145

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-313142

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

PIN # 4735-26-3376

APPLICANT/OWNER: REGINA A. BOGER APPLICANT ADDRESS: 173 CANDLESTICKE DRIVE, STATESVILLE, N.C. 28625

SITE ADDRESS: 173 CANDLESTICK DRIVE, STATESVILLE, N.C. 28625 PHONE: 803-984-5413 ALT. PHONE —

SITE DIRECTIONS: (N) ON 115, (L) ON OLD WILKESBORO, (R) ON CANDLESTICK, LOT ON (L) SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: CANTERBURY SECTION: 2 LOT # 18 LOT AREA: 0.34 AC DESIGN FLOW: 360GPD L.T.A.R.: EXT

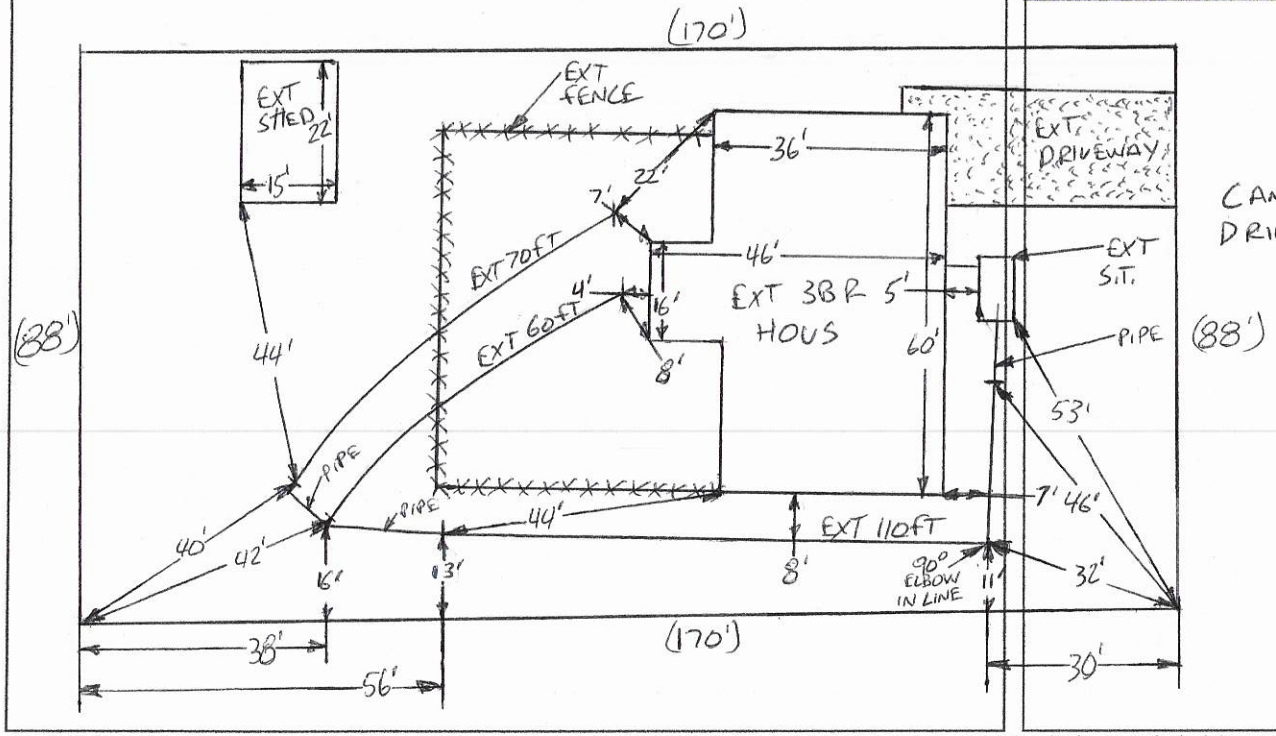
Septic Tank	EXT	(gal)	STB	EXT	Date	EXT	☐ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	EXISTING PPBPS-50% REDUCTION			
Pump Make	—	Model	—		Serial #	—	Repair System Description:	50% REDUCTION			
# Nitrification Fields	1	# Lines	3		Linear Ft:	240FT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT		Gravel Depth	—		☑ GRAVITY	☐ PRESSURE		

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

Comments / Conditions: THE PURPOSE OF THIS PERMIT IS TO CHANGE THE USE FROM A RESIDENCE TO AN ALTERNATIVE FAMILY LIVING ESTABLISHMENT

SYSTEM APPEARS TO BE FUNCTIONING AT TIME OF INSPECTION THERE IS TO BE NO MORE THAN 4 CLIENTS LIVING IN HOUSE AT A TIME AND SHOULD NOT EXCEED 6 TOTAL INCLUDING EMPLOYEES

INITIAL SITE SKETCH



CANDLESTICK DRIVE

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 = 30 FT
S.T. = SEPTIC TANK
EXT = EXISTING

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: [signature], BA, AFLP, DSP, PP Date: 1.28.21 Installed by: —

IMPROVEMENT PERMIT by: — Date: — OPERATION PERMIT by: — Date: —

AUTHORIZATION TO CONSTRUCT by: — Date: — Existing System Inspected by: Burnett C. White Date: 1-28-2021

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

RECEIVED DEC 08 2020

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

AP-313142

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* Change of Use $250.00

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: Regina A. Boger Address: 173 Candlestick Drive Zip: 28625
Applicant Email: rabogerchotmail.com Phone: Statesville, NC 28625 803.984.5413 Alt. Phone:
Owner Name: Address: Zip:
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 173 Candlestick Drive Statesville, NC 28625
Subdivision Name: Section/Phase: Lot Number:
Driving Directions:

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: Inspection
Non-Residential Site Development: Type of Business: AFL - Alternative Family Living
Square Footage of Building: Max. Number of Employees: 1 Max. Number of Seats/Beds/Other: 3

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: 2 Bldg 1 Number of Persons: 2
( ) New Well ( ) Existing Well ( ) Community Well (X) 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:

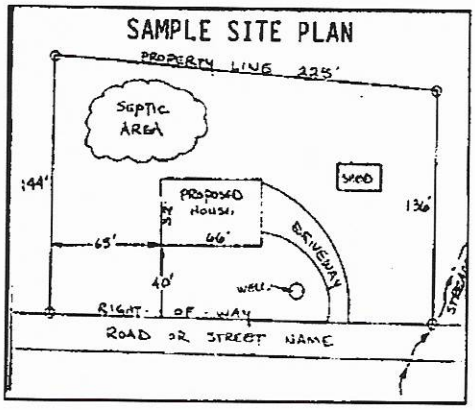
Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes ( ) No Is any non-domestic sewage (i.e. industrial) to be generated?
(X) Yes ( ) No Is the site subject to approval by any other public agency? Fire Department

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: , BA, AFLP, DDP, pp 12.4.2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

See septic permit

Signature: _____ BA, AFLP, DSP, PP

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

12.4.2020
DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

56920

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. CITY DATE 7-31-95 TAX MAP NO. 6K-22-A-18 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR C. DOUGLAS MADISON PHONE: Business 871-1536 Home 873-0521

ADDRESS 1805 SAFRIET ROAD STATESVILLE, NC 28677

LOCATION NC 115 N TL OLD WILKESBORO RD, TR CANDLESTICK DR, 2ND LOT ON LEFT BEFORE END

SUBDIVISION CANTERBURY BLOCK / SECTION II LOT 18 LOT AREA 88'x170' SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 742 Date 9-12-95 ☑ New System ☐ Repair System Type: I, II, III, IV, V, VI ☑ House/Mod. Home No. Bedrooms 3

Pump Tank: Gallons; PT Date ☐ Mobile Home No. Bathrooms 2

Pump Make: Model EQUIVALENT Serial No. System Description: PPBPS GRAVITY-FED ☐ Business No. Employees

Nitrification Field: No Fields 1 Square Feet TO 1440 Linear Feet 240 Repair System Description: PPBPS GRAVITY-FED ☐ Other

No Lines 3 Trench Width 24" Max Trench Bottom Depth 32" Gravel Depth 6" Maintenance Agreement Required: ☐ Yes ☒ No

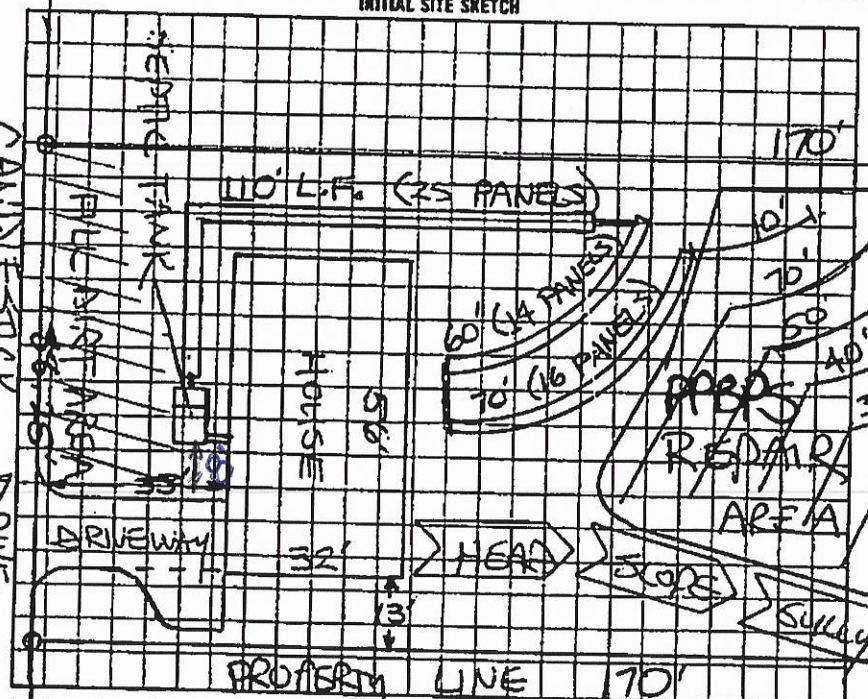
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

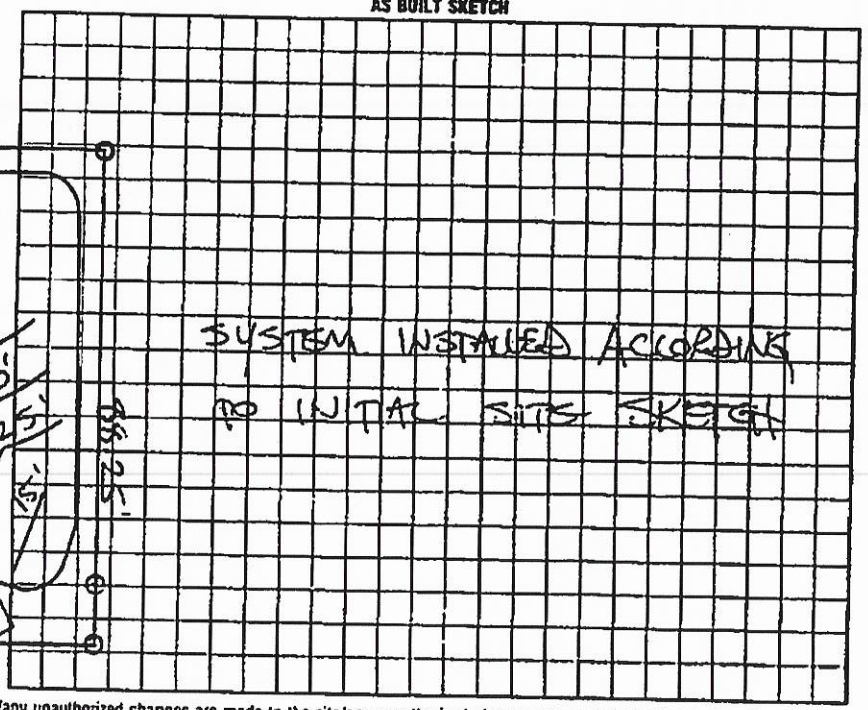
Comments: INSTALL 55 PPBPS (PANELS) IN THREE TRENCHES AS SHOWN FOLLOWING MANUFACTURERS SPECIFICATIONS.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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.

Signed: Mick Cranford

Improvement Permit by: STEVE HEARICK date 8-1-95

Existing System Inspection by: date

Installed by: A-1 BACKHOE

Certificate of Completion by: date

Operation Permit by: STEVE HEARICK date 10/26/95

HEALTH DEPT COPY: WHITE RECEIPT COPY (INITIAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

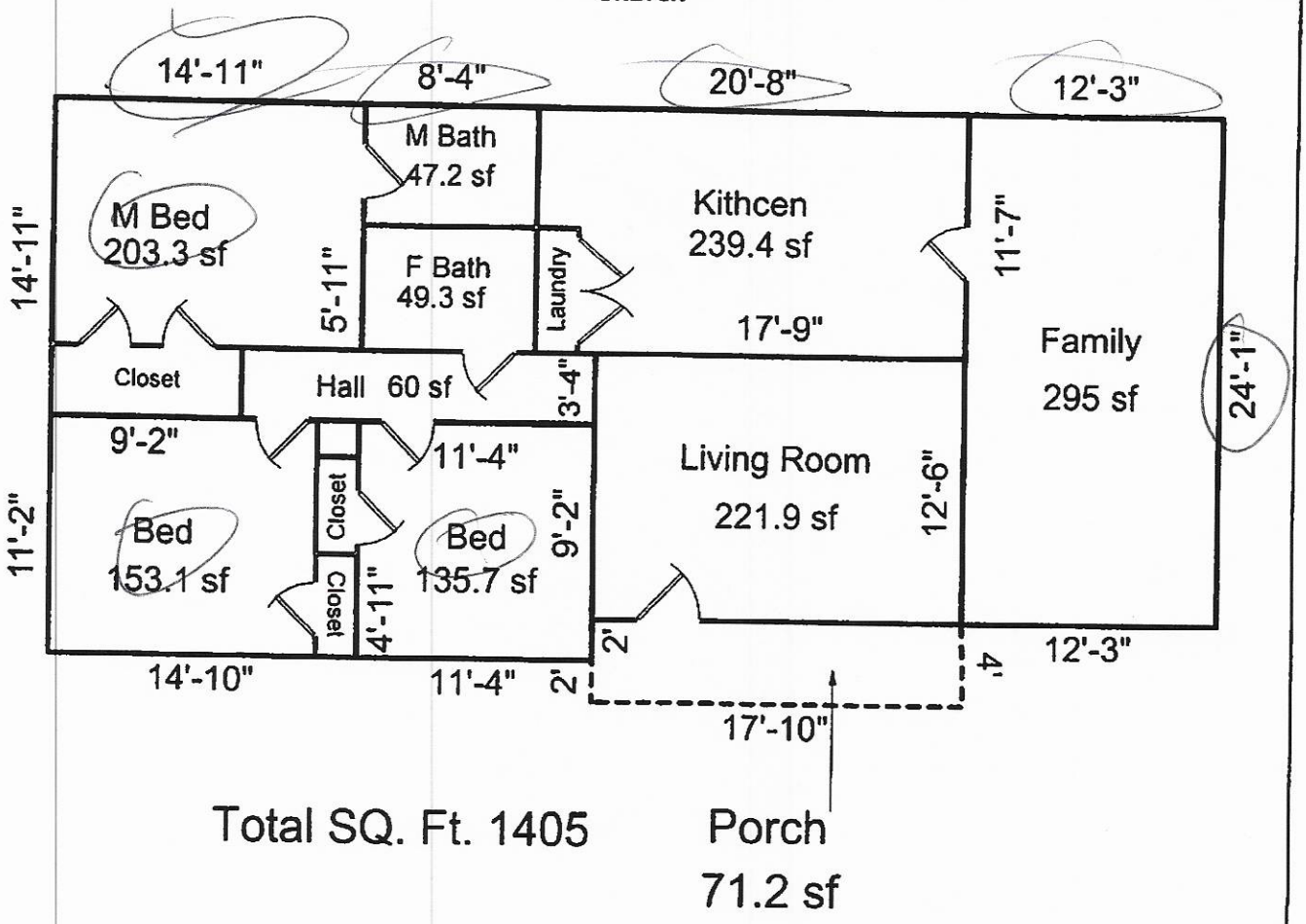
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SKETCH/AREA TABLE ADDENDUM

SUBJECT INFO

File No.: 2020-NEI-JRJ-173CandlestickDr
Property Address: 173 Candlestick Dr
City: Statesville County: Parcel No.:
State: N.C. ZipCode:
Owner:
Client: Julia Pacifico Client Address:
Appraiser Name: A Measure Up Inspection Date: 11/13/2020

SKETCH



Sketch by Apex Sketch

AREA CALCULATIONS SUMMARY

Code	Description	Factor	Net Size	Perimeter	Net Totals
OTH	Family	1.0	295.0	72.7	
	Living Room	1.0	221.9	60.5	
	Kithcen	1.0	239.4	64.5	
	M Bath	1.0	47.2	28.0	
	F Bath	1.0	49.3	28.5	
	M Bed	1.0	203.3	59.7	
	Bed	1.0	153.1	52.0	
	Bed	1.0	135.7	49.0	
	Hall	1.0	60.0	44.0	1405.0
P/P	Porch	1.0	71.2	43.6	71.2

COMMENT TABLE 1

COMMENT TABLE 2

COMMENT TABLE 3

Acknowledgement Of
Plans Submittal ONLY!

Date 12.4.2020

Date 1-28-2021

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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*) James T Holbrook Michelle Holbrook

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, James T. Holbrook, Michelle S. Holbrook, am the legal owner(s) of the property located at 173 Candlestick Dr Statesville, NC 28625 identified as

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

I do hereby authorize (**print legal representative/company name**) _____,

_____, 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.

James T. Holbrook, Michelle S. Holbrook — Signature of Owner(s)

12-6-20 — 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

CITY of Statesville
NORTH CAROLINA

November 17, 2020

Miracles Work
Regina A. Boger
173 Candlestick Drive
Statesville, NC 28625

Zoning Confirmation
Reference: 173 Candlestick Drive
Parcel # 4735263376
Zoned: R-10 (Urban Low Density Residential)

Dear Sir or Madam:

The above referenced properties are located within the zoning jurisdiction of the City of Statesville. This property is currently zoned R-10 (Urban Low-Density Drive)) which provides for single-family residential homes.

The afore mentioned property is a single-family residential home the use as a Family Care Homes is a permitted use. All States and local codes must always be meet. This home is licensed for two juvenile residents.

Should you have any questions or concerns, please contact me at 704-878-3575

Sincerely,

Elaine Anthony

Elaine Anthony
Planner II

CITY of Statesville NORTH CAROLINA

City of Statesville Jurisdiction
ZONING APPROVAL

For building permit application **704-878-3575**

General Information

Job Address	173 CANDLESTICK DR	Permit Number	313142
Owner	REGINA A. BOGER	Tax Map	4735263376.000
Owner Address	173 CANDLESTICK DR	Zoning	R-10
	STATESVILLE, NC 28625	Flood Hazard Area	
Phone No.		Historic District	
Contractor		Architect	
Address		Address	
Phone No.		Phone No.	

Type of Application a single family care home licensed for 2 juvenile residents

Utility Source

Electric
Water
Sewer

Required Information

0	Lot Dimensions		Required Parking	**Setbacks**	
	Structure Size &		Landscaping	0	Front Yard
	Location		Utility Clearance	0	Rear Yard
	Easements		TRC Review	0	Right Yard
	Flood Certification		Other	0	Left Yard
	Driveway Cuts				

Department Approval

Planning Department EA 12-4-2020 Public Works

Comments

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant Signature

12.4.2020
Date