Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 154441ZO

Printed: 1/13/2009

Master #: 154441

Associated Permits:
154441ZO Zoning

Applicant

Name: Olus J Burrell
Address: 293 Skyuka Rd.
Statesville, NC 28677

Phone: 704-872-0715

Parcel

Parcel Number: 4733914106.000
Address: 293 Skyuka Rd.
Statesville, NC 28677
Subdivision:

Zoning: RA
Township: 0200
Area: 1.576
Lot(s):

Directions to Parcel: Shelton Ave, L Cumberland, L Blue Bird, L Skyuka

Owners

Name: Olus J Burrell
Address: 293 Skyuka Rd.
Statesville, NC 28677

Phone: 704-872-0715

Contractors

Fees and Receipts:

Number	Description	Amount
FEE-184686-07	Zoning - Permit / Inspection	$55.00
	Total Fees:	**$55.00**
REC-104893-07		$55.00
	Total Receipts:	**$55.00**

Conditions

Date: **Status:** **Code:**

Condition Description:

Condition Comments:

Permit Information:

Max Built Upon Area:	
Watershed:	None
Flood Zone:	No
Set Backs:	F35 R35 LS25 RS15
Minimum Lot Size:	
Minimum Lot Width:	
Min # Parking Spaces:	
Land Use Permitted:	Yes
Community Sewer:	No
Site Plan Reviewed:	
Staff:	
Zoning Permit:	Yes
Septic Typet:	Existing System
Proposed Use:	Carport
Property Recorded:	Yes
Community Water:	No
Provider:	
Provider:	
Date:	
# of Stories:	0
# of Bedrooms:	0
# of Units in Building	0

Site Plan Conditions:

Zoning Permit Comments: 24X26 ATTACHED CARPORT - NEED SEPTIC APPROVAL PRIOR TO BLDG PERMIT

No Building permit shall be issued for a residential dwelling or a nonresidential principal structure until a grading permit has been issued. No land shall be graded for the purpose of construction of a residential dwelling or a nonresidential principal structure, until a grading permit has been issued by the County. The County shall collect such fees for the issuance of grading permits as are authorized by the fee schedule adopted by the Board of Commissioners.

In addition to obtaining the permit; the owner, building contractor, or other responsible party shall:

A. Control run-off as to not damage or adversely impact adjoining properties by providing silt fencing and stabilization or utilizing Low Impact Design (drainage swales, functional landscaping, etc.); and
B. Refrain from altering the general direction of the natural drainage flow.
C. If land clearing is needed for septic tank testing, then erosion control measures may be needed. Contact Erosion Control Department for further assistance.

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 enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibilty of the affected parties.

Applicant: Chris J Burnett Date 1-13-09

A non-refundable fee of $55.00 is charged on all permit applications

Permit Number: 154441ZO

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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: ___ 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 ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Chris J Burrell	293 Shyuka Rd	704-872-0715	

Owner Name	Mailing Address	Home Phone	Work Phone
Same	//	//	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
293 Shyuka Rd		

Driving Directions: US 21 S to Cumberland Rd left 1st Blueband Ln left to Shyuka Rd left 1/4 mi on left

****

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms ____
Maximum Number of Occupants ____
If Expansion, Current Number of Bedrooms ____

( ) 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 624 sf - garage addition (ad)
Maximum Number of Employees
Maximum Number of Seats

****

6. **Proposed Water Supply:**

( ) 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)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

****

8. **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. industry) 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.

9. Signature: Chris J Burrell — 1-13-09

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

IREDELL COUNTY HEATLH DEPARTMENT

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...
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...

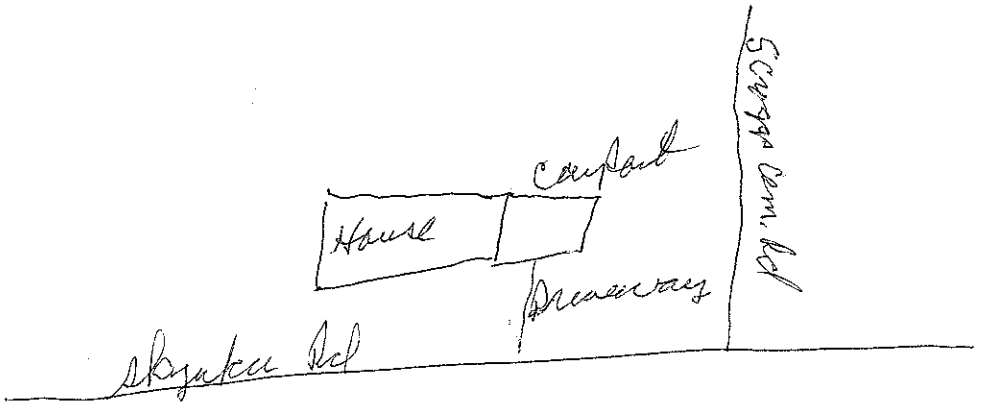
Circle N/A on the following if appropriate:

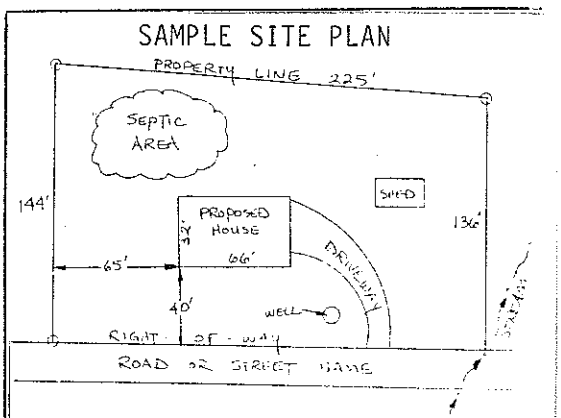
_____ Location of septic systems and wells within 100' of your property... N/A
_____ Location of easements and rights of ways on your property... N/A
_____ Location of any designated wetlands on the property... N/A

Signature: Olus J Burrell
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1-13-09
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN





IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (c) MOORESVILLE 704-664-5281

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

PERMIT# 116073 PIN# 4733-91-4106 DATE 10-14-03

OWNER OR CONTRACTOR OLLIS J. BURRELL PHONE: Business _____ Home 704-528-5713

ADDRESS 531 MORRISON FARM ROAD, TROUTMAN, NC 28166

LOCATION US 21 SOUTH, TL CUMBERLAND AVENUE, TL SCROGGS CEMETARY ROAD, LOT ON RIGHT AT END

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.576 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/F

Septic Tank: 1000 Gallons; STB 825 Date 10-20-03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines THREE Trench Width 36 Max Trench Bottom Depth 36

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: 50% REDUCTION, LOW PRESSURE

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth 12"

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

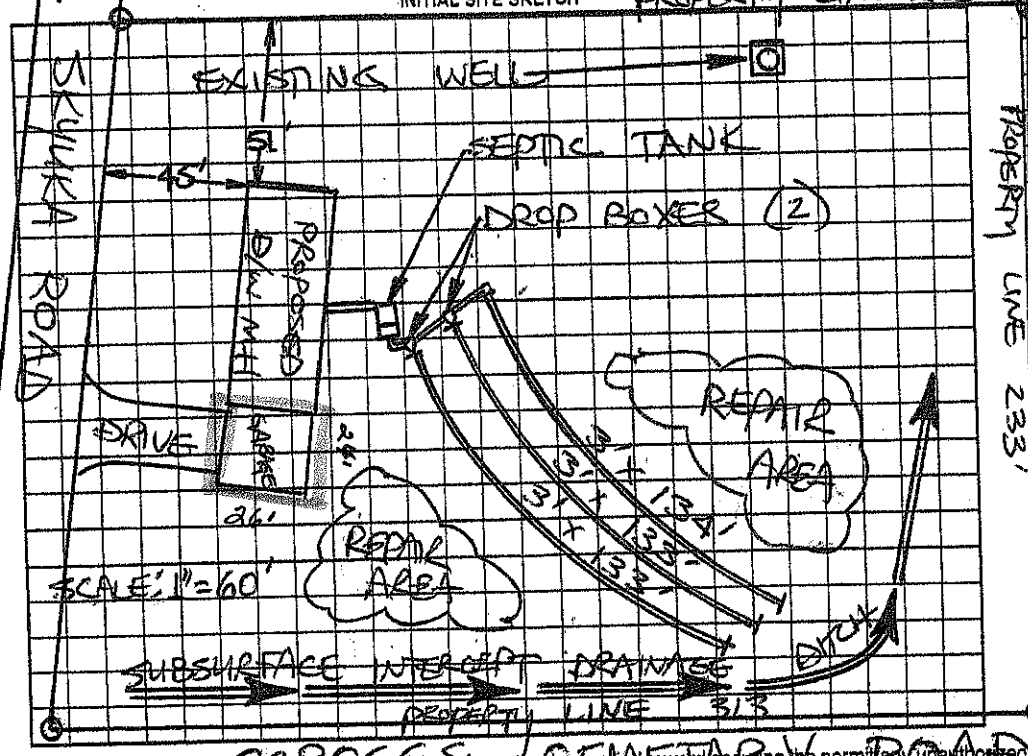
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply ☑ Individual ☐ Public ☐ Community WELL

Comments:/Conditions: (1) INSTALL SUBSURFACE INTERCEPT DRAINAGE DITCH AT LOCATION SHOWN BEGINNING 48" DEEP AROUND SYSTEM, THEN OUT TO DAYLIGHT (2) KEEP SYSTEM MINIMUM 100' FROM WELL.

Comments:/Conditions: (1) SEPTIC TANK WITH MARKER INSTALLED USING "POLYLOK" FILTER (2) SYSTEM INSTALLED DEEPER THAN NECESSARY

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH

The proposed attached garage addition does not appear to impact the existing septic system.

**NOTE: _____ R.S.

Date: 1-13-09

ICHD-Environmental Health Division

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. Improvem

Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: + Ollis J Burrell date 10-14-03 Installed by: BOB'S BACKHOE

Improvement Permit by: STEVE HEDRICK date 10-14-03 Operation Permit by: STEVE HEDRICK date 1-7-04

Authorization to Construct by: STEVE HEDRICK date 10-14-03 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK