ICHD - ENVIRONMENTAL HEALTH DIVISION

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

CW BldR # 2022-8619

PERMIT # AP-320555

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

PIN # 4711 -- 32 -- 3616

APPLICANT/OWNER: Thomas Neyrauch

APPLICANT ADDRESS: 28 Whispering Woods Rd 06424

SITE ADDRESS: 128 Laurel Ridge Dr. Statesville

PHONE: 860-881-7360 ALT. PHONE 860-881-7390

SITE DIRECTIONS: Buffalo Shoals Rd - (L) Laurel Cove - (R) Harbor Gate - (R) N. Harbor Watch (L) Laurel Ridge

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Harbor Watch

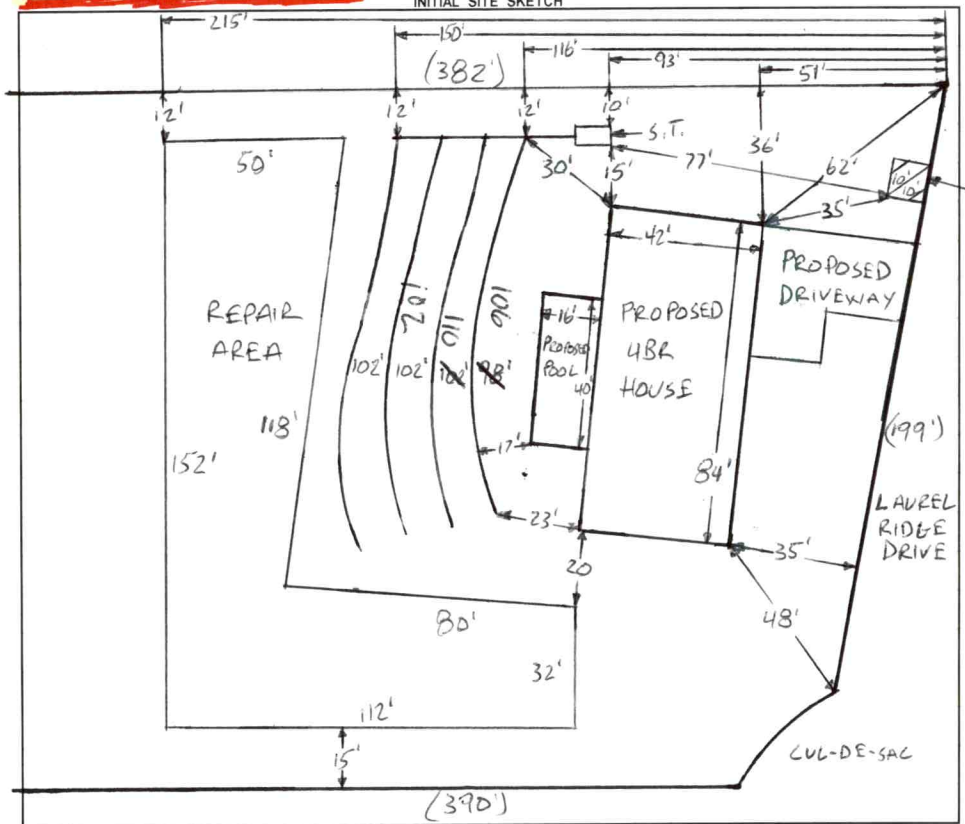
SECTION: 5 LOT # 114 LOT AREA: 2.155 DESIGN FLOW: 480gpd L.T.A.R.: .3 (R=.25)

Septic Tank	1000 (gal)	STB	1012	Date	3-15-23	☑ 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: 25% Reduction		☐ Business	No. Persons 8	☑ Private
Pump Make		Model		Serial #		Repair System Description: 25% REDUCTION		☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	400'	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	22 IN	Gravel Depth		☑ GRAVITY ☐ PRESSURE		☑ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON 9FT CENTERS, INSTALL ON CONTOUR UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 32IN MAX TRENCH DEPTH

* Deck was placed where proposed pool.

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.

1 IN = 50 FT

S.T. = SEPTIC TANK

Installed as drawn

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: Joel Kilcoyne Date: 11-2-22 Installed by: Scott's Grading

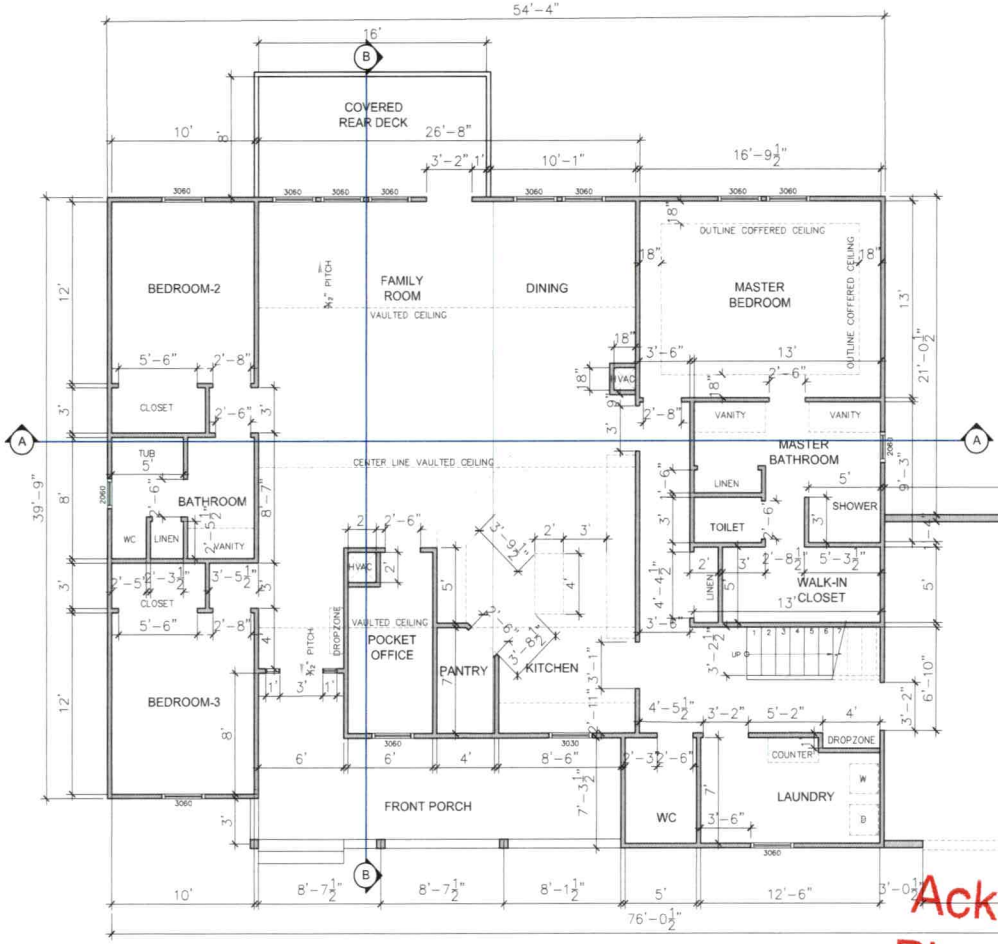
IMPROVEMENT PERMIT by: Burnett C. White Date: 11-2-2022 OPERATION PERMIT by: Matt Winn Date:

AUTHORIZATION TO CONSTRUCT by: Cory Hill Date: 11/2/22 Existing System Inspected by: Date:

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

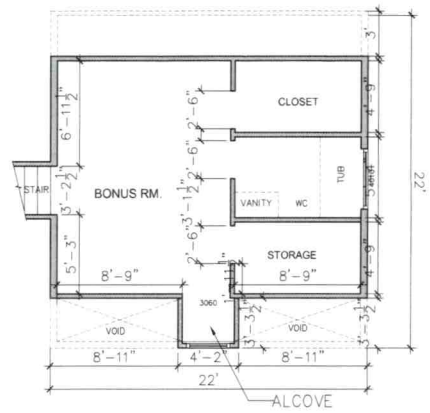
Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

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? _____	



FIRST FLOOR PLAN

SCALE: ⅛":1'



BONUS ROOM PLAN
ABOVE GARAGE

SCALE: ⅛":1'

Thomas A. Weyrauch

Acknowledgement Of Plans Submittal ONLY!

Joel Kilcoyne Date 11-2-22

GENERAL NOTES:

1. ALL DIMENSION ARE TO BE VERIFY ON SITE PRIOR TO CONSTRUCTION OF FABRICATIONS.

MATERIAL KEYING LEGEND:

1. WH AND HVAC TO BE LOCATED IN CRAWL SPACE.

KEY NOTES:

Rev.No.	Description	Date	Drawn by

PROJECT NAME:

PROPOSED RESIDENTIAL HOUSE

SHEET DESCRIPTIONS:

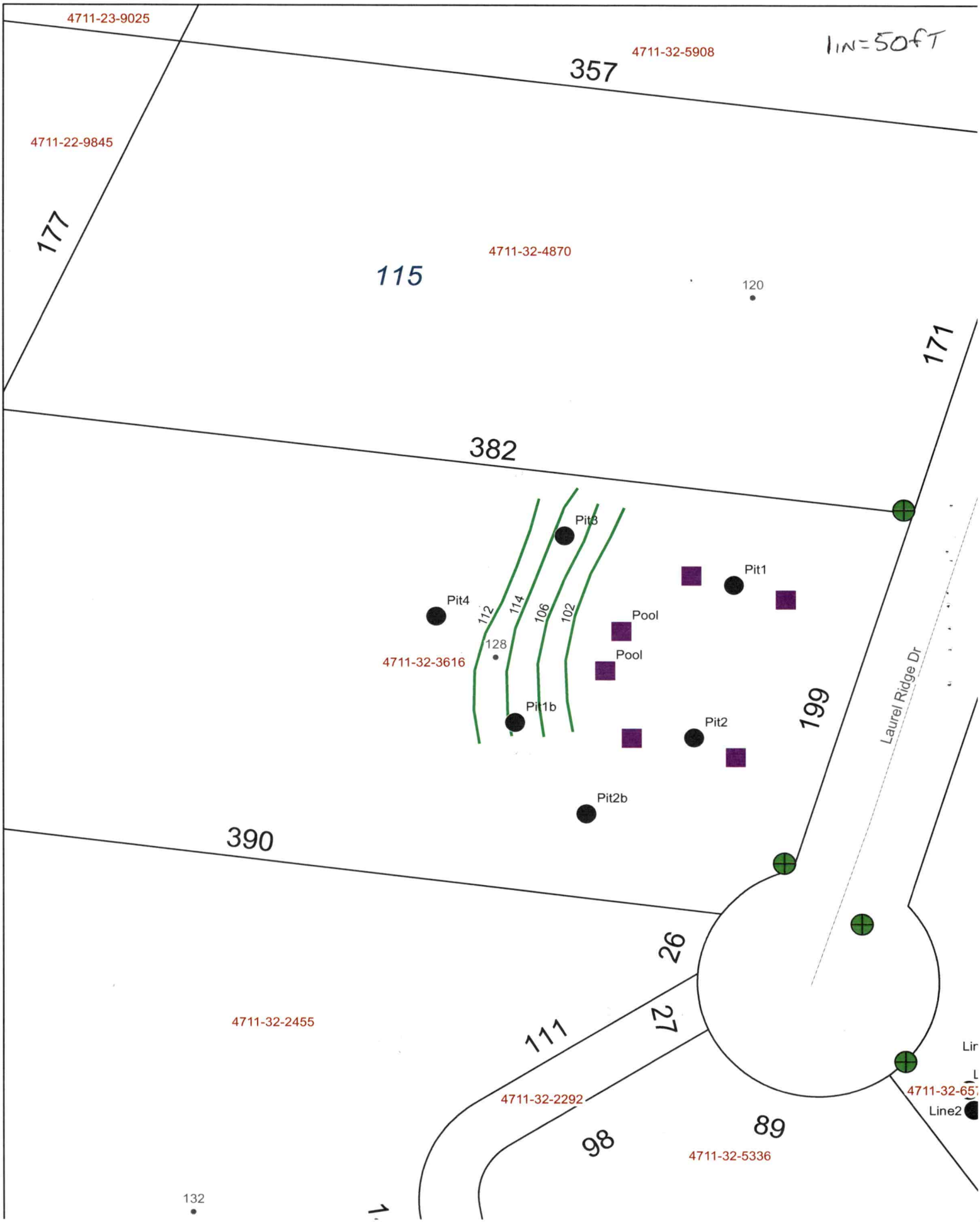
FIRST & BONUS FLOOR PLAN

JOB ADDRESS:

DRAWING BY:	CUSTOMER	SHEET NO:
PHONE NO.	JOB #	2.1
DRAWING DATE: 10-04-22		

DESIGN BY:

COPPER|ROCK HOMES


1IN=50FT
4711-23-9025
4711-32-5908
357
4711-22-9845
177
4711-32-4870
115
120
171
382
Pit3
Pit1
Pit4
112
114
106
102
Pool
128
4711-32-3616
Pool
Pit1b
Pit2
199
Laurel Ridge Dr
Pit2b
390
26
4711-32-2455
111
27
4711-32-2292
98
89
4711-32-5336
132
Line2

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

Sheet ____ *of* ____
PROPERTY ID #: _____
COUNTY: _____

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

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____

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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	NOSE	0-6	FILL MIXED CLEARED				PS		PS
	[redacted]	6-26	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT	[redacted]	II	NA	.3
B	[redacted] 10%	26-44	CL, WSBK	FR, SS, SP, SEXP					
		44-48	SAP, MAS	FR, NS, NP, SEXP		44"	2		
2	LINEAR SIDE	0-7	SCL, SBK	FR, SS, SP, SEXP	VIB MOTS THRU OUT				PS
	[redacted]%	7-28	C, ABK	FR, S, P, SEXP		48"+	NA	NA	.25
B	17	28-48	CL, WABK	FI, SS, SP, SEXP					ABOVE 36" TRENCH DEPTH
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____
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) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None	None	EFI (Extremely Firm)	

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

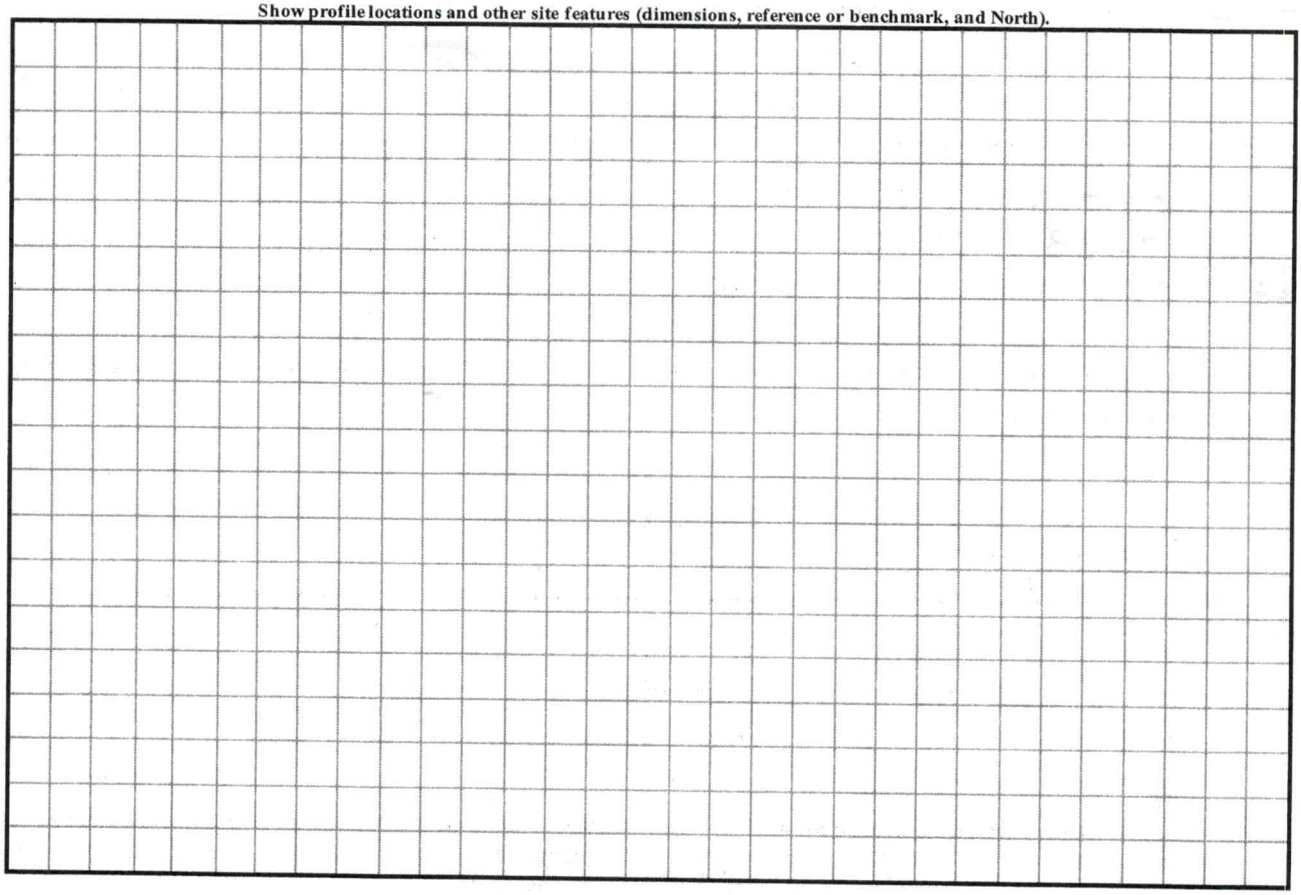
NOTES

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).



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

Lot to be cleared

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Tuckett

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

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 10-22-21
PROPOSED FACILITY: 4 BR PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: 6ac
LOCATION OF SITE: 130 Laurel Ridge 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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1		0-6	SBK CL						A .3
		6-36	SBK C						
		36-48	SBK CL						
2		0-6	SCL SBK						PS .3
		6-24	C SBK						
		24-44	CL SBK						
		44-48	SAP						
3		0-6	SBK SCL						A .3
		6-24	SBK C						
		24-48	SBK CL						
4		0-6	SBK SCL						PS .3
		6-24	SBK C						
		24-48	SBK CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____

LEGEND

use the following standard abbreviations

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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.

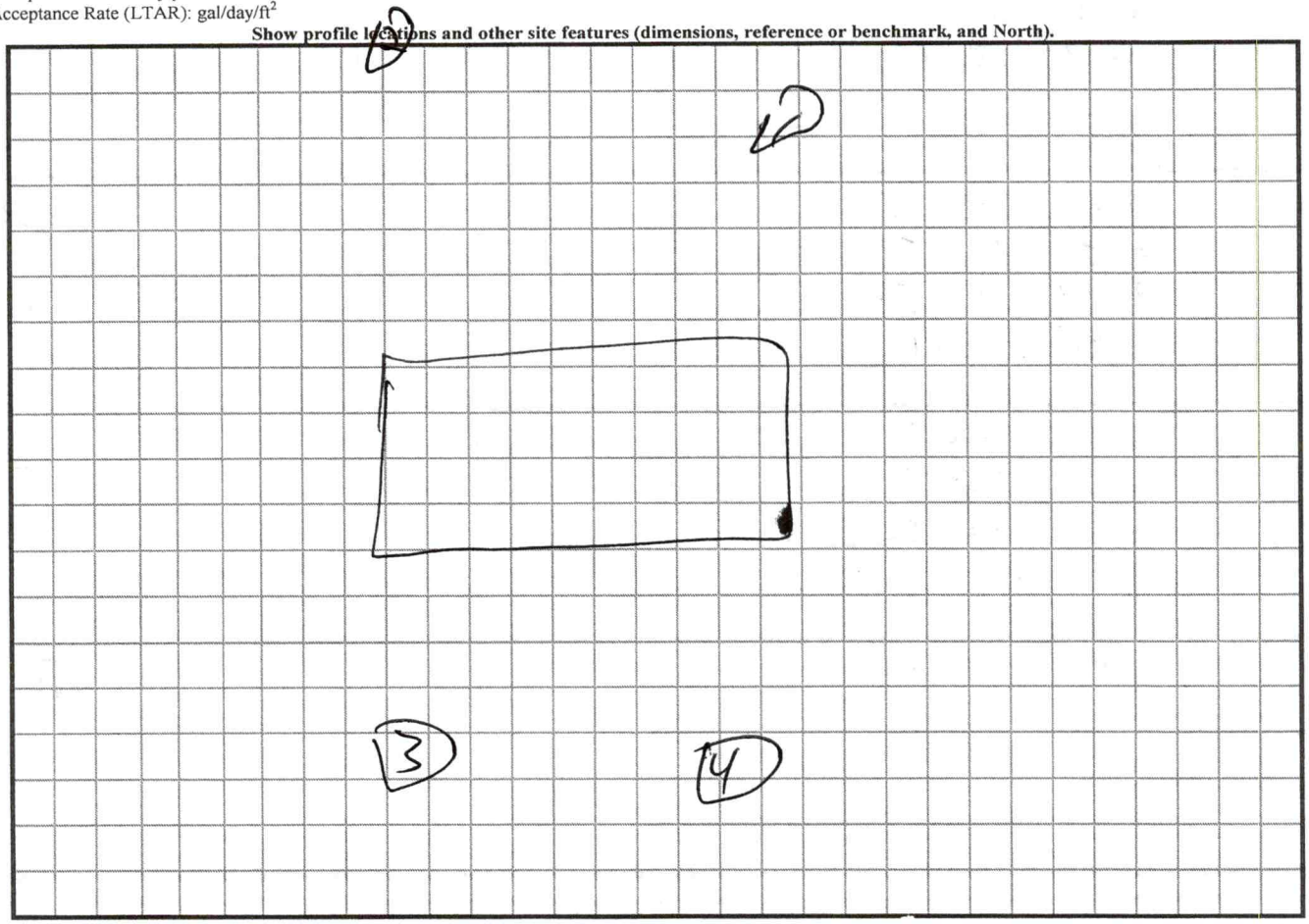
NOTES

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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).



Canal Ridge

RECEIVED AUG 17 2021

DigiSign Verified: 85B66BC7-97AD-4659-A0C7-6B323B78E13C

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-320555 $500.00

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: ( ) 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: Thomas Weyrauch **Address:** 28 Whispering Woods Road **Zip:** 06424

Applicant Email: tweyr88@gmail.com **Phone:** 860-881-7360 **Alt. Phone:** 860-881-7390

Owner Name: JON LESAN ANGELA YARBOROUGH **Address:** 3415 PLANTERS LANE JACKSONVILLE NC 3415 PLANTERS LANE JACKSONVILLE NC **Zip:** 28540

Owner Email: DLESAN85@ICLOUD.COM DLESAN@EC.RR.COM **Phone:** 9103461105 28540 **Alt. Phone:** 9103461105

Property Information: 128

Street Address: 130 Laurel Ridge Drive Statesville, NC 28677

Subdivision Name: Harbour Watch **Section/Phase:** _____ **Lot Number:** 114

Driving Directions: _____

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:** _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
(x) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(x) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: **Type of Business:** _____
Square Footage of Building: _____ **Max. Number of Employees:** _____ **Max. Number of Seats/Beds/Other:** _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well **Number of Houses:** _____ **Number of Persons:** _____
(x) 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:** _____
(x) 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: Thomas Weyrauch
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8/16/2021
DATE

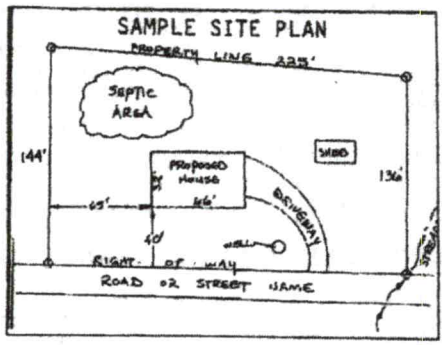
DigiSign Verified: 85B66BC7-97AD-4659-A0C7-6B323B78E13C

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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 PERMIT!!!



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

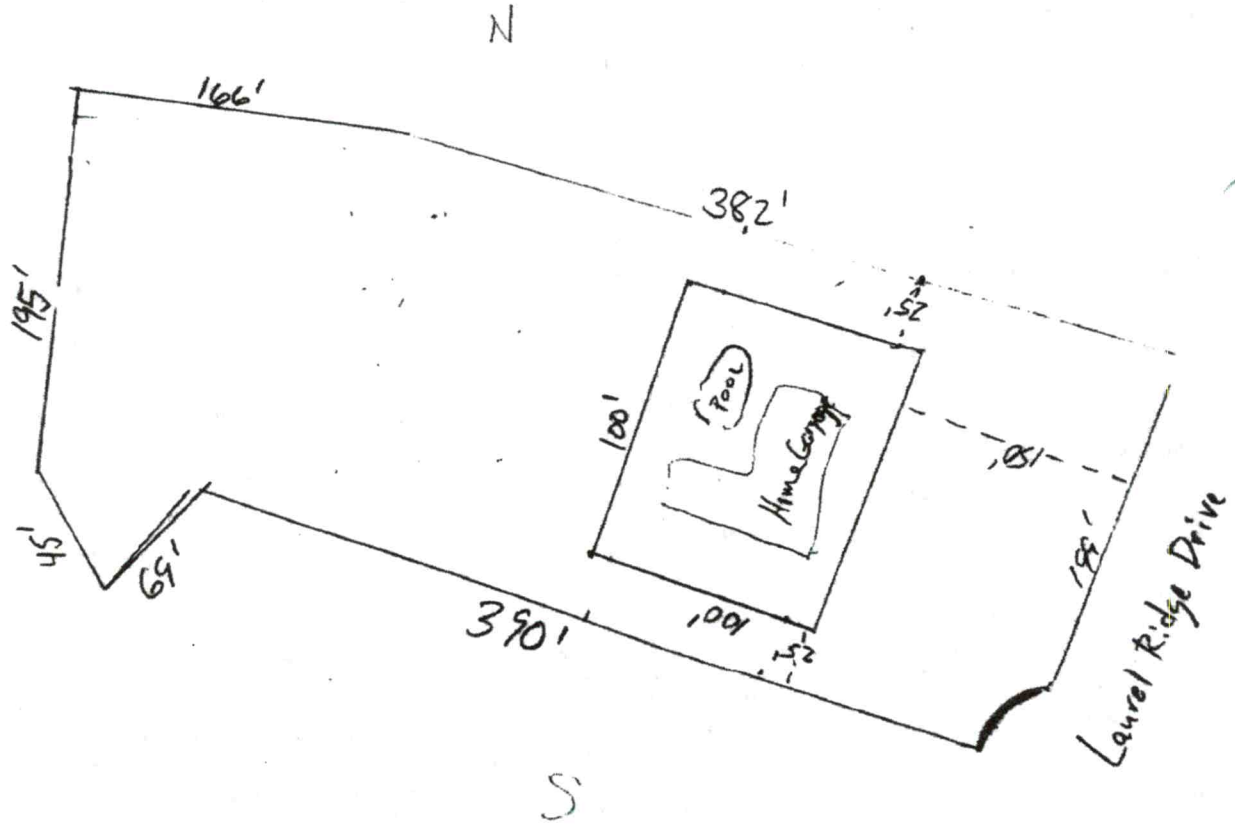
( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location and well location**
( ) **Area you prefer your septic system to be placed**
( ) **North arrow, or other sufficient 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



Signature: Thomas Weysauch

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

8/16/2021

DATE

DigiSign Verified: 85B66BC7-97AD-4659-A0C7-6B323B78E13C

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, ANGELA YARBOROUGH JON LESAN, am the legal owner(s) of the property located at 128 Laurel Ridge Drive #114, Statesville NC 28677, identified as PIN (Parcel Identification Number) 4711-32-3616.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Thomas Weyrauch, Sue Zimmerman, 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.

Jon Lesan Angela Yarborough
Signature of Owner(s)

08-10-2021 1:41 PM EDT 08-10-2021 1:39 PM EDT
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

DigiSign Verified: 85B66BC7-97AD-4659-A0C7-6B323B78E13C

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

TW **Complete all Environmental Health forms**:

TW Application

TW Site Plan including the dimensions of proposed structure, addition, pool etc.

TW Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)

TW Copy of Zoning Permit when applicable

TW Sign this sheet after you have completed all items

TW **Lot must be cleared of heavy undergrowth**. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

TW **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

TW **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted**. The proposed structure, etc. must be staked out on the property as per the site plan.

TW **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Thomas Weyrauch **Date** 8/16/2021

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY · NC

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

APPLICATION NUMBER
320555
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4711323616.000		Iredell County

Owner Information	Applicant Information
Name: LESAN JON D+ANGELA W YARBOROUG	Name: Thomas Weyrauch
Address:	Address: 28 Whispering Woods Rd
	East Hampton, CT 06424
Phone:	Phone: (860)881-7360

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.155	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
sfd 130 Laurel Ridge Dr new address/need disclaimer

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: 08/17/2021

Permit Number	320555	TOTAL FEES:	$77.25

DigiSign Verified: 85B66BC7-97AD-4659-A0C7-6B323B78E13C

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

Residential Zoning Permit Application

What are you building? (Please check)

Stick built X Modular ___ Duplex ___ Singlewide ___ Doublewide ___ Pier ___ Addition ___ Bedroom addition ___

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

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? 3-4 and stories? 1.5

If an addition, please describe project: ___

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): (2400-2800 sqft)

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 ANGELA YARBOROUGH JON LESAN Phone # 9103461105 9103461105

Owner's Current Address 3415 PLANTERS LANE JACKSONVILLE, NC 28540 3415 PLANTERS LANE JACKSONVILLE NC 28540

Property Information

Property Address 128 Laurel Ridge Drive Statesville, NC 28677 Parcel # 4711-32-3616.000

Subdivision: Harbour Watch Lot: 114 Zoning: ___ Watershed: Y or (N) Flood Plain: Y or (N) Township: Statesville

Directions to property (from a MAIN ROAD) ___

Application Information

Applicant's Name or Company Thomas Weyrauch Applicant's Phone # 860.881.7360

Applicant's Address 28 Whispering Woods Road, East Hampton, CT 06424

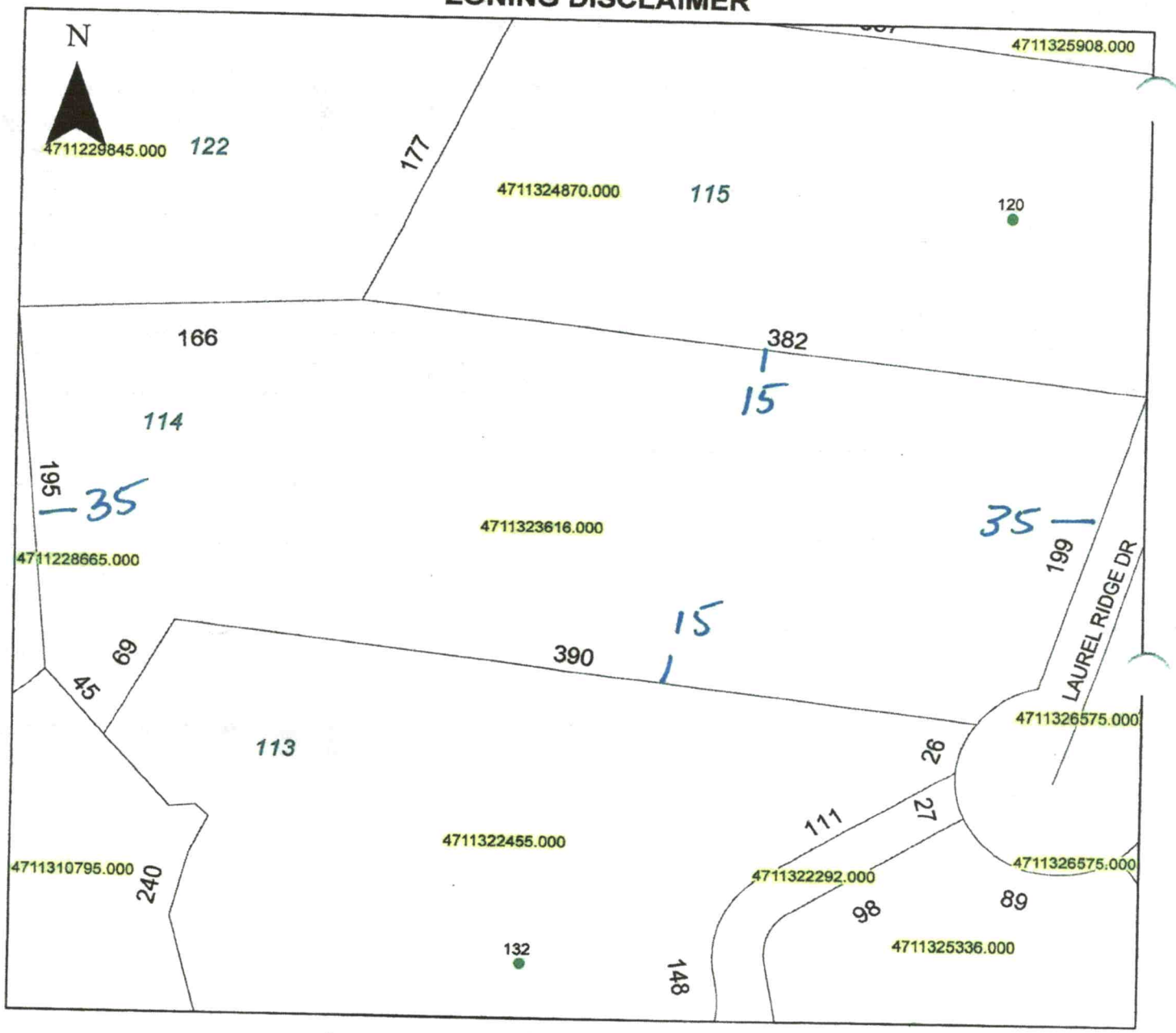
If Company, Representative's Name and Title ___

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 ZONING 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 Thomas Weyrauch DATE 08/09/2021

2.155
RA
WBIVCALN
NO

ZONING DISCLAIMER



Property Address 130 Laurel Ridge

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.

Applicant

Date

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
WEB14407

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$803.85**
AP-320555 Address: APN: 4711323616.000			**$803.85**
BUILDING			$85.00
COMPLET BUILDING PERMIT FEE	104562-460000	0	$75.00
HOMEOWNER RECOVERY FEE-COUNTY	104562-460100	0	$1.00
HOMEOWNER RECOVERY FEE-STATE	104562-460110	0	$9.00
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
ELECTRICAL			$75.00
TEMPORARY POWER	104562-460000	0	$75.00
EROSION CONTROL			$61.80
RESIDENTIAL GRADING PERMIT	104563-460004	0	$60.00
TECH FEE GRADING	104563-460450	0	$1.80
TECHNOLOGY FEE			$4.80
TECH FEE TEMP POWER	104562-460450	0	$2.25
TECH FEE BUILDING	104562-460450	0	$2.55
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
TOTAL FEES PAID BY RECEIPT:WEB14407			**$803.85**

Date Paid: Tuesday, August 17, 2021

Paid By: Thomas Weyrauch

Cashier: EPRS

Pay Method: CREDIT 09017P

RECEIVED AUG 17 2021

DigiSign Verified: 85B66BC7-97AD-4659-A0C7-6B323B78E13C

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-320555 $500.00

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: ( ) 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: Thomas Weyrauch **Address:** 28 Whispering Woods Road **Zip:** 06424

Applicant Email: tweyr88@gmail.com **Phone:** 860-881-7360 **Alt. Phone:** 860-881-7390

Owner Name: JON LESAN ANGELA YARBOROUGH **Address:** 3415 PLANTERS LANE JACKSONVILLE NC 3415 PLANTERS LANE JACKSONVILLE NC **Zip:** 28540

Owner Email: DLESAN85@ICLOUD.COM DLESAN@EC.RR.COM **Phone:** 9103461105 28540 **Alt. Phone:** 9103461105

Property Information:

Street Address: 130 Laurel Ridge Drive Statesville, NC 28677

Subdivision Name: Harbour Watch **Section/Phase:** _____ **Lot Number:** 114

Driving Directions: _____

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: _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
(x) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(x) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

(x) 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: _____
(x) 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: Thomas Weyrauch 8/16/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

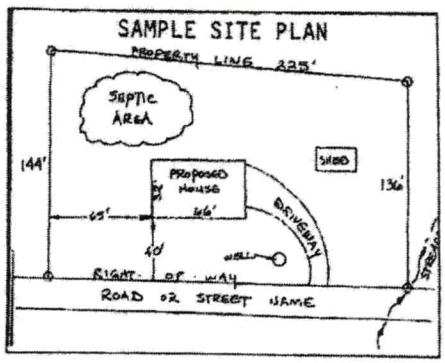
DigiSign Verified: 85B66BC7-97AD-4659-A0C7-6B323B78E13C

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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 PERMIT!!!



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

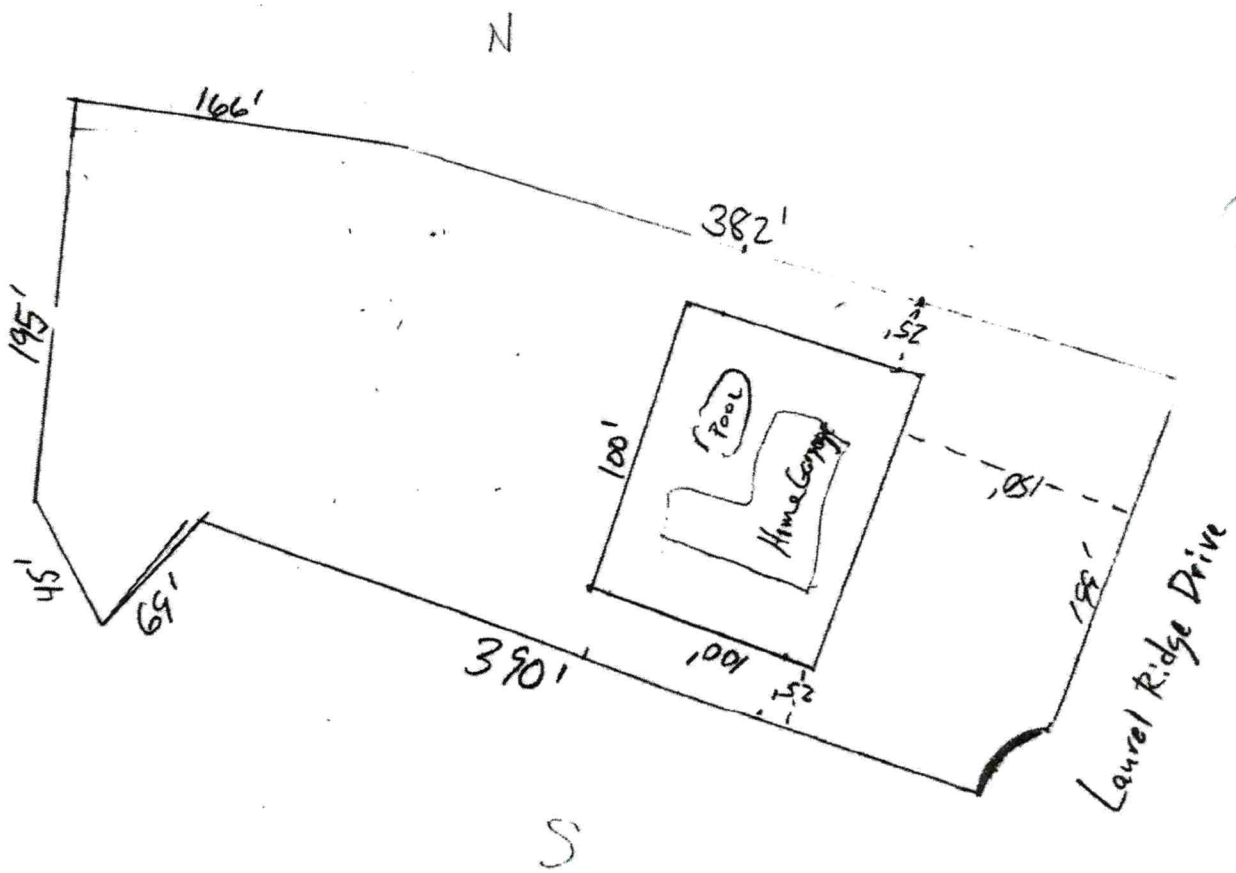
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator 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



Signature: Thomas Weyrauch

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

8/16/2021

DATE

DigiSign Verified: 85B66BC7-97AD-4659-A0C7-6B323B78E13C

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

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, ANGELA YARBOROUGH JON LESAN, am the legal owner(s) of the property located at 128 Laurel Ridge Drive #114, Statesville NC 28677, identified as PIN (Parcel Identification Number) 4711-32-3616.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Thomas Weyrauch Sue Zimmerman, 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.

Jon Lesan Angela Yarborough
Signature of Owner(s)

08-10-2021 1:41 PM EDT 08-10-2021 1:39 PM EDT
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

DigiSign Verified: 85B66BC7-97AD-4659-A0C7-6B323B78E13C

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ***

TMW **Complete all Environmental Health forms**:

- TMW Application
- TMW Site Plan including the dimensions of proposed structure, addition, pool etc.
- TMW Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- TMW Copy of Zoning Permit when applicable
- TMW Sign this sheet after you have completed all items

TMW **Lot must be cleared of heavy undergrowth**. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

TMW **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

TMW **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted**. The proposed structure, etc. must be staked out on the property as per the site plan.

TMW **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

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Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Thomas Weyrauch **Date** 8/16/2021

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY · NC

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

APPLICATION NUMBER
320555
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4711323616.000		Iredell County

Owner Information	Applicant Information
Name: LESAN JON D+ANGELA W YARBOROUG	Name: Thomas Weyrauch
Address:	Address: 28 Whispering Woods Rd
	East Hampton, CT 06424
Phone:	Phone: (860)881-7360

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.155	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
sfd 130 Laurel Ridge Dr new address/need disclaimer

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: 08/17/2021

Permit Number	320555	TOTAL FEES:	$77.25

DigiSign Verified: 85B66BC7-97AD-4659-A0C7-6B323B78E13C

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

Residential Zoning Permit Application

What are you building? (Please check)

Stick built X Modular ___ Duplex ___ Singlewide ___ Doublewide ___ Pier ___ Addition ___ Bedroom addition ___

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

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? 3-4 and stories? 1.5

If an addition, please describe project: ___

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): (2400-2800 sqft)

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 ANGELA YARBOROUGH JON LESAN Phone # 9103461105 9103461105

Owner's Current Address 3415 PLANTERS LANE JACKSONVILLE, NC 28540 3415 PLANTERS LANE JACKSONVILLE NC 28540

Property Information

Property Address 128 Laurel Ridge Drive Statesville, NC 28677 Parcel # 4711-32-3616.000

Subdivision: Harbour Watch Lot: 114 Zoning: ___ Watershed: Y or (N) Flood Plain: Y or (N) Township: Statesville

Directions to property (from a MAIN ROAD) ___

Application Information

Applicant's Name or Company Thomas Weyrauch Applicant's Phone # 860.881.7360

Applicant's Address 28 Whispering Woods Road, East Hampton, CT 06424

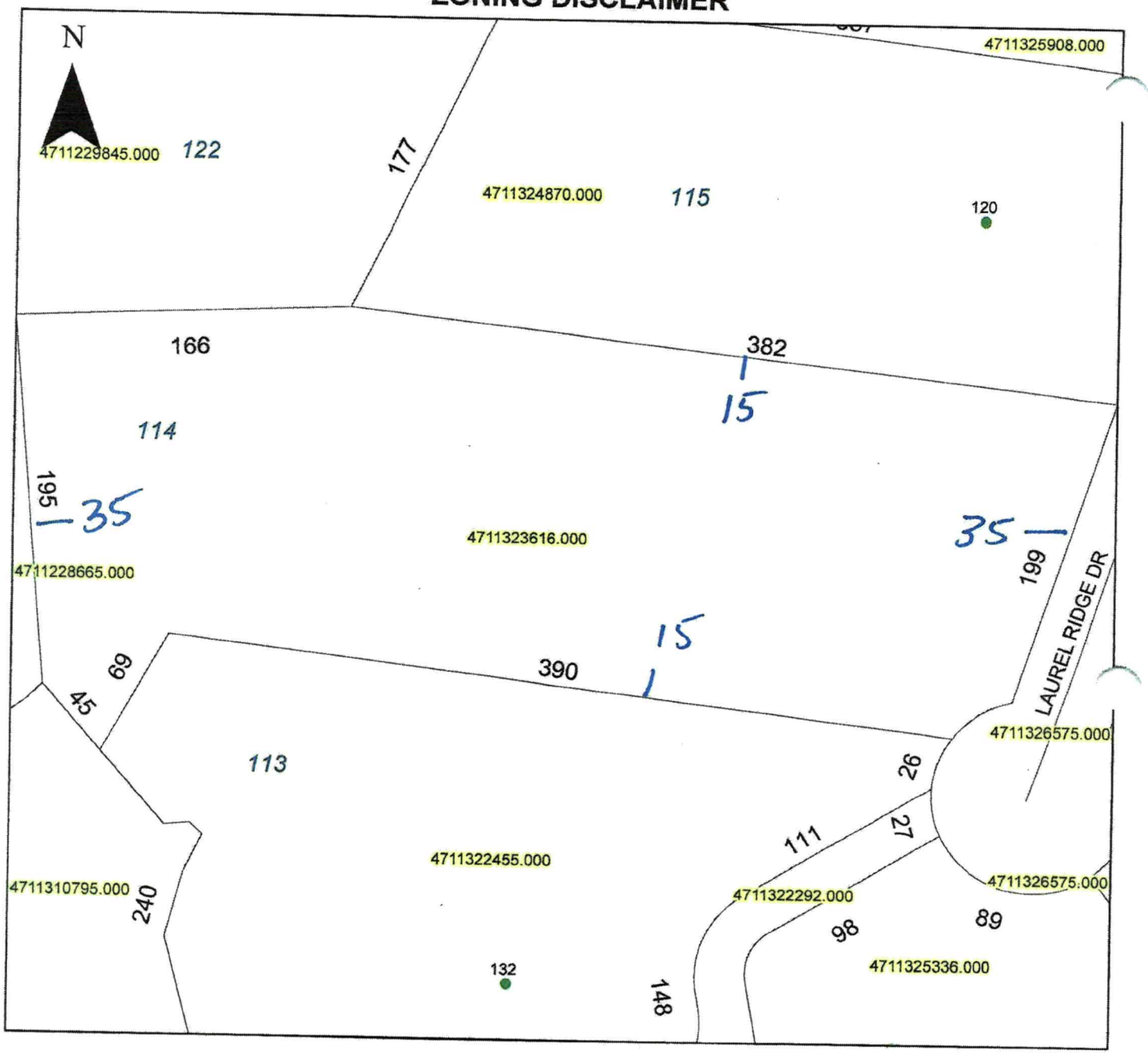
If Company, Representative's Name and Title ___

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 ZONING 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 Thomas Weyrauch DATE 08/09/2021

2155
RA
WBVICALW
ND

ZONING DISCLAIMER



Property Address 130 Laurel Ridge

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.

Applicant

Date

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
WEB14407

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$803.85**
AP-320555 Address: APN: 4711323616.000			**$803.85**
BUILDING			$85.00
COMPLET BUILDING PERMIT FEE	104562-460000	0	$75.00
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GRAVITY SYSTEM	10492751-447004	0	$500.00
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EROSION CONTROL			$61.80
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TECH FEE GRADING	104563-460450	0	$1.80
TECHNOLOGY FEE			$4.80
TECH FEE TEMP POWER	104562-460450	0	$2.25
TECH FEE BUILDING	104562-460450	0	$2.55
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
TOTAL FEES PAID BY RECEIPT:WEB14407			**$803.85**

Date Paid: Tuesday, August 17, 2021

Paid By: Thomas Weyrauch

Cashier: EPRS

Pay Method: CREDIT 09017P

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Tom Weyandt, am the legal owner(s) of the property located at 128 Laurel Ridge Drive, identified as PIN (Parcel Identification Number) 4711323616, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Joshua Kilcoyne, Carolina Log Homes & Cabins LLC 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.

Thomas A Weyandt 10/25/22 — Signature of Owner(s) / Date

J C Lyon 10-25-22 — Signature of Witness / Date

Please return this signed form to the appropriate office:

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