IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 208323

APPLICANT: Jamie + Dani Folsom

PIN # 4712449628 9342 ✓

SITE ADDRESS: ✓237 Low Ln - Statesville NC 28677

APPLICANT ADDRESS: 116 Powderhorn Rd Mooresville NC

SITE DIRECTIONS: Buffalo Shoals T/R Eutola T/R Low Ln Lot at end of Low Ln

PHONE: 704-902-8667 ALT. PHONE: 704-239-3693

SUBDIVISION: ~~Judy Duncan~~ N/A

SECTION: ~~N/A~~ LOT # 2 ~~N/A~~ LOT AREA: 10ac DESIGN FLOW: 360 L.T.A.R.: 0.2

Septic Tank	900G (gal)	STB	760	Date	3-24-15
Pump Tank	~~N/A~~ (gal)	PT	~~N/A~~	Date	~~N/A~~
Pump Make	~~N/A~~	Model	36V/10K	Serial #	12-68
# Nitrification Fields	1	# Lines	6	Linear Ft:	450
Trench Width	36"	Max. Trench Bottom Depth	18"	Gravel Depth	N/A

[X] New System [ ] Repair [ ] Expansion System Type: I II [III] IV V VI

System Description: 25% Reduction

Repair System Description: ES-1 Drip

Maintenance Agreement Required: [ ] YES [X] NO

[X] GRAVITY [ ] PRESSURE

[X] Residence [ ] Business [ ] Other [ ] Slab [ ] Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees [X] Crawl Space

Water Supply: [X] Private [ ] Public [ ] Community

[ ] Basement w/o plumbing

Comments / Conditions: Install per plan by S+ME

INITIAL SITE SKETCH

See plan by S+ME

AS BUILT SKETCH

Installed Arc 36 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. [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: Jamie Folsom

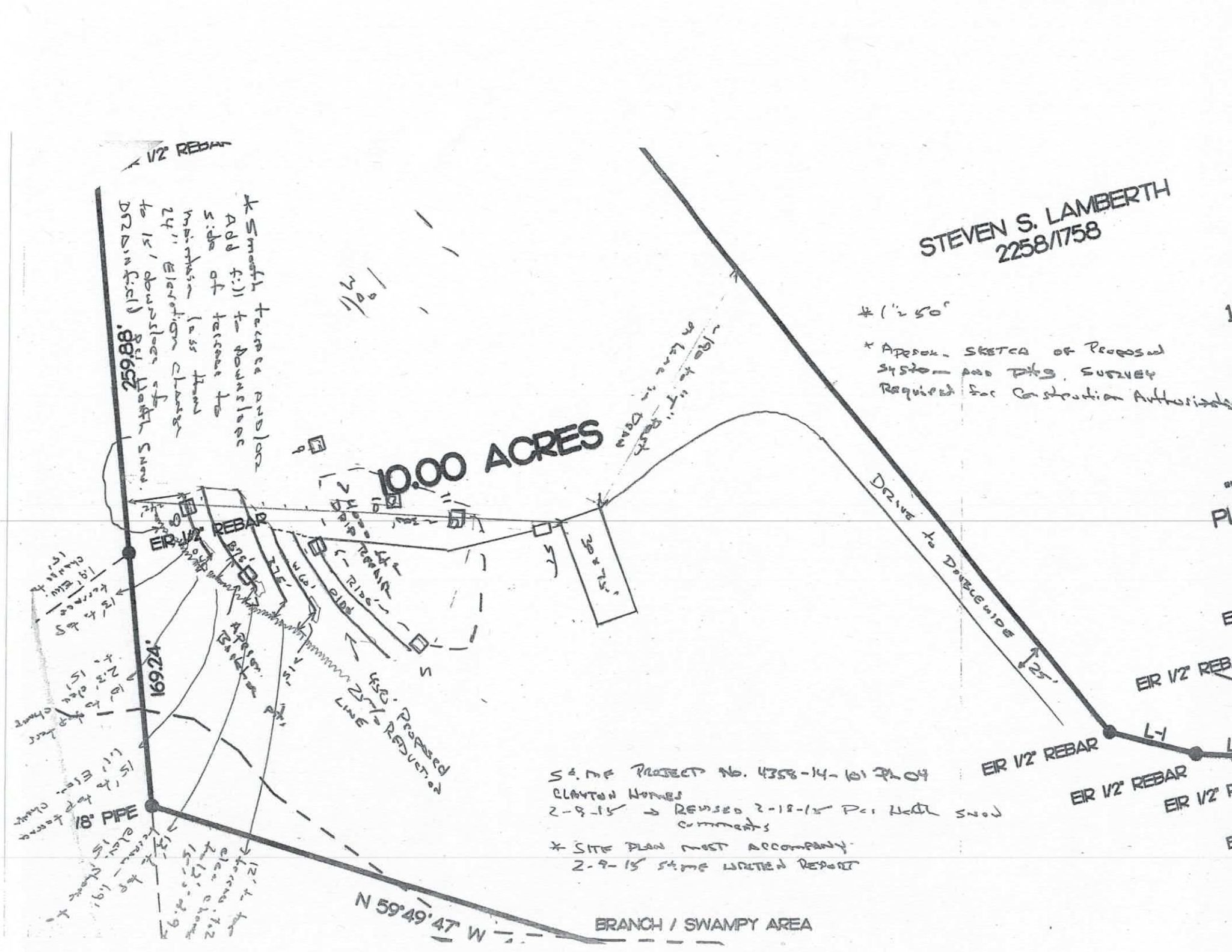
IMPROVEMENT PERMIT by: [signature] Date: 2/25/15

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 02/23/15

Installed by: Abee's Grading

OPERATION PERMIT by: [signature] Date: 06/18/15

Existing System Inspected by: Date: 02/23/15


STEVEN S. LAMBERTH
2258/1758
10.00 ACRES
259.88'
169.24'
EIR 1/2" REBAR
EIR 1/2" REBAR
EIR 1/2" REBAR
EIR 1/2" REBAR
18" PIPE
N 59°49'47" W
BRANCH / SWAMPY AREA
Drive to Doublewide
25'
450' Proposed Zone Line Reduction
Ridge
SMF PROJECT NO. 4358-14-101 & 04
CLAYTON HOMES
2-9-15 → REVISED 2-18-15 PER NCDOT SWAP comments
* SITE PLAN MUST ACCOMPANY 2-9-15 SMF LIMITED REPORT
* 1" = 50'
* APPROX. SKETCH OF PROPOSED SITE — ADD'L D&S SURVEY Required for Certain Authorities

February 9, 2015

Clayton Homes #072
2026 Northside Drive
Statesville, North Carolina 28625

Attention: Ms. Deena Abee

Reference: **Technical Assistance with Septic Permitting**
Iredell County Parcel Number 4712449628.000
10.0 Acre Parcel
237 Low Lane - Proposed Doublewide Site
Iredell County, North Carolina
S&ME, Inc. Project No. 4358-14-101, Phase 04

Dear Ms. Abee:

S&ME, Inc (S&ME) has provided technical assistance to obtain a possible new, three bedroom septic system permit on the above referenced parcel from the Iredell County Health Department (ICHD). The technical assistance was performed in general accordance with S&ME Proposal No. 43-1500104 dated January 26, 2015.

Attached is the Application for the Septic Improvement Permit, the Zoning Permit, and the ICHD Fast Track requirements presented to the ICHD on your behalf. You are requesting a three bedroom Improvement Permit for a new mobile home. We understand Ms. Judy Overcash is purchasing the property and will then deed an approximate one acre tract for her daughter to place a three bedroom double wide mobile home. This report discusses the Septic Improvement Application for the proposed double wide mobile home.

Mr. Paul Penninger with S&ME has provided soil science consulting services to evaluate the proposed site and flag the proposed septic system. The Overcash family approved the proposed home and septic system location. A survey site plan showing the location of the proposed home, backhoe pits, and flagged septic system must be provided to the ICHD prior to a Construction Authorization being issued. The double wide tract must also be recorded prior to the ICHD issuing the Construction Authorization.

