IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 23854

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

PIN # 4729-14-1674

APPLICANT/OWNER: Melissa Hoss APPLICANT ADDRESS: 3875 Wilkesboro Hwy

SITE ADDRESS: 3875 Wilkesboro Hwy PHONE: 704-380-2459 ALT. PHONE 828-964-2314

SITE DIRECTIONS: 115 N → on left past country Life Estates SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: ✓ John S King Estate SECTION: - LOT # 16/17 LOT AREA: 2 ac DESIGN FLOW: ext. L.T.A.R.: ext.

Septic Tank ____ (gal) STB ____ Date ____

Pump Tank ____ (gal) PT ____ Date ____

Pump Make ____ Model existing Serial # ____

Nitrification Fields ____ # Lines ____ Linear Ft ____

Trench Width ____ Trench Bottom Depth(Low side) ____ Gravel Depth ____

☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: existing

Repair System Description:

Maintenance Agreement Required: ☐ YES ☐ NO

☐ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 4

☐ Other No. Employees

☐ Slab ☒ Crawl Space

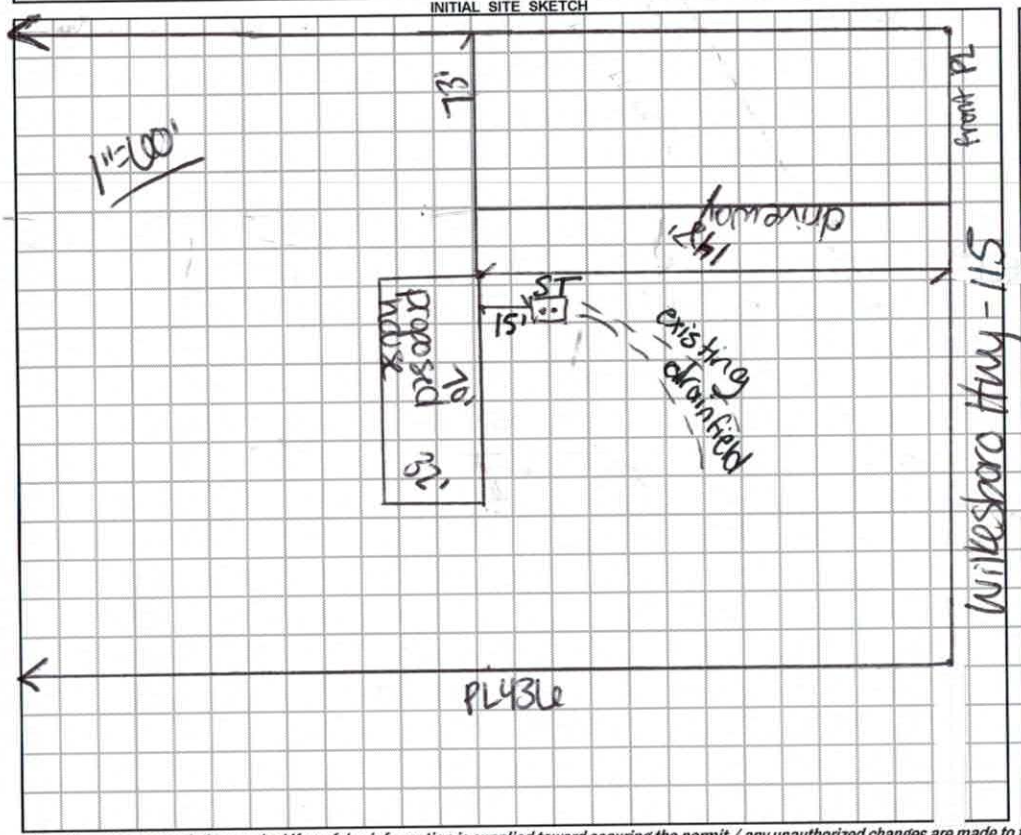
☐ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Maintain minimum 5' setback from any part of house or decks/porches.

* Property combined - recorded deed book 2575 page 1399-1401 - New PIN # *

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: Dennis Dallifer Date: 9-10-18 Installed by: ____

IMPROVEMENT PERMIT by: ____ Date: ____ OPERATION PERMIT by: ____ Date: ____

AUTHORIZATION TO CONSTRUCT by: ____ Date: ____ Existing System Inspected by: Carla C-Cano Date: 9/7/18

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.

