IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 214812

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

PIN # 4740208388

APPLICANT: Andrew Link Simpson APPLICANT ADDRESS: 155 Wiltshire Rd. Troutman, NC 28166

SITE ADDRESS: 155 Wiltshire Rd Troutman, NC 28166 PHONE: ALT. PHONE: 704 860-0301

SITE DIRECTIONS: Hwy 150 W TR Perth Rd TR Clontz Hill Rd TR Ridge Creek TR Wiltshire on left nearend

SUBDIVISION: Wiltshire Creek SECTION: LOT # 3 LOT AREA: 1.71 Acre DESIGN FLOW: 360gpd L.T.A.R.: .3

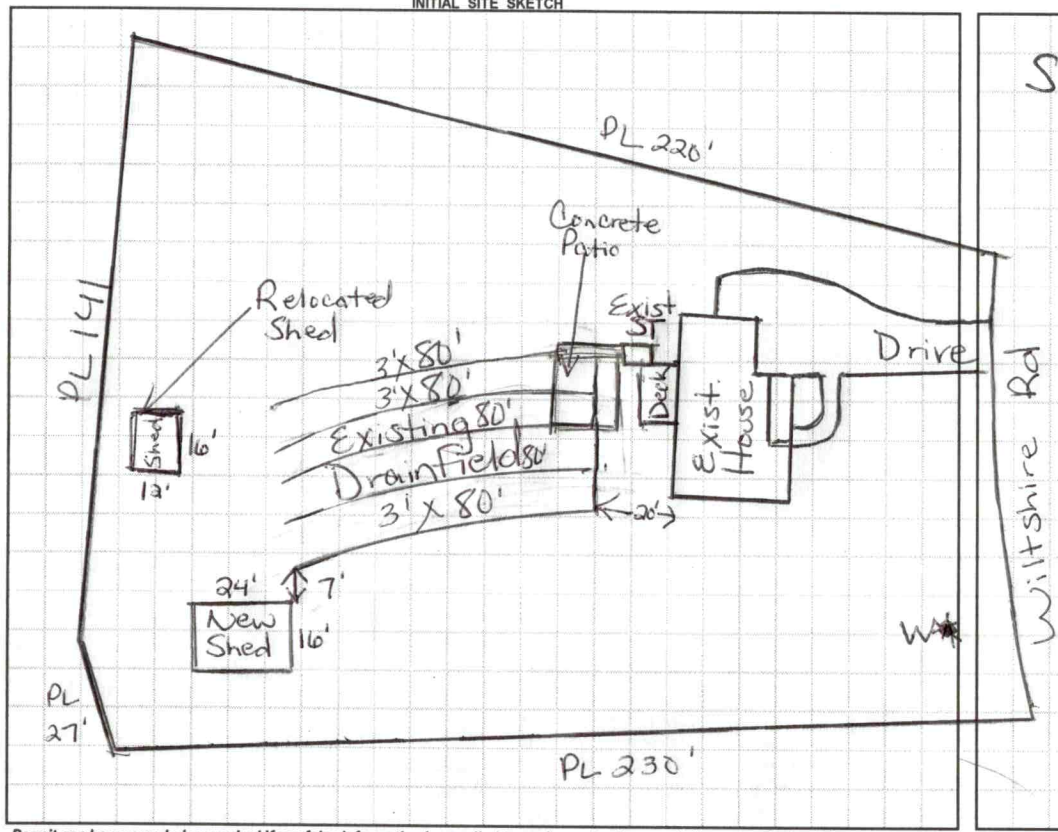
Exist

Septic Tank	1000 (gal)	STB	Date	☐ New System ☐ Repair ☒ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT	Date	System Description: Exist. Gravity-Conventional		☐ Business	No. Persons	6	☒ Private
Pump Make	Model		Serial #	Repair System Description: Grav/Pump 25% Reduct		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1 # Lines	5@80'	Linear Ft: 400'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Exist Trench Width	36" Max. Trench Bottom Depth	36"	Gravel Depth N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: The location of the proposed Sheds does not appear to impact the existing on-site Septic System or well.

* Any Building must be located a minimum of 5ft from the Septic System.

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50

Existing System

Client gets pink & yellow copy of document

OWNER / APPLICANT Andrew Simpson

EHS Maria Dotson

Amount Owed $ 0

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: Date: Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Maria Dotson RS Date: 12/10/15

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 214812

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Exist

Septic Tank 1000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 5 @ 80' Linear Ft: 400'
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Exist Gravity - Conventional
Repair System Description: Grav/Pump 25% Reduct
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

