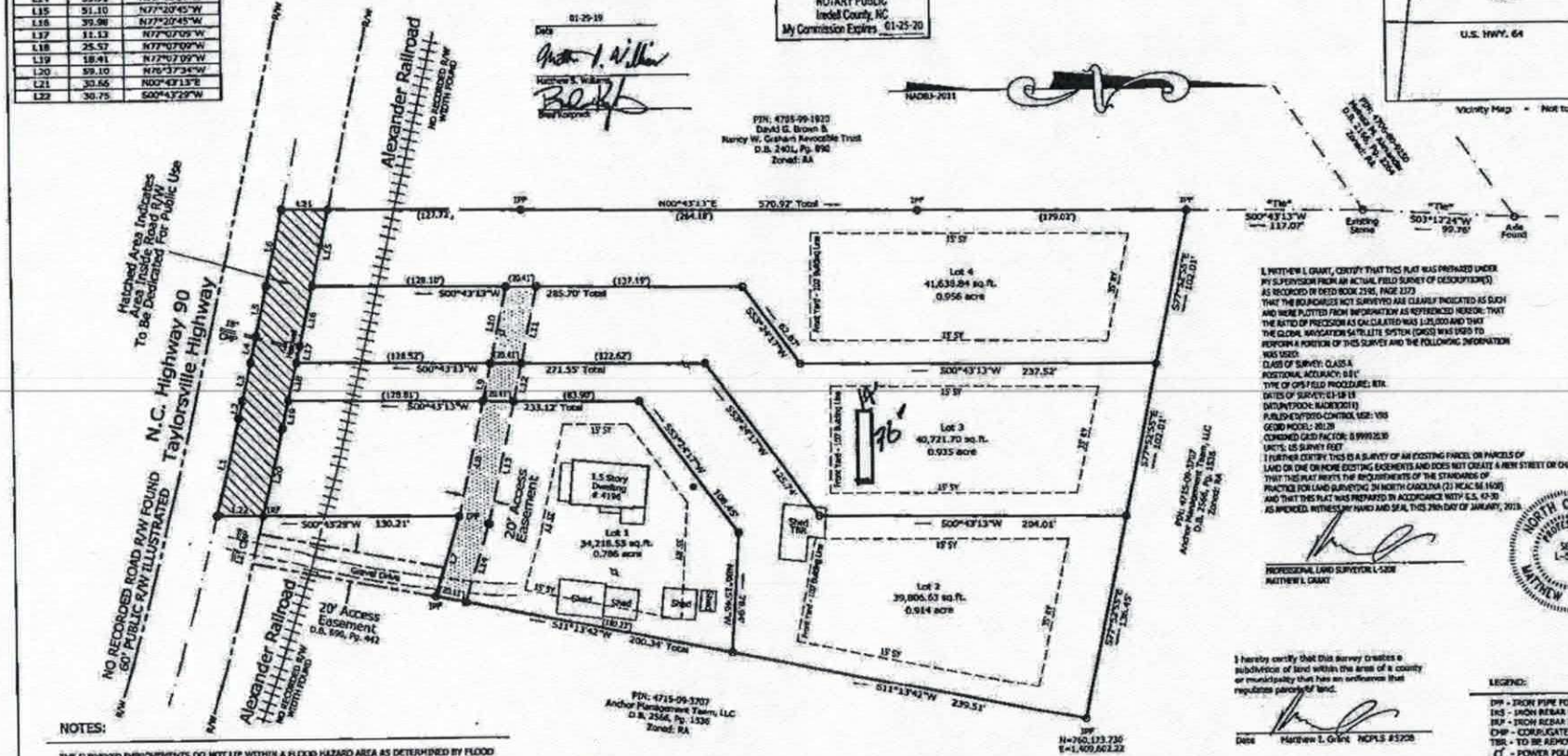
Stephen M. Sharpe
NOTARY PUBLIC

Stephen M. Sharpe
NOTARY PUBLIC
Iredell County, NC
My Commission Expires 01-25-20

Doc ID: 018458680003 Type: CRP
Recorded: 02/08/2019 at 12:50:02 PM
Fee Amt: $21.00 Page 1 of 1
Iredell County, NC
Harold N. Wyatt Register of Deeds
BK 69 PG 102



Vicinity Map - Not to Scale



I, MATTHEW I. GRANT, CERTIFY THAT THIS PLAT WAS PREPARED UNDER MY SUPERVISION FROM AN ACTUAL FIELD SURVEY OF DESCRIPTION(S) AS RECORDED IN DEED BOOK 2595, PAGE 2373 THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS SUCH AND WERE PLOTTED FROM INFORMATION AS REFERENCED HEREON; THAT THE RATIO OF PRECISION AS CALCULATED WAS 1:25,000 AND THAT THE GLOBAL NAVIGATION SATELLITE SYSTEM (GNSS) WAS USED TO PERFORM A PORTION OF THIS SURVEY AND THE FOLLOWING INFORMATION WAS USED:
CLASS OF SURVEY: CLASS A
POSITIONAL ACCURACY: 0.01'
TYPE OF GPS FIELD PROCEDURE: RTK
DATES OF SURVEY: 01-18-19
DATUM/EPOCH: NAD83(2011)
PUBLISHED/FIXED-CONTROL USED: VRS
GEOID MODEL: 12B
COMBINED GRID FACTOR: 0.99992530
UNITS: US SURVEY FEET
I FURTHER CERTIFY THIS IS A SURVEY OF AN EXISTING PARCEL OR PARCELS OF LAND OR ONE OR MORE EXISTING EASEMENTS AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET. THAT THIS PLAT MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56 .1600) AND THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. WITNESS MY HAND AND SEAL, THIS 29th DAY OF JANUARY, 2019.

PROFESSIONAL LAND SURVEYOR L-5208
MATTHEW I. GRANT

NORTH CAROLINA PROFESSIONAL SEAL L-5208 MATTHEW I. GRANT

I hereby 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.

Date Matthew I. Grant NCPLS #5208

NOTES:

THE SURVEYED IMPROVEMENTS DO NOT LIE WITHIN A FLOOD HAZARD AREA AS DETERMINED BY FLOOD MAP 3210470403, EFFECTIVE DATE 3/18/2008.

THIS PROPERTY IS SUBJECT TO ANY EASEMENTS OR RIGHT OF WAYS OF RECORD WHICH MAY EXIST across SAID PROPERTY.

IRON REBARS ARE SET AT ALL PROPERTY CORNERS UNLESS OTHERWISE NOTED.

THE SURVEYED PROPERTY IS ZONED R-A (IREDELL COUNTY ZONING)

THE SURVEYED PROPERTY DOES NOT LIE WITHIN THE U.S. DEPARTMENTS OF INTERIOR'S NATIONAL REGISTER OF HISTORIC PLACES.

THE SURVEYED PROPERTY DOES NOT LIE WITHIN 2000 FEET OF A NORTH CAROLINA HORIZONTAL GRID MARKER.

BROKEN LINES REPRESENT PROPERTY LINES WHICH ARE NOT ACTUALLY SURVEYED, THESE DASHED LINES WERE TAKEN FROM DEEDS OR OTHER SOURCES.

THERE IS A TEN FOOT DRAINAGE AND UTILITIES EASEMENT ACROSS THE FRONT, REAR, AND EACH SIDELINE OF EACH LOT.

THE LOTS IN THIS SUBDIVISION WILL BE SERVED WATER & SEWER BY INDIVIDUAL WELLS & INDIVIDUAL SEPTIC TANKS.

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.

ZONING:

PROPERTY IS ZONED: RA - IREDELL COUNTY ZONING JURISDICTION.

PROPERTY IS SUBJECT TO A 35' FRONT YARD (FY), 15' SIDE YARD (SY) & 35' REAR YARD (RY) - MINIMUM BUILDING SETBACK LINE PER IREDELL COUNTY ZONING ORDINANCE.

This subject property, to the best of my knowledge, does not lie within a Water Supply Watershed designated by the Environmental Management Commission as appears on the Watershed Protection Map of Iredell County.

2-4-19
Date Subdivision Administrator

State of North Carolina
County of Iredell

I, Wanda M. Beaucher, 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

2-4-19
Date

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

2-4-19
DATE

SITE DATA:
ACREAGE IN TOTAL TRACT TO BE SUBDIVIDED: ------ 3.732 ac.
ACREAGE IN ROAD R/W AND OTHER NONRESIDENTIAL USES: ------ 0.141 acre / 6,159.20 sq.ft.
TOTAL NUMBER OF PARCELS CREATED: ------ 4 LOTS
ACREAGE IN SMALLEST LOT: ------ 0.785 acre / 34,218.53 sq.ft.
LINEAR FEET IN NEW STREETS: ------ NONE

LEGEND:
IPF - IRON PIPE FOUND
IRS - IRON REBAR SET
IRF - IRON REBAR FOUND
CMP - CORRUGATED METAL PIPE
TBR - TO BE REMOVED
- POWER POLE
- SEWER CLEANOUT
- COMPUTED POINT
R/W - RIGHT OF WAY

OWNER / DEVELOPER
BRAD KOEPNICK & MATTHEW S. WILLIAMS
4196 TAYLORSVILLE HIGHWAY
STATESVILLE, NC 28677

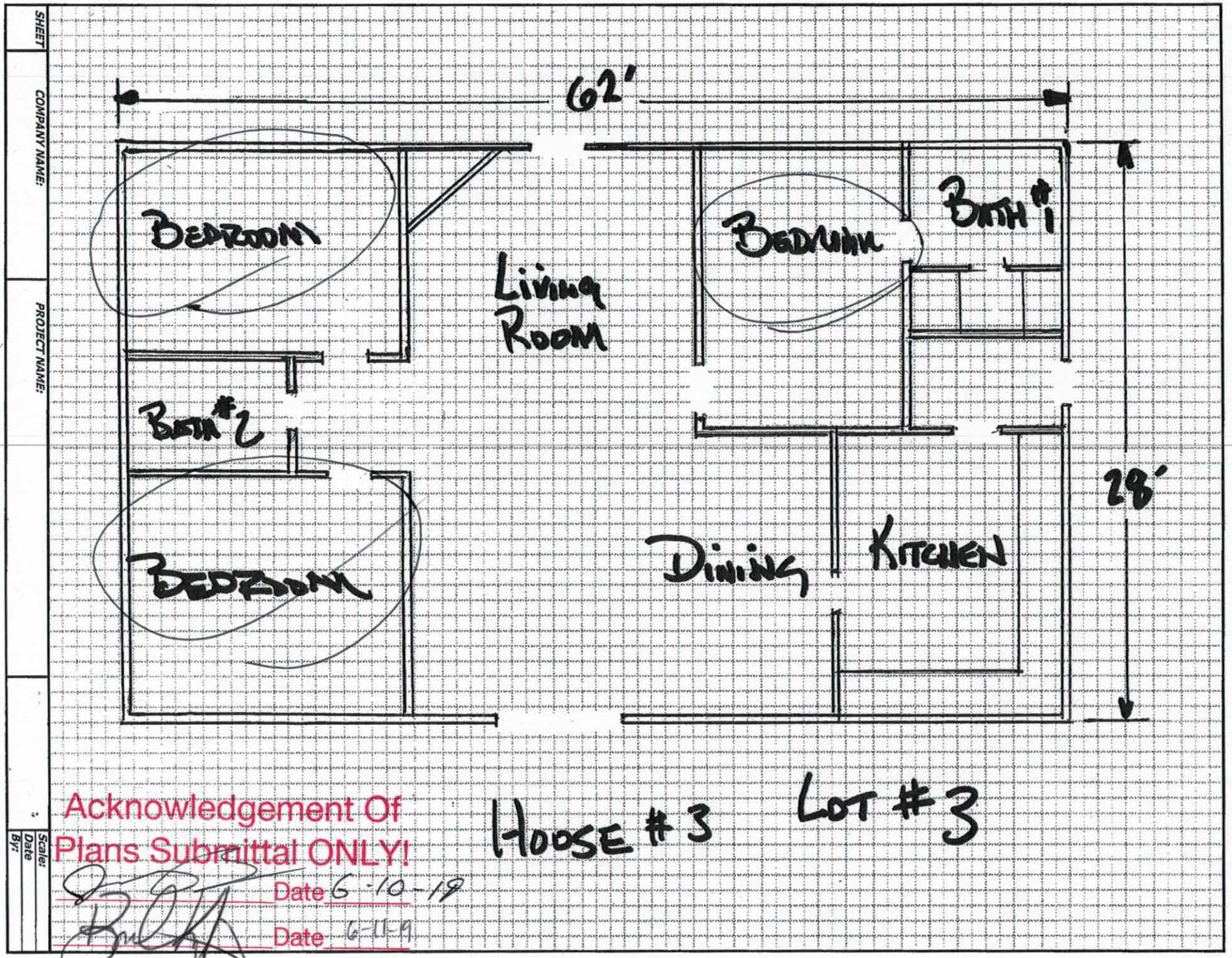
0 50 100 150

JORDAN GRANT
ENGINEERING • SURVEYING • PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
P.O. BOX 151 * STATESVILLE, NC 28687
mattg@jordan-grant.com (704) 928-7919
FIRM # P-1227

MINOR SUBDIVISION FOR:
Mia Estates

DRAWN BY: SMS	CHECKED BY: MIG
SCALE: 1"=50'	
DEED REF: 2595-2373	PIN NO: 4705-99-4942
DATE OF MAP: 01-01-19	SURVEY DATE: 01-01-19
REVISION:	DRAWING FILE: 20181207

4196 TAYLORSVILLE HIGHWAY - STATESVILLE, N.C. 28625
CONCORD TOWNSHIP — IREDELL COUNTY — NORTH CAROLINA



SHEET

COMPANY NAME:

PROJECT NAME:

Scale:

Date

By:

Acknowledgement Of
Plans Submittal ONLY!

Date 6-10-19

Date 6-11-19

HOUSE #3 LOT #3

IREDELL COUNTY

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

APPLICATION NUMBER
243896
Issue Date: 04/18/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4706905065.000	4198 TAYLORSVILLE HIGHWAY, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: KOEPNICK DONALD J+PEGGY C	Applicant: KOEPNICK DONALD J+PEGG
Address: 506 BROOKWOOD DR	Address: 506 BROOKWOOD DR
STATESVILLE, NC 28677	STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
DOUBLEWIDE	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	NOT	X

Remarks:

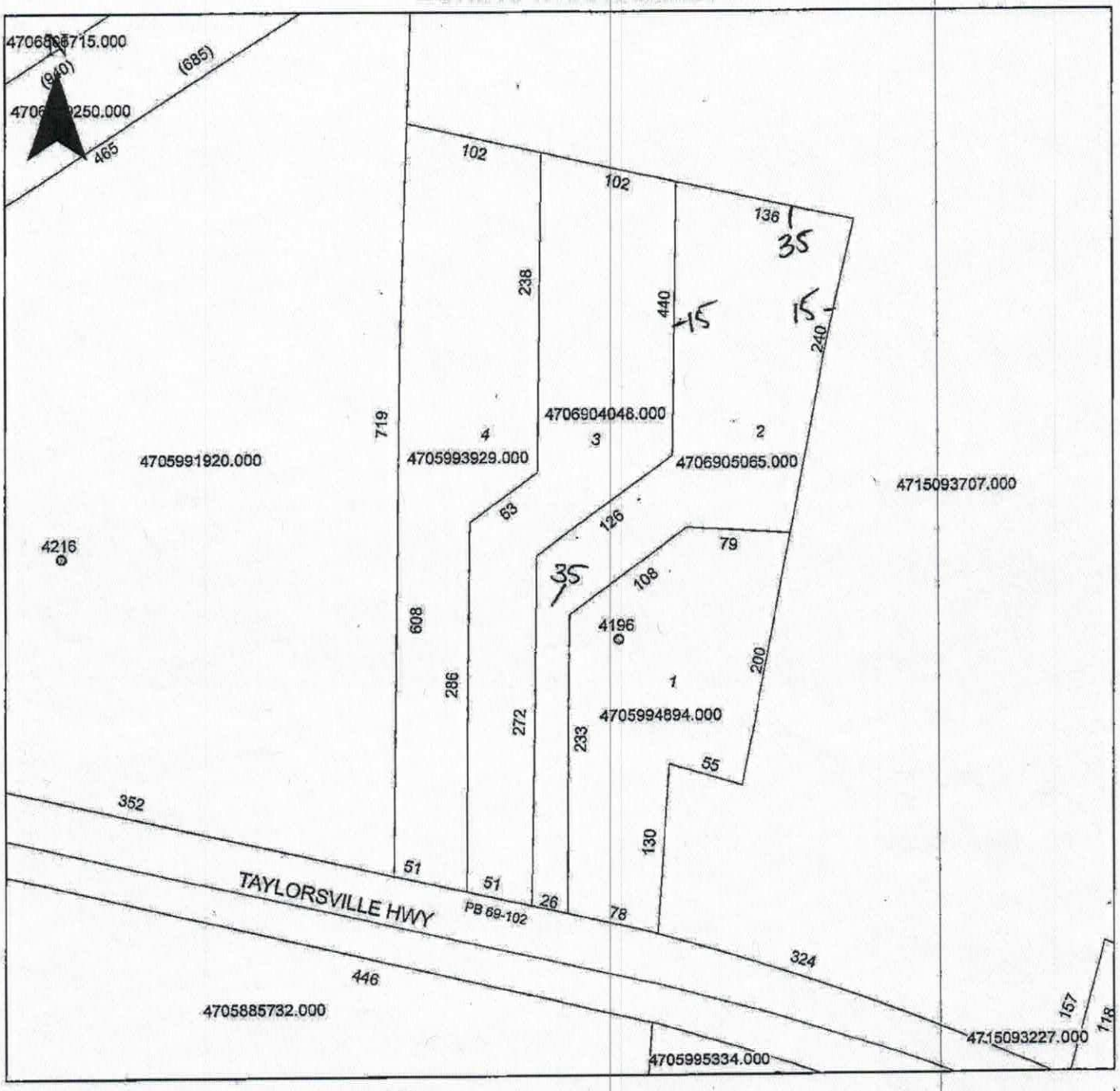
Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

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	174496	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 4198 Taylorsville

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.

X _____
Applicant

X 4-18-19
Date