2385-91
$250.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (✓) Existing System Inspection ( ) Septic System Repair

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

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Melissa Hoss Address: 3875 Wilkesboro Hwy Zip: 28625
Applicant Email: missyrhoss@yahoo.com Phone: 704-380-2659 Alt. Phone: 828-964 2314
Owner Name: Melissa Hoss Address: 3875 Wilkesboro HWY Zip: 28625
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 3875 WilKEboro Hwy 4
Subdivision Name: ~~NONE~~ John S. King Estate Section/Phase: _____ Lot Number: 16+17
Driving Directions: 115 N 3RD HOUSE ON LEFT PAST COUNTRY LIFE ESTATES

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: ~~3~~ 2
Maximum Number of Occupants: ~~4~~ 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) 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: 3
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (✓) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Melissa Hoss 7-30-18
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*) Melissa Hoss

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, Melissa Hoss, am the legal owner(s) of the property located at 3875 NC 115, identified as

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

I do hereby authorize (**print legal representative/company name**) A-1 BACKHOE SERVICE DENNIS GALLIHER, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below. 704 902 4015

- 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.

Melissa Hoss
Signature of Owner(s)

7-30-18
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

Type: CONSOLIDATED REAL PROPERTY
Recorded: 8/31/2018 11:51:57 AM
Fee Amt: $26.00 Page 1 of 3
Revenue Tax: $0.00
Iredell County, NC
Ronald N. Wyatt Register of Deeds

BK 2575 PG 1399 - 1401

New P/N# 4729-14-1674
Per Eunice @ IC Mapping
9-18-18

MAIL AFTER RECORDING TO: Grantee @
THIS INSTRUMENT WAS PREPARED BY: MARK E. RANDOLPH, Attorney at Law
Stamps: NTC
18-00-500

NORTH CAROLINA)
)
IREDELL COUNTY)

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 31st day of August, 2018, by and between **Melissa R. Hoss (widow)** whose mailing address is 3875 Wilkesboro Highway, Statesville, NC 28625, GRANTOR(S); and **Melissa R. Hoss (widow)** whose mailing address is 3875 Wilkesboro Highway, Statesville, NC 28625, GRANTEE(S);

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in **Iredell** County, North Carolina and more particularly described as follows:

See Exhibit A attached hereto and incorporated herein by reference.

Property Address: 3875 Wilkesboro Highway, Statesville, NC 28625

Parcel Number: The purpose of this conveyance is to combine tax parcels 4729-14-1599.000 and 4729-14-1679.000 into one parcel

The property conveyed herein does include the primary residence of the Grantor.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

Submitted electronically by "Mark E. Randolph, Attorney At Law"
in compliance with North Carolina statutes governing recordable documents
and the terms of the submitter agreement with the Iredell County Register of Deeds.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated. Title to the property hereinabove described is subject to the following exceptions: Easements, restrictions, rights of way and declarations of record, if any, and ad valorem taxes here after becoming due and payable.

IN WITNESS WHEREOF, the Grantor has hereunto set their hands and seals the day and year first above written.

Melissa R Hoss (SEAL)
Melissa R. Hoss

NORTH CAROLINA)
)
Iredell COUNTY)

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and, in the capacity, indicated: **Melissa R. Hoss**

Witness my hand and official stamp or seal, this 31st **day of** ~~September~~ August **2018.**

Constance G Harris
Notary Public

(Seal)

Constance G Harris
NOTARY PUBLIC
Davidson County
North Carolina
Comm. Exp.: March 4, 2022

My commission expires: 3.4.22

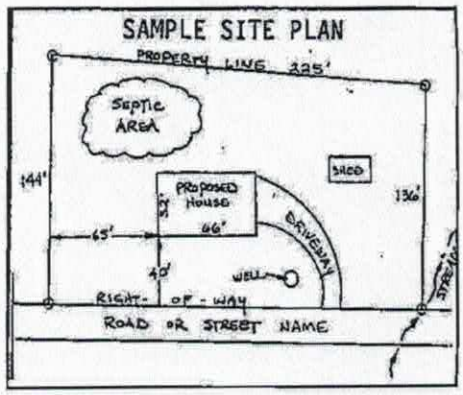
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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



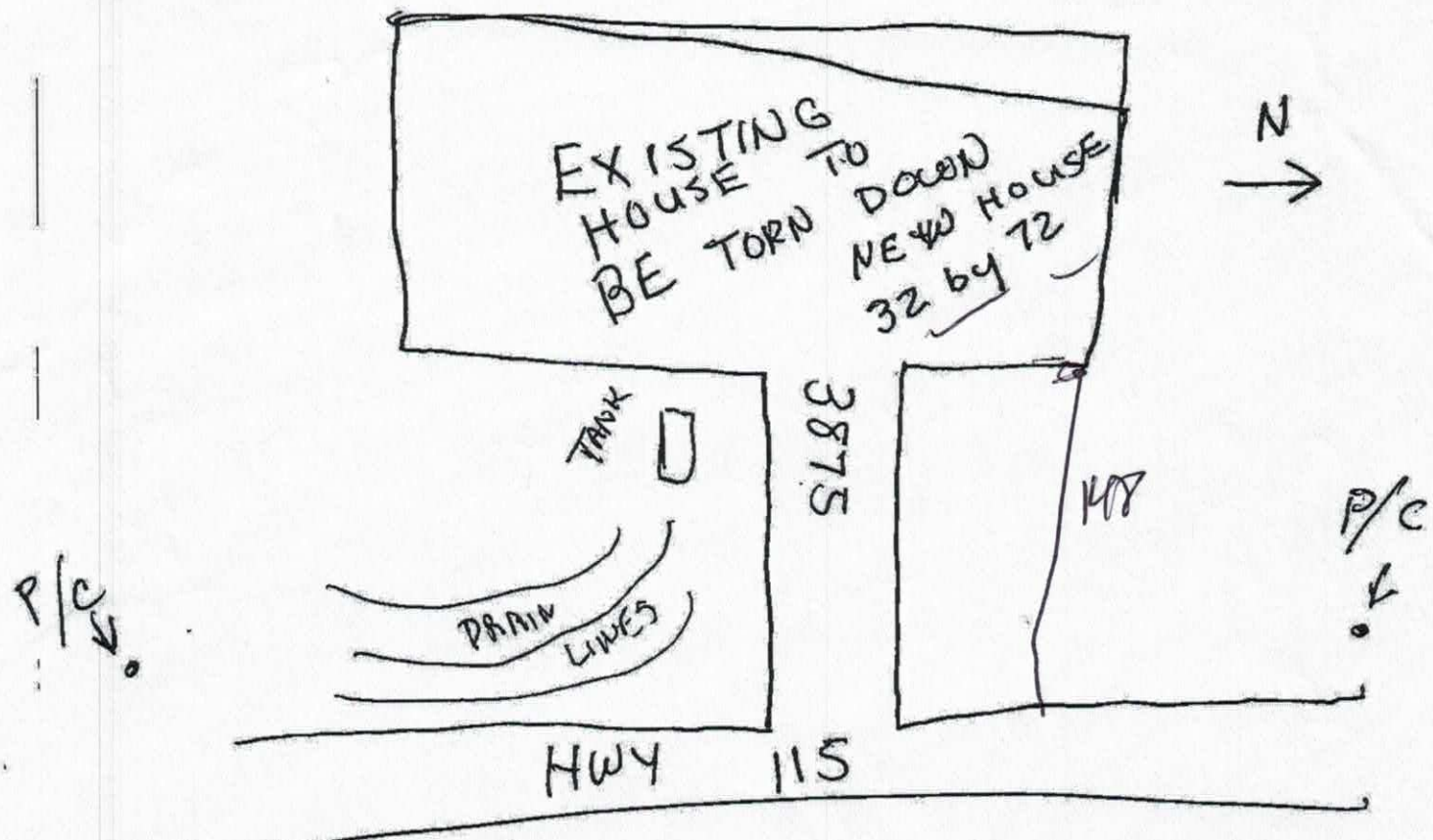
Circle N/A on the following if appropriate:

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

OR 1875 1399-1401

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

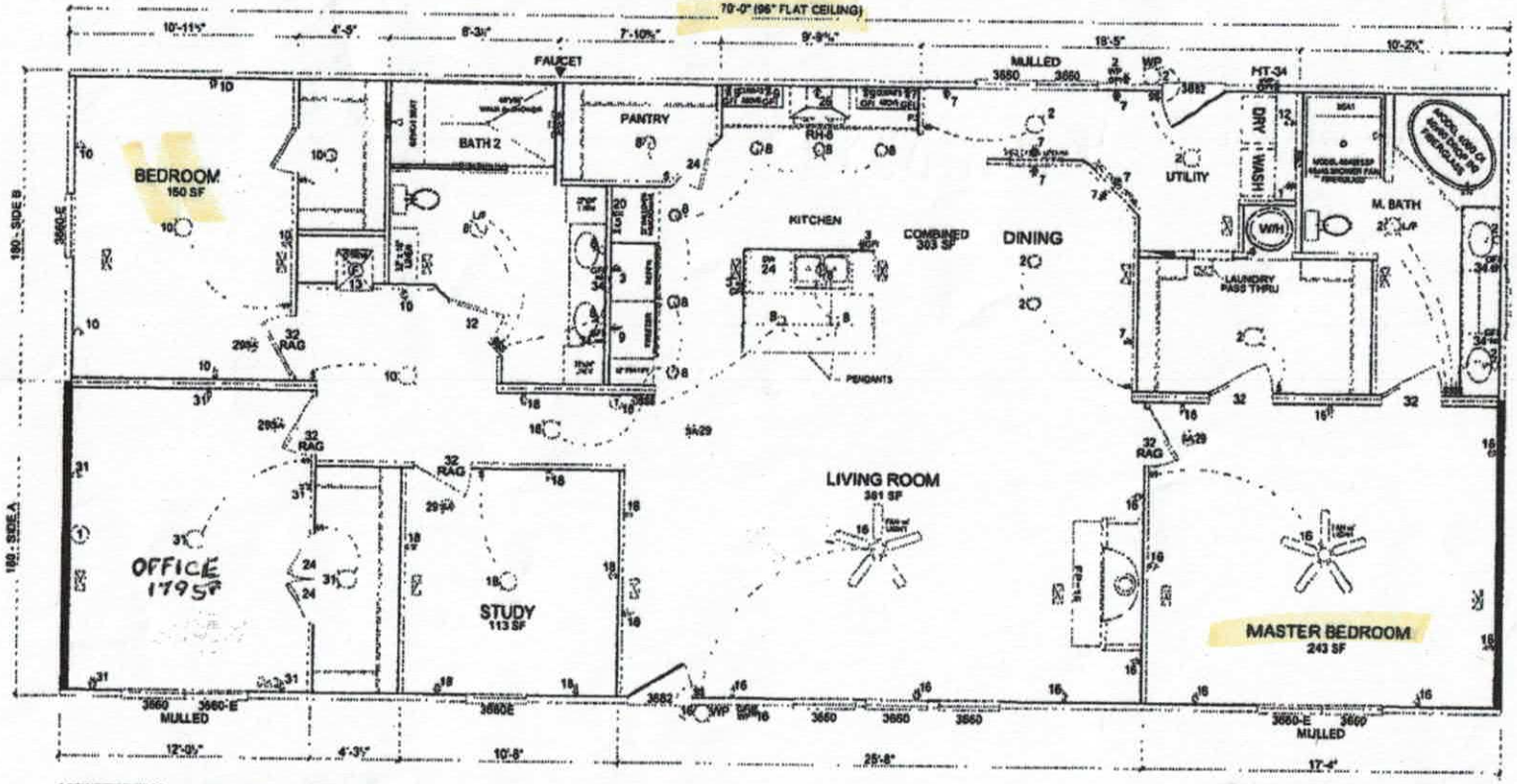
7-30-18
DATE

08/04/2018 14:34 #096 P.001/002
16:17045394544 From:MHC0068

Acknowledgement Of
Plans Submittal ONLY!

Sheryl Smith Date 9/7/18

Carl C. Davis Date 9/7/18



TRANSPORTATION PACKAGE

SHEAR WALL DESCRIPTION										6.24/12 ROOF PITCH		
	WIND ZONE 1		WIND ZONE 2		WIND ZONE 3			WIND ZONE 1				
NO.	LENGTH	PLY	LENGTH	PLY	LENGTH	PLY	NO.	LENGTH	PLY			
1	176"	150					1					
2	176"	150					2					

■ SHEAR WALLS FOR WIND ZONE 1

TOTAL WINDOW AREA (S.F.) = 204.66
TOTAL DOOR AREA (S.F.) = 43.0

SN: 51504

Cavalier Home Builders

08/08/18	C. DAVIS	76M165 --- 32 x 70 - 3 BR 2 Bath	
1/8" = 1'-0"	ALL	FLOOR PLAN APPROVAL	

IREDELL COUNTY

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

APPLICATION NUMBER
238541
Issue Date: 09/04/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4729141599.000	3875 WILKESBORO HIGHWAY, STATESVILLE, NC	IREDELL COUNTY

Owner Information		Applicant Information	
Owner:	HOSS CHARLES E+MELISSA R	Applicant:	A-1 BACKHOE
Address:	3875 WILKESBORO HWY	Address:	3360 JENNINGS ROAD
	STATESVILLE, NC 28625		UNION GROVE, NC 28689
Phone:		Phone:	704-539-4544

Use Requested	Zone Code
DOUBLEWIDE REPLACING DOUBLEWIDE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.000	35.00	35.00	15.00	15.00	PASY	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	151146	TOTAL FEES:	$ 77.25