IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $130 MOORESVILLE 704-664-5281 3.00

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

PERMIT# 118721 PIN# 4740-50-9989 DATE 2/24/04

OWNER OR CONTRACTOR Oakwood Homes PHONE: Business 704-528-9449 Home

ADDRESS 1018 Charlotte Hwy Troutman NC 28166

LOCATION 115/21 N, TL Flowerhouse, TL Carlyle, on Lt.

SUBDIVISION Carlyle Farms BLOCK / SECTION 2 LOT 4 LOT AREA 2.11 AC SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. 0.25 I/0.3 R

Septic Tank: 1500 Gallons; STB 1012 Date 1/27/04
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1800 Linear Feet 600
No Lines 4 or 5 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth —

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

☒ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

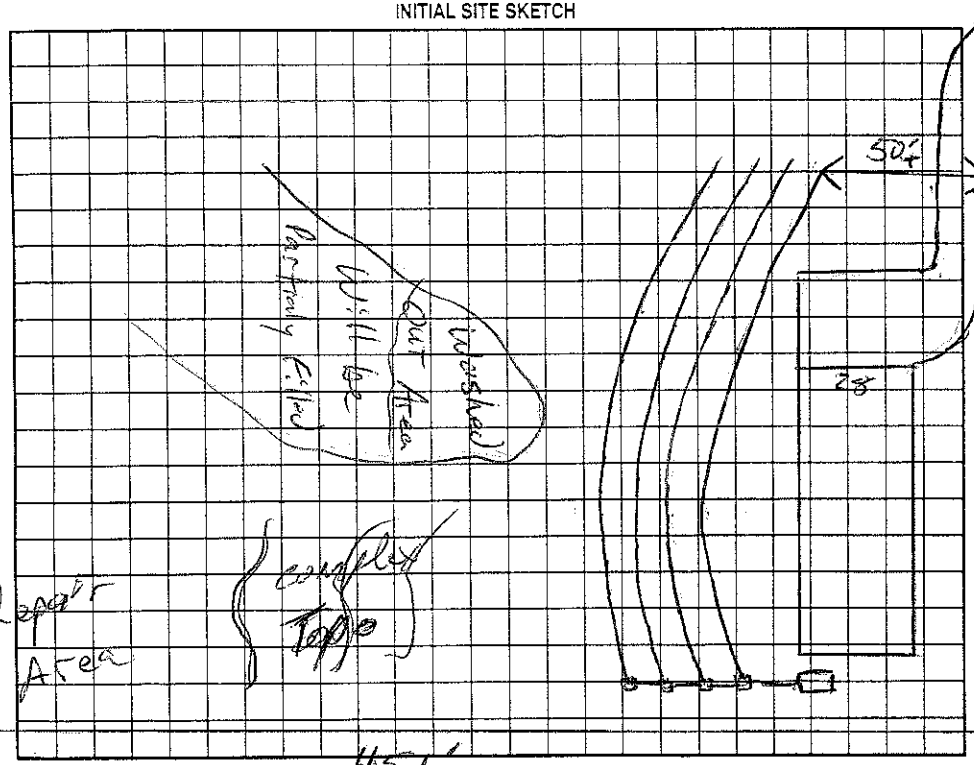
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

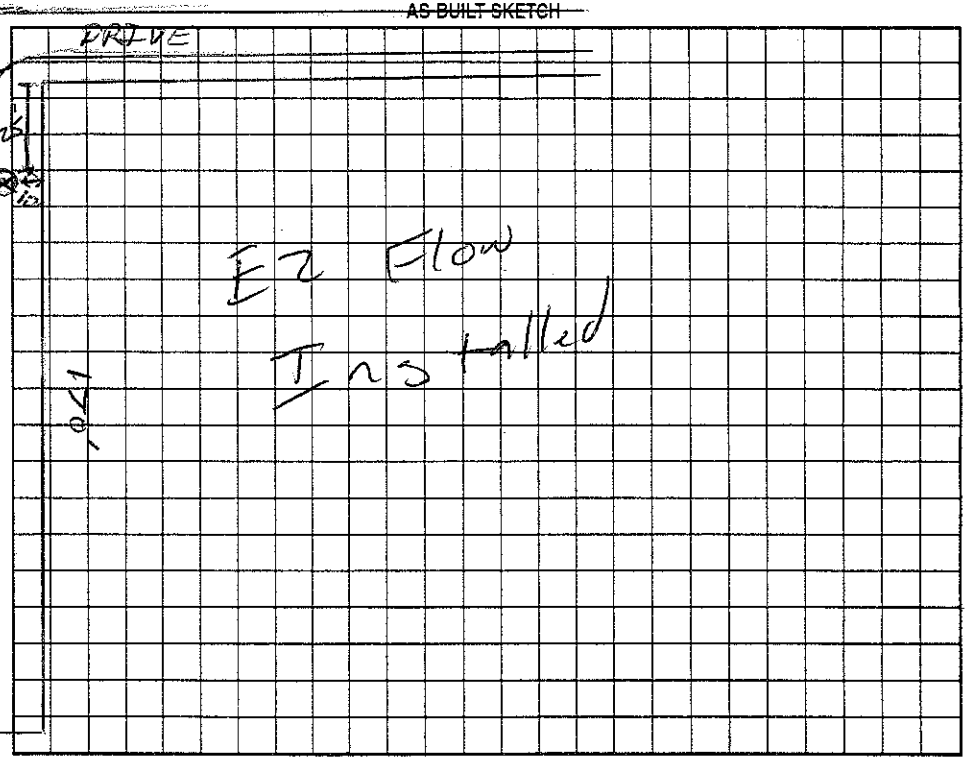
756.24'

Comments:/Conditions:

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. 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: [signature] date

Improvement Permit by: [signature] RS date 2/24/04

Authorization to Construct by: [signature] RS date 2/24/04

Installed by: Craig Thompson

Operation Permit by: [signature] RS date 7/9/04

Existing System Inspection by: date

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

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
OAKWOOD Homes	7045289449	1018 Charlotte Hwy	Troutman	NC	28166

Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Carlyle Farms Dev	LOT 4		CARLYLE RD

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
PRIVATE WATER & SEWER		

Specific Directions to Property FROM EXIT 42 S HWY 21 R. FLOWER HOUSE LOOP - L ON CARLYLE - LOT ON L.

TYPE OF FACILITY: (use check (X) or number as appropriate)

House _____ Mobile Home ✓ Commercial _____ No. Bedrooms 3 No. Baths 3

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing _____

Crawl Space YES Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

4/20/2004 DATE W M Oxburn SIGNATURE OF OWNER/AUTHORIZED AGENT

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	118721ZO	Subdivision:	
Proposed Use:	Double Wide	Township:	1600 Barringer
Location of Property:	177 Carlyle Rd. Troutman NC 28166		
Parcel #:	4740-50-9989	Zoning:	RA
Lot #:	4 Size: 2.11	Flood Plain:	No Watershed: WSIV-CA
Applicant:	Oakwood Mobile Homes Troutman	Owner:	Marlo Corporation
Address:	1042 Charlotte Highway Troutman NC 28116	Address:	P.O. Box 1144 Mooresville, NC 28115
Phone:	704-528-4516	Phone:	
Property Recorded:	Yes Site Plan Reviewed:	Community Water:	No Community Sewer: NO

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: ~~20,000~~ 21,780 Min. Front Yard: 35 ft Min. Left Side Yard: 15 ft

Min. Lot Width: 100 Min: Rear Yard: 35 ft Min: Right Side Yard: 15 ft

Min. Number Parking Spaces: Max. Built Upon Area:

Comments:

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

Directions:

I77S, exit 42, make L 21, L Flowerhouse Loop, 2 miles, R Carlyle Rd., lot down on L, in the curve

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

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 Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant: U W Colburn Date: 1-29-2004

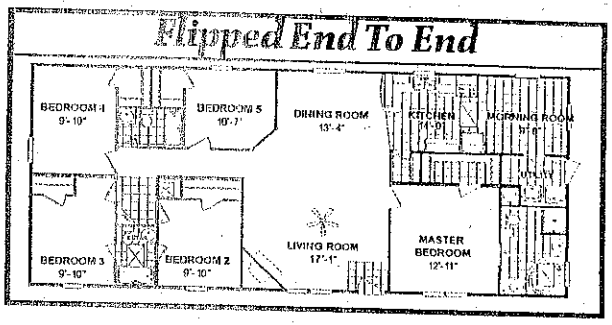
A non-refundable fee of $45.00 is charged on all permit applications.