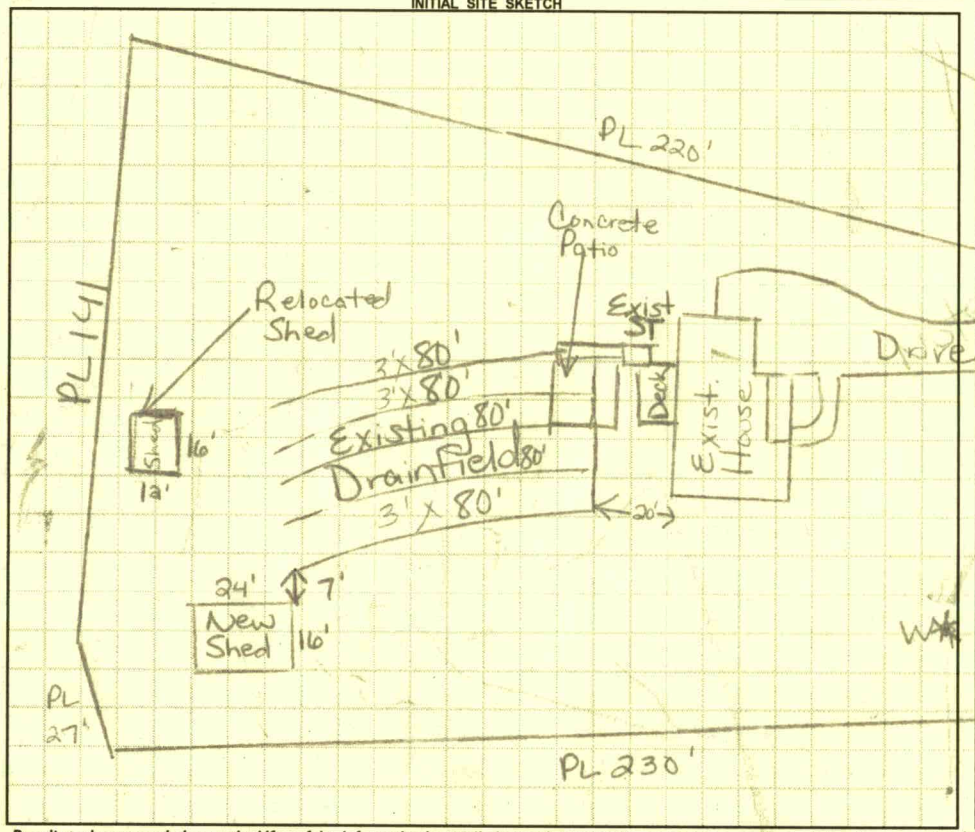
☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply
☒ Private
☐ Public
☐ Community

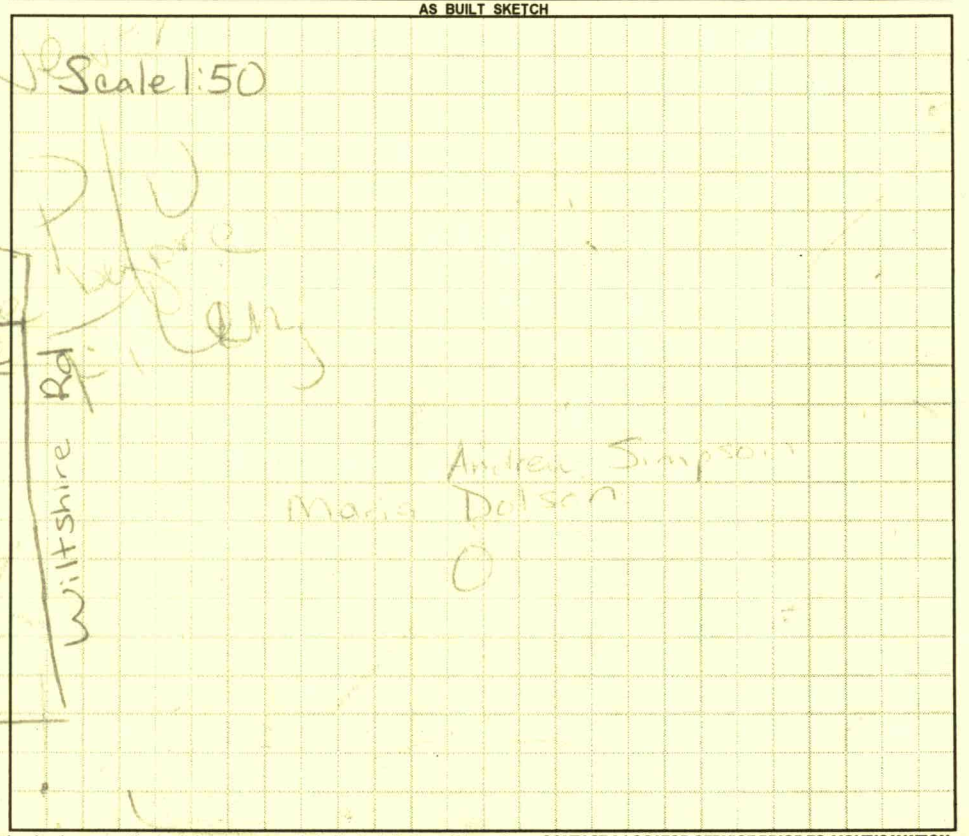
Comments / Conditions: The location of the proposed Sheds does not appear to impact the existing on-site Septic System or well.

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INITIAL SITE SKETCH



AS BUILT SKETCH



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Owner / Applicant Signature: Date: Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Maria Dotson RS Date: 12/10/15

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 214812

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

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Existing

Septic Tank 1000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 5 @ 80' Linear Ft: 400'
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 5 Gravity - Conventional
Repair System Description: Gravity/Pump 25% Reduct
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

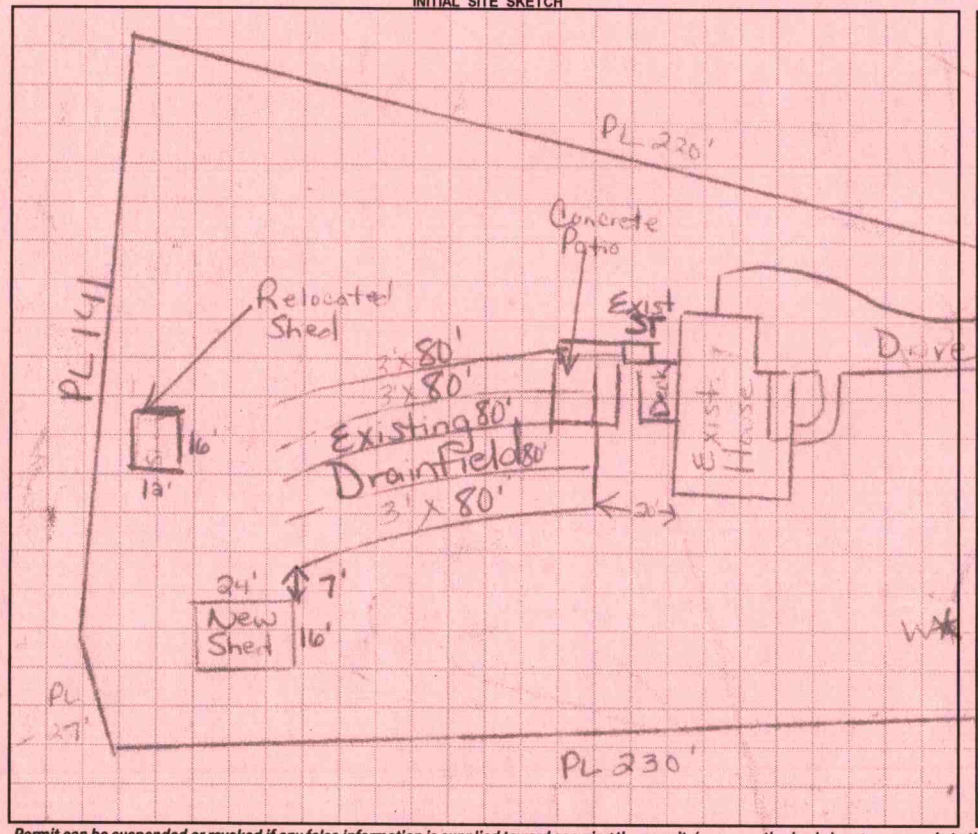
☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply
☒ Private
☐ Public
☐ Community

Comments / Conditions: The location of the proposed Sheds does not appear to impact the existing on-site Septic System or well.

* Any Building must be located a minimum of 5ft from the Septic System

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Maria H Dotson RS Date: 12/10/15

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

RECEIVED NOV 10 2015

Paid $250.00 #214812

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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 ___ 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 #	Alternate Phone #
Andrew Link Simpson	155 Wiltshire Rd. Troutman, NC 28166	704-860-0301	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Andrew Link Simpson	155 Wiltshire Rd. Troutman, NC 28166	704-860-0301	

4. Property Information:

155 Wiltshire Rd, Troutman 28166 (Street Address) — Wiltshire Creek (Subdivision Name) — 3 (Section/Phase and Lot Number)

Driving Directions: Perth Rd. (Troutman heading toward Mooresville, (L) on Clontz Hill Rd, (R) on Ridge Creek Rd., (R) on Wiltshire

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 due to ___
(✓) Other Installing Shed/ Work Shop

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
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: Home Custom Wood working
Square Footage of Building: 24ft x 16ft x 16ft
Maximum Number of Employees: 2
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)* (✓) EXISTING SYSTEM installed 2001 (Year)

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) 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: Andrew Link Simpson
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11-10-15
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

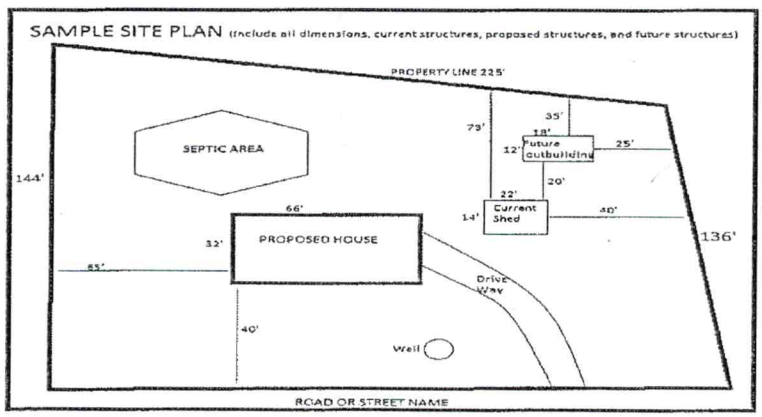
_____ Front and side setbacks from property line... _____ Preferred driveway location and configuration, preferred well location...

_____ 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



Exist Shed to be relocated ~31ft off end of Drainfield

USE THIS SPACE TO DRAW YOUR SITE PLAN



Concrete Patio 18'W X 22' Depth Covers part of upper most Drainline & 2nd Drainline

Deck 16'W X 10' depth

Signature: *Dan Lee*

REQUIRED property owner or owner's legal representative signature.

11-10-15

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 04123 PIN# 4740 203 493 PT 4740208388 DATE 9/5/03

OWNER OR CONTRACTOR A H Inc. PHONE: Business 704-202-5234 Home

ADDRESS 450 Auction Dr. Salisbury NC 28147

LOCATION Perth, TR Clontz Hill, TR Ridge Crk, TR Wiltshire on Lt near end

SUBDIVISION Wiltshire Crk BLOCK / SECTION LOT 3 LOT AREA 0.71 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons: STB 825 Date 9/16/03
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 460
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: Gravity Conventional
Repair System Description: Gravity 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

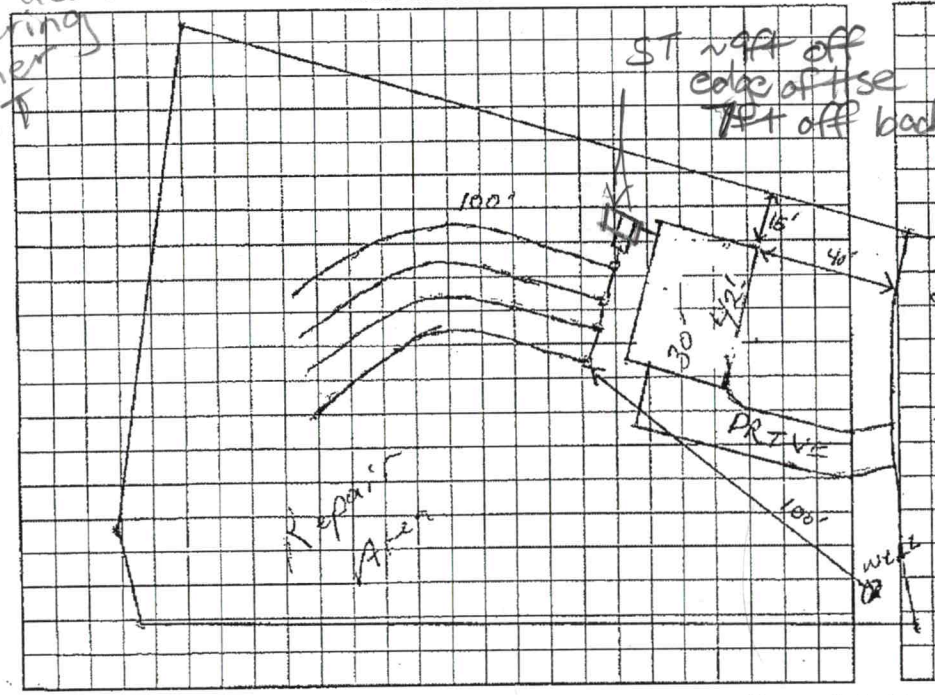
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: last drainline left below HC 20ft off back of Hse 80ft back New Shed left below lowest drainline

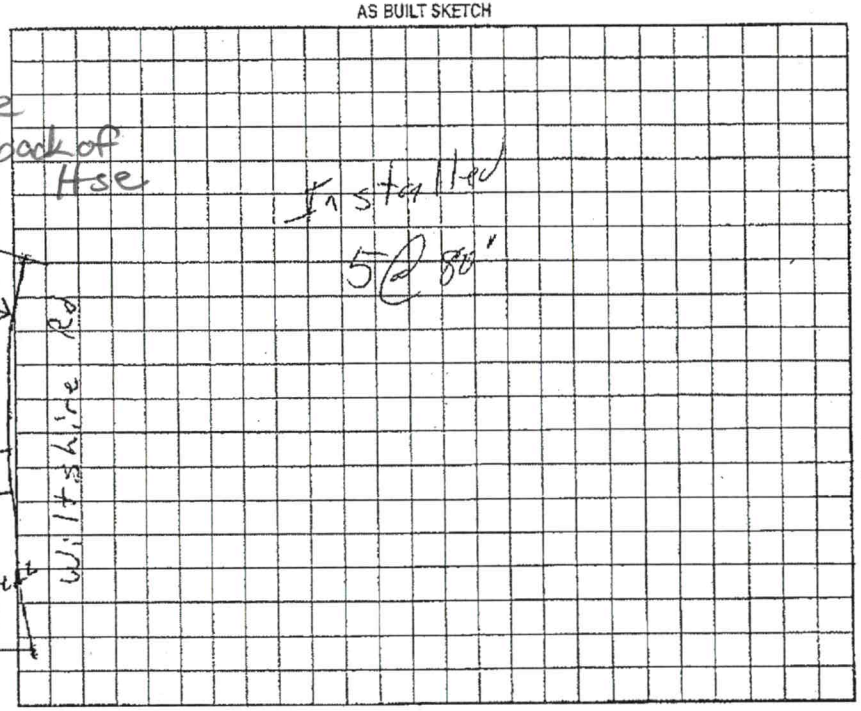
Comments:/Conditions:

INITIAL SITE SKETCH

10ft deck covering Corner of ST



AS BUILT SKETCH



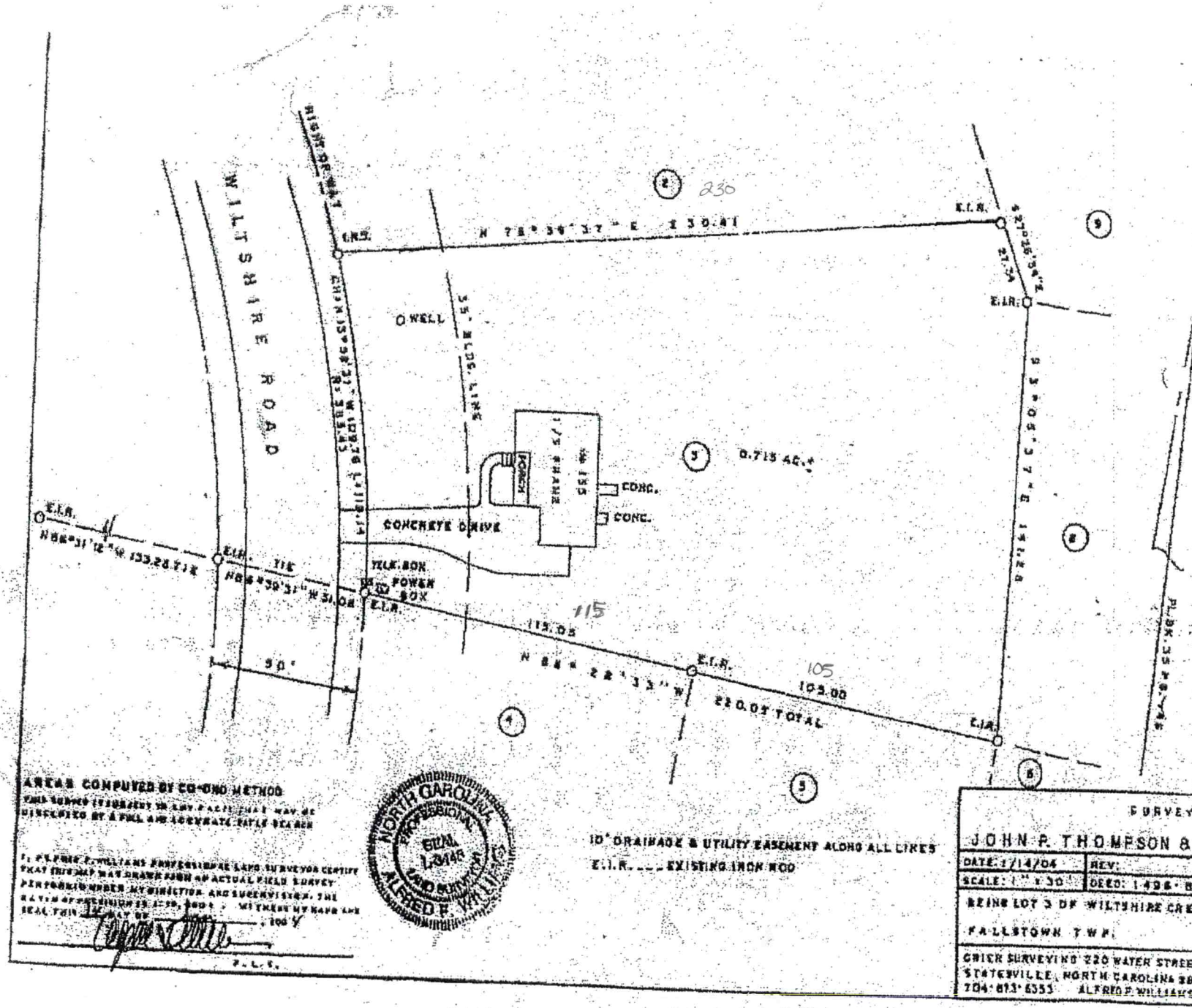
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed Julia Carter date 9/23/03 Installed by: Rowan Septic

Improvement Permit by: RS date 9/5/03 Operation Permit by: RS date 11/13/03

Authorization to Construct by: RS date 9/5/03 Existing System Inspection by: date

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


WILTSHIRE ROAD
HIGHWAY #64
E.I.R.
N 78° 39' 37" E 230.41'
S 27° 25' 38" E
27.54'
S 5° 05' 23" E 151.28'
WELL
55' MIN. BLDG. LINE
N 78° 39' 37" E 118.43'
0.713 AC.±
1 STORY FRAME
PORCH
CONC.
CONC.
CONCRETE DRIVE
TELEPHONE POWER BOX
N 88° 31' 12" W 133.28'
N 88° 39' 37" W 31.08'
115
115.05
N 84° 22' 33" W
105
105.00
220.02' TOTAL
90'
PLBK. 35 PG. 45
AREAS COMPUTED BY CO-ORD METHOD
I, ALFRED P. WILLIAMS PROFESSIONAL LAND SURVEYOR CERTIFY THAT THIS MAP WAS DRAWN FROM AN ACTUAL FIELD SURVEY PERFORMED UNDER MY DIRECTION AND SUPERVISION. THE RATIO OF PRECISION IS 1:10,000+. WITNESS MY HAND AND SEAL THIS 14 DAY OF , 2004.
P.L.S.
NORTH CAROLINA PROFESSIONAL SEAL L-3148 LAND SURVEYOR ALFRED P. WILLIAMS
10' DRAINAGE & UTILITY EASEMENT ALONG ALL LINES
E.I.R. ___ EXISTING IRON ROD
SURVEY
JOHN P. THOMPSON &
DATE: 7/14/04
REV:
SCALE: 1" = 30'
DEED: 1496 B
BEING LOT 3 OF WILTSHIRE CRE
FALLSTOWN TWP.
GRICE SURVEYING 220 WATER STREE
STATESVILLE, NORTH CAROLINA 28
704-873-6353 ALFRED P. WILLIAMS

7/16" OSB ROOF SHEATHING WITH 20 YR. FIBERGLASS SHINGLES
2x6 COLLAR TIES @ 48" O.C. WITH 6-10D COMMON NAILS AT EACH CONN.
2x6 ROOF RAFTERS @ 24" O.C.
2x8 RIDGEPOLE
SIDING OPTIONS: (1-11) 5/8" LP SMARTSIDE EXPOSURE (T-1-11) LP SMARTSIDE PREFINISH 5/8" OR VINYL SIDING OVER 7/16" OSB
TIE PLATE SEE DETAIL BELOW
TIE DOWN EACH CORNER WITH SCREW ANCHOR (3000# MIN. CAPACITY)
2x8 PLATE
2x6 PLATE
2x4 HEADER FOR DOOR AND OPTIONAL WINDOWS UNDER 3'-0" DBL. 2x6 HEADER FOR UP TO 8'-0"
2x4 WALL STUDS @ 24" O.C.
2x10 DBL. JOIST (SUPPORT JOISTS W/ LEDGER UNDER WINDOW AND DOOR OPENINGS
2x8 P.T. RIM JOIST
DOUBLE 2x4 TOP PLATE
2x10 CEILING JOISTS SPACED @ 16" O.C.
4x4 P.T. SKID RUNNERS
2 PER 8' WIDE BUILDINGS
3 PER 10' & 12' WIDE BUILDINGS
4 PER 16' WIDE BUILDINGS
12' PIER LOCATIONS: 4@4'-0" O.C.
16' PIER LOCATIONS: 4@5'-0" O.C.
20' PIER LOCATIONS: 5@4'-0" O.C.
24' PIER LOCATIONS: 6@4'-0" O.C.
2x4 PT @ 12" O.C. JOISTS FOR 8' & 10' WIDE BUILDINGS
2x6 PT @ 16" O.C. JOISTS FOR 12' WIDE BUILDINGS
FOUNDATIONS TO BE DRY-STACKED SOLID 8x16x2, SOLID 8x16x4, OR HOLLOW 8x16x8 CMU OVER THE EXISTING GRADE.
NO CONCRETE FOOTINGS REQUIRED
1 MINI BARN BUILDING WITH ATTIC
Professional Seal
NORTH CAROLINA PROFESSIONAL SEAL 31995 ENGINEER CHAD T. BUTLER
12
5
8" x 090 RING SHANK GALVANIZED NAILS (24 PLACES)
5/8" CDX PLYWOOD PLATE
TIE PLATE DETAIL
UTILITY BUILDINGS ARE DESIGNED TO THE 2012 NC RESIDENTIAL CODE FOR A MAXIMUM WIND SPEED OF 100 MPH
Intelligent Design Engineering PC
BARNYARD UTILITY BUILDINGS

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC PERMITS

The following items* must be completed *PRIOR* to the *SUBMITTAL of the Improvement Permit (IP) Authorization to Construct (AC) / Existing System application packet.

*** Initial each statement to indicate you have read and agree. ***

AS **Complete all Environmental Health forms**: septic system application, site plan, new well water application (if applicable), and sign this green sheet **after** you have completed all items. Include a copy of the site Zoning Permit. NOTE: *A Zoning Permit is not required for septic system repairs or expansion where no addition is being made to an existing structure.* All applications requiring zoning must submit completed paperwork and applicable fees to *CENTRAL PERMITTING* before any name will be placed on the service request (appointment) list. Applications not requiring zoning may be submitted and paid for at Central Permitting in Statesville OR the Mooresville office of Environmental Health. Only properly completed applications will be placed on the service request list on a first come, first serve basis. **Incomplete applications will be returned to the applicant.**

AS **Lots must be cleared** to allow access and provide good visibility. Structure footprint must be visible and adequate area for septic drain field and repair area must be cleared sufficiently to provide staff room to move about freely, shoot laser level elevations as well as test soil with hand auger, etc. **If they cannot access the lot, you will incur a $100 revisit fee AFTER clearing the lot before Environmental Health will return to the site.**

AS Clearly **mark all property corners**. Flag all property lines every twenty-five feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor and easily identified. 'Mow lines' and/or fence lines do NOT constitute marked lines.

AS **Stake or flag the footprint of the proposed building structure or addition to match site plan application**. Without a footprint Environmental Health cannot determine the location and size of a proposed septic system.

AS Where an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for the subdivision lot and include a legible copy of the basic floor plan not larger than 11" x 17" for each floor in the structure. Be sure to include any decks, porches, etc.

AS In the event that backhoe pits are required for soil evaluation (which cannot be determined until Environmental Health staff arrive to test soil) understand that **you are responsible for securing these services.** This may delay the permitting process, but will not result in the application being returned to the bottom of the work list. You must coordinate with the Environmental Health Specialist when test pits are to be dug. The application will be worked back into the schedule as quickly as possible.

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee and the request being returned to the bottom of the service request list. Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. 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.

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated.

Signature Alan Sain Date 11-10-15

Questions? Call between 8:00-9:00a.m., to speak with a Registered Environmental Health Specialist.

Statesville Office
349 North Center Street
(2nd Floor-Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456
This office closes for lunch 1:00 – 2:00 daily.

Mooresville Office
610 East Center Avenue
(2nd Floor-Government Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625
This office closes for lunch 12-1:00 daily.

IREDELL COUNTY

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

APPLICATION NUMBER
214812
Issue Date: 11/10/2015

FILE COPY

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4740208388.000	155 WILTSHIRE ROAD, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SIMPSON ANDREW L+LISA M KMONIC EK	Applicant: SIMPSON ANDREW L+LISA
Address: 908 RELIANCE STREET TROUTMAN, NC 28208	Address: 908 RELIANCE STREET TROUTMAN, NC 28208
Phone:	Phone:

Use Requested	Zone Code
ACCESSORY BUILDING	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.710		10.00	10.00	10.00	PACL	X

Remarks:

PAID Debit 11-10-15

Shall not be erected in front building line of the principal structure. Shall not be erected within 25 ft of any side street or corner lot. Shall not be erected within 10 ft of any line not a street line or within 10ft of any other building on the same lot. Shall not be erected within the 50ft buffer zone on lake front properties. Shall not exceed the height limitation of the principal structure. Exceptions to the front building line location: if the lot equals 1 acre or greater, and is double frontage lake lot or the location of the building/structure is 150 feet or greater than from the frontage street right of way line than the structure can be located in front of home. Any accessory building or structure over 1200 sq/ft shall be setback a minimum of fifty (50) feet from any property line

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	53599	TOTAL FEES:	$ 77.25

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

ENTERED
DEBBIE W

Residential Zoning Permit Application

What are you building? (Please check)

Stick built___ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

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

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
house + shed

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? 3 and stories? 2

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

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 Andrew Simpson Lisa Kmonicek Phone # 704-860-0301

Owner's Current Address 155 Wiltshire Rd., Troutman, NC 28166

Property Information

Property Address 155 Wiltshire Rd, Troutman, NC 28166 Parcel # _____

Subdivision: _____ Lot: ___ Zoning: ___ Watershed: Y or N Flood Plain: Y or (N) Township: Troutman

Directions to property (from a MAIN ROAD) North Rd. (heading from Troutman toward Mooresville) (L) on Clontz Hill Rd., (R) on Ridge Creek, (R) on Wiltshire Rd.

Application Information

Applicant's Name or Company Andrew Simpson Applicant's Phone # 704-860-0301

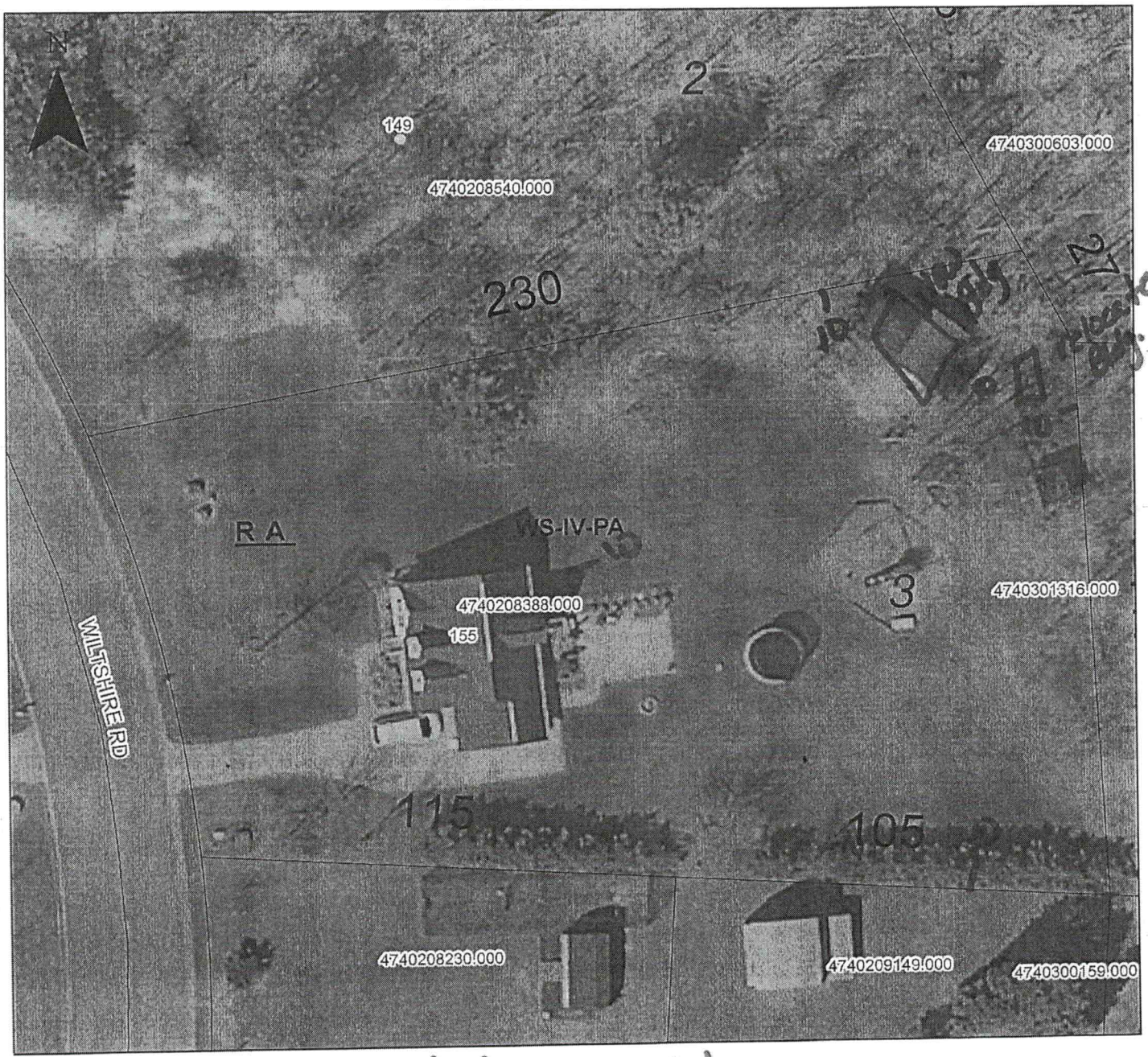
Applicant's Address 155 Wiltshire Rd., Troutman, NC 28166

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 Andrew Simpson DATE 11-10-15

ZONING DISCLAIMER



Property Address 155 Wiltshire Rd.

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

11-10-15
Date

PERMITS/INSP PAYMENT RECEIPT# 381410
COUNTY OF IREDELL
PO BOX 788
200 SOUTH CENTER STREET
STATESVILLE NC 28687

DATE: 11/10/15 TIME: 11:59
CLERK: dwilliams
PAID BY: SIMPSON ANDREW L+LISA M KMONICEK

APPLICATION #: 214812

PERMIT ALLOCATION:

1	104563	460450	2.25	Technology Fee - Planning
		PZOI		
1	104563	472223	75.00	Zoning Permits
		PZOI		
1	10492751	447004	250.00	Environmental Health Fees
		PEHSA		

TOTAL RECEIPT AMOUNT: 327.25

AMOUNT PAID: 327.25
PAID BY: SIMPSON ANDREW L+LISA M KMONICEK
PAYMENT METHOD: CREDIT CAR807528
APPLICATION #: 214812

AMT TENDERED: 327.25
AMT APPLIED: 327.25
CHANGE: .00