Seven backhoe pits were dug by your backhoe in the proposed septic area and the proposed septic lines were flagged with a laser level and wire pin flags by S&ME. The surveyor located the parcel corners. The proposed house, backhoe pits, and primary septic lines were approximately sketched on the attached site plan by S&ME. The proposed primary septic system is a gravity 25 Percent Reduction System and the required 100 percent repair area is

a TS-I Pretreatment Drip System. If required, the repair area can be re-evaluated as an ultra-shallow conventional or 25 Percent Reduction System.

Once the septic area is permitted, it should be fenced off for protection during home construction. Access to the lot should only be by the proposed drive. There shall not be cuts of 2 feet or greater within 15 feet of any part of the permitted septic system and stormwater should be diverted from the drainfield. No fill material shall be placed over the drainfield. Install the system under dry soil conditions.

S&ME appreciates the opportunity to provide these services to you. The attached information is not an Improvement Permit or Authorization to Construct and is only to assist you and the ICHD with the Fast Track site evaluation. The ICHD may show any changes or modifications they want to the proposed system on the report or attached site plan. The ICHD must approve each lot and only the ICHD can issue these permits. The ICHD should verify all soils and system specifications, required setbacks, and whether a professional engineer plan is required before permitting and/or septic system installation. Soil evaluations and system layouts are done based on interpretations of the rules governing wastewater treatment and disposal systems and are not guarantees for site approval or future septic system performance.

If you have any questions or require additional information please contact us at your convenience.

Sincerely,

S&ME, Inc.

Paul G. Penninger, L.S.S.
Soil Scientist

Rob Willcox, L.S.S.
Senior Project Manager / Soil Scientist

Attachments:

1. ICHD Improvement Permit Application and Zoning Permit
2. Proposed Site Plan, System Information, Floor Plan, and Soil Profile Descriptions

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

Sheet 1 of 2
PROPERTY ID #:
COUNTY:

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

HS

OWNER: Clayton Homes #072 APPLICATION DATE: February 9, 2015
ADDRESS: 2026 Northside Drive, Statesville, NC
PROPOSED FACILITY: 3 bdr mobile home PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 255 Low Lane, Statesville, NC
WATER SUPPLY: Private Public Well Spring Other
EVALUATION METHOD: Auger Boring Pit Cut
TYPE OF WASTEWATER: Sewage Industrial Process Mixed

DATE EVALUATED: 2-3-15
PROPERTY SIZE: 10 acre total parcel
PROPERTY RECORDED:

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	N ~5-10%	0-9	wsbk-sl	fr ss/ss	br				PS .2 - .25 to 39"
		9-39	sbk/mabk c	fi s/p	red-f 10YR 5/8, gmottles				
		39-48	sbk/mabk c	fi s/p	c 10YR 5/8, c gmottles				
					(-)	39"	(-)	~39"	
6	4N ~5-6%	0-3	wsbk sl	fr ss/sp	red br				PS .2 to 34"
		3-24	msbk c	fi s/p	7.5YR 4/6				
		24-34	sbk/mabk c	fi s/p	red-f 10YR 4/8				
		34-48	similar - poor		structure c gmottles, 10YR 5/6				
					(-)	34"	(-)		
7	N ~5-10%	5-16	wsbk sl	fr ss/sp	red br				PS .25 to 39"
		16-39	msbk c	fi s/p	red-f 4-11	br			
		pit dry 39"	BGS						
					(-)	39"	(-)	(-)	
7	4N 5-10%	0-6	wsbk sl	fr s/p	br				PS .25 to 39"
		6-39	msbk c	fi s/p	red-f wx 4				
		39-48	red	∩ + wx					
						39"	(-)		

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	TSI Drip
Site LTAR	.2	.1

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: RGP
OTHER(S) PRESENT: * must be approved by local

COMMENTS:

Updated February 2014

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

Sheet 2 of 2
PROPERTY ID #:
COUNTY:

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

OWNER: Clayton Homes #072 APPLICATION DATE: February 9, 2015
ADDRESS: 2026 Northside Drive, Statesville, NC DATE EVALUATED: 2-3-15
PROPOSED FACILITY: 3 bdr mobile home PROPOSED DESIGN FLOW (.1949): PROPERTY SIZE: 10 acre total parcel
LOCATION OF SITE: 235 Low Lane, Statesville, NC 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) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
9	N 5=(8	0-8	wsbk sl	fr ss/sp	br				PS .2 to 31"
		8-31	sbk/abk c	fr s/p	red f	4-17 br		22-31"	
		31-48	abk c	fi s/p	→ red w/ prom				
					AND	c mott			
					②	31"	①		
10	N ~5%	0-8	wsbk sl	fr ss/sp	br w/				PS .2 ultra-shallow trench
		8-28	sbk/abk c	fr s/p					
		28-40	abk c	w/ prom					
11	N ~5%	0-11	wsbk sl	fr ss/sp	br				PS .25 to ~31-36
		11-31(36)	sbk/abk c	fi s/p	red f 10YR 5/6 & 2.5Y 7/2 f gnds				
		36+	prom	shattered	c red mott, c gnds				

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: PES
OTHER(S) PRESENT: must be reviewed by KND

COMMENTS:

Clayton Homes #072 - 237 Low Lane Fast Track Summary
S&ME Project No. 4358-14-101 Phase 04 (February 9, 2015)

Number of Bedrooms	3
Basement or Crawl	Crawl
Design Flow (gpd)	360
LTAR (gpd/sqft)	0.2
Primary System Type	**Gravity 25 Percent Reduction**
No. Lines	6 (See Site Plan)
Total Linear Feet	450
Trench Width	3' min.
Trench Spacing	9' min.
Pump Required	No
Distribution Device	Drop Box or other ICHD approved distribution device
Maintenance Agreement Required	No
Trench Depth	18 inch (add additional soil cover as necessary for installtion)
Repair System	**TS-I Pretreatment Drip**
Total Feet	3,600 sq ft
Repair LTAR (gpd/sqft)	0.1

Note: **Installer and ICHD shall verify all line locations, tank locations, and elevations prior to installation.**
System is to be installed according to any other ICHD requirements or policies.
These specifications are to satisfy the ICHD Fast Track LSS checklist and are not intended to represent an Engineered System Design.
Use trench depth on ICHD IP.

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH* ***DIVISION*** Application for SEPTIC REPAIR PERMIT

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: X **Improvement Permit** ___ **Authorization To Construct** ___ **BOTH** ___ **Existing System Inspection**

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

The following optional attachments may also be submitted: ___ **Survey Plat, Scaled no more than 1 Inch = 60 Feet**

Place check ( ) beside whichever is submitted if applicable X **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Clayton Homes #072	2026 Northside Dr. Statesville, NC 28625	704-239-3693	
MICHAEL W. LAMBETH	106 Lambeth Ridge Dr. Statesville, NC 28677		

Owner Name / **Mailing Address** / **Home Phone #** / **Alternate Phone #**

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
237 Low Lane	—	—

Driving Directions: US HWY 70 to OLD Mt. Rd. TR Buffalo Rd, Shoals Rd, TR Buffalo Rd, TR Low Ln.; AT END

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)* mobile home

- X **New, Single Family Residence**
- ( ) **New, Multi-Family Residence**
- ( ) **Expansion of Existing Septic System**
- (X) **Repair To Failing Septic System due to** _____
- ( ) **Other** _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

- X **Crawl Space Foundation?**
- ( ) **Concrete Slab Foundation?**
- ( ) **Basement w/Plumbing?**
- ( ) **Basement w/out Plumbing?**

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply: → SHARED WELL

X **New Well** ( ) **Existing Well** ( ) **Community Well** ( ) **City Water** ( ) **Other Public Water**

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) **EXISTING SYSTEM installed** _____ *Year*

( ) **Alternative** ( ) **Conventional** ( ) **Innovative** ( ) **Modified Conventional** ( ) **Other** 2 5Z

8. Please Answer The Following ( ) Yes (X) No **Does the site contain any jurisdictional wetlands?** → Stream

To The Best of Your Ability: ( ) Yes (X) No **Is any non-domestic sewage (i.e. industry) 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.

9. Signature: P.C. P. — 2-9-15

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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…**

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

___ Front and side setbacks from property line… **___ Preferred driveway location and configuration, preferred 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:

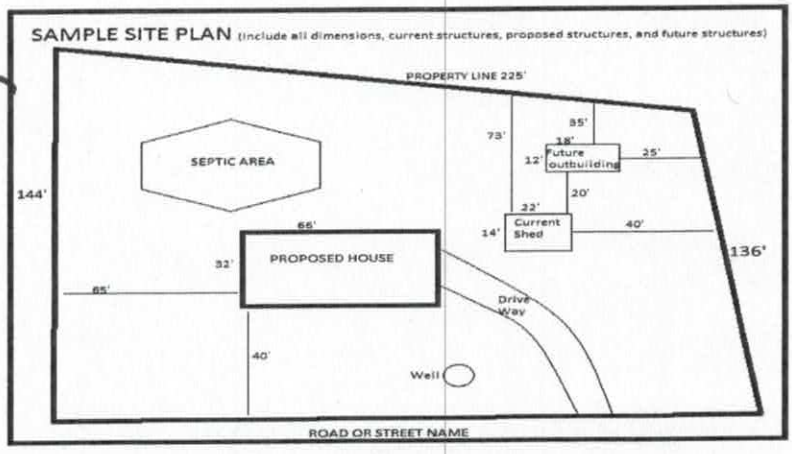
_____ Location of septic systems and wells within 100' of your property… N/A

____ Location of easements and rights of ways on your property… N/A **___ Location of any designated wetlands on the property… N/A**

Stream.

SEE Zoning plat

SAMPLE SITE PLAN (Include all dimensions, current structures, proposed structures, and future structures)



USE THIS SPACE TO DRAW YOUR SITE PLAN

SEE attached site plan (survey

Signature: _____ 2-26-15

REQUIRED **property owner or owner's legal representative signature.** **DATE**

FOX SURVEYING COMPANY, P.C.

770 N.C. HIGHWAY 16 SOUTH
P.O. BOX 637
TAYLORSVILLE, N.C. 28681
OFFICE: 828-635-1902 FAX: 828-635-1912
E-MAIL: wfox@foxsurveying.com
BUSINESS LICENSE #C-1902

BOUNDARY SURVEY FOR:
"JUDY B. OVERCASH"

TOWNSHIP	COUNTY	STATE	DATE	FIELD BOOK	PAGE	SCALE
FALLSTOWN	IREDELL	N.C.	01/14/15	66	3	1"=100'

TAX MAP CODE: PIN #4712-44-9628
REFERENCE DEED(S): 2242/878
REFERENCE PLAT:
REVISED:
DRAWING #: 2648-C
DRAWN BY: WES
JOB #: 9-15
FILE NAME(S): "OVERC915" & "OVER915A"

DEED NORTH
ORIENTED TO DEED BOOK 2242 PAGE 878

EXISTING TACK IN AN EXISTING STONE

ER 1/2" REBAR

ER 3/4" REBAR

140.83'

STEVEN S. LAMBERTH
2258/1758

THOMAS F. BIGGS
1878/1430
PLAT BOOK 49 PAGE 125
LOT #16

327.93'

ER 1/2" REBAR

N 07°38'09" E 182.92' (TOTAL)

198.43'

RICHARD L. TALLENT
1889/2311
PLAT BOOK 49 PAGE 125
LOT #15

"EUFOLA FARMS"
PLAT BOOK 49 PAGE 124
PLAT BOOK 49 PAGE 125

ER 1/2" REBAR

S 35°59'55" E 1658.15'

PRICE BUILDING
AND DEVELOPMENT CO.
1980/2093
PLAT BOOK 49 PAGE 124
LOT #10

259.85'

ER 1/2" REBAR

10.00 ACRES

STEVEN S. LAMBERTH
2258/1758

693.24'

EIP 7/8" PIPE

JAMES A. BOWSER, JR.
1854/2272
PLAT BOOK 49 PAGE 124
LOT #9

N 59°49'47" W 444.58'

BRANCH / SWAMP AREA

DORIS M. CHAPMAN
967/213
PLAT BOOK 21 PAGE 60
LOT #6

EIP 7/8" PIPE

N 59°16'08" W 774.16'

"WADE S. LAMBERTH"
PLAT BOOK 21 PAGE 60

HENRY W. DALTON
1046/1885
PLAT BOOK 21 PAGE 60
LOT #7

S 83°16'35" W 174.26'

EIP 7/8" PIPE

S 07°48'39" W 194.87'

"WADE S. LAMBERTH"
PLAT BOOK 18 PAGE 23
(45' RIGHT-OF-WAY)

ER 1/2" REBAR

ER 1/2" REBAR

ER 1/2" REBAR

ER 1/2" REBAR

L-1 L-2 L-3 L-4 L-5 L-6

GRAVEL

LOW LANE

EXISTING CONCRETE MONUMENT

EIP 7/8" PIPE

N 07°49'26" E 90.98'

ER 1/2" REBAR

Course	Bearing	Distance
L-1	S 62°01'14" E	59.99'
L-2	S 72°47'30" E	60.03'
L-3	S 87°46'00" E	62.66'
L-4	N 87°59'22" W	27.27'
L-5	N 87°42'37" W	32.01'
L-6	S 02°49'52" W	45.14'

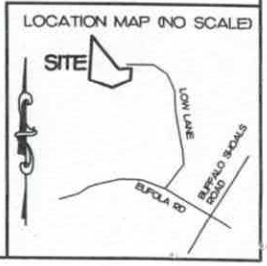
100 0 50 100 200 400

LEGEND

EX. - EXISTING
EXISTING IRON ROD - ●
EXISTING IRON PIPE - ●
NEW IRON REBAR - ○
CONCRETE MONUMENT - ⊡
CALCULATED POINT - +
RR. SPIKE - ⊙
P.K. NAIL - ⊛
NCGS/S. HORIZONTAL MONUMENT - ■
STONE - ▲
NAIL & CAP - ⊞
NAIL - ⊠
MAG NAIL - ◆
(TLO) - TIE LINE ONLY
R/W - RIGHT-OF-WAY
OVERHEAD SERVICE LINES - —P—P—
C.M.P. - CORRUGATED METAL PIPE
R.C.P. - REINFORCED CONCRETE PIPE
C/L - CENTERLINE
POWER POLE - ⊿
FENCE LINE - —x—x—
BRANCH - —B—B—
(NTS) - NOT TO SCALE
NOTE: ALL NEW CORNERS SET ARE 1/2" REBAR UNLESS OTHERWISE NOTED.

NORTH CAROLINA PROFESSIONAL SEAL L-3674 LAND SURVEYOR WESLEY G. FOX

LOCATION MAP (NO SCALE)



SPECIAL NOTES

NOTE: ALL AREAS SHOWN HEREON WERE DETERMINED BY COORDINATE COMPUTATION.

NOTE: THIS PROPERTY IS SUBJECT TO ANY AND ALL RIGHTS-OF-WAY, COVENANTS, EASEMENTS, RESTRICTIONS, AND ALL OTHER ITEMS OF RECORD AFFECTING SAID PROPERTY.

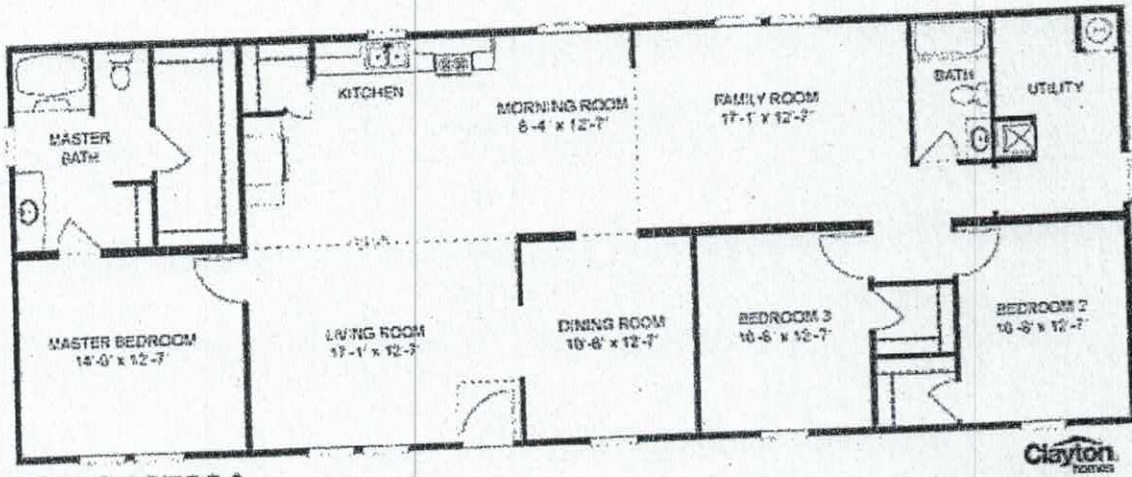
NOTE: DASHED LINES REPRESENT PROPERTY LINES WHICH ARE NOT ACTUALLY SURVEYED. THE POSITION OF DASHED LINES ARE TAKEN FROM DEEDS OR OTHER SOURCES.

NOTE: THERE ARE NO NGS CONTROL MONUMENTS WITHIN 2000' OF THIS PROPERTY.

NOTE: AREA SHOWN FOR R/W IS APPROXIMATE.

I, WESLEY G. FOX, L-3674, PROFESSIONAL LAND SURVEYOR, CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL FIELD SURVEY PERFORMED UNDER MY DIRECTION AND SUPERVISION, THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+, WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 15th DAY OF JANUARY, 2015.

PROFESSIONAL LAND SURVEYOR



25AVD28703A

Folsom

2/4/15

Acknowledgement Of Plans Submittal ONLY!

Date

Date 02/23/15

IREDELL COUNTY

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

APPLICATION NUMBER
208323
Issue Date: 02/06/2015

ZONING PERMIT

FILE COPY

Parcel Number	Street Address	Jurisdiction
4712449628.000	LOW LANE, STATESVILLE, NC	STATESVILLE

Owner Information	Applicant Information
Owner: LAMBERTH MICHAEL W	Applicant: ABEE'S CLEARING & GRAD
Address: 106 LAMBERTH RIDGE DR STATESVILLE, NC 28677	Address: 2381 US HIGHWAY 64 WEST MOCKSVILLE, NC 27028
Phone:	Phone: 704-239-3693

Use Requested	Zone Code
DOUBLEWIDE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
10.000	35.00	35.00	15.00	15.00	PACL	X

Remarks:

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 and rear 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: See Attached Date: _____

Permit Number	31091	TOTAL FEES:	$ 77.25

IREDELL COUNTY

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

APPLICATION NUMBER
208323
Issue Date: 02/06/2015

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4712449628.000	LOW LANE	STATESVILLE

Owner Information	Applicant Information	Contractor Information
Owner: LAMBERTH MICHAEL W Address: 106 LAMBERTH RIDGE DR STATESVILLE, NC 28677 Phone:	Applicant: ABEE'S CLEARING & GRAD Address: 2381 US HIGHWAY 64 WEST MOCKSVILLE, NC 27028 Phone: 704-239-3693	Contractor: ABEE'S CLEARING & GRAD Address: 2381 US HIGHWAY 64 WEST MOCKSVILLE, NC 27028 Phone: 704-239-3693 License Type: UNLI License Number: NOT LICENSED

Project Description
MOBILE HOME NEW - IREDELL

Scope of Work
DOUBLEWIDE

Permit Details:			
	IMPROVEMENT PERMIT FEE	Amount: Amount: Amount: Amount: Amount: Amount: Amount:	350.00

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Date: 02/06/2015

Signature of Owner/Contractor

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	31093	TOTAL FEES:	$ 350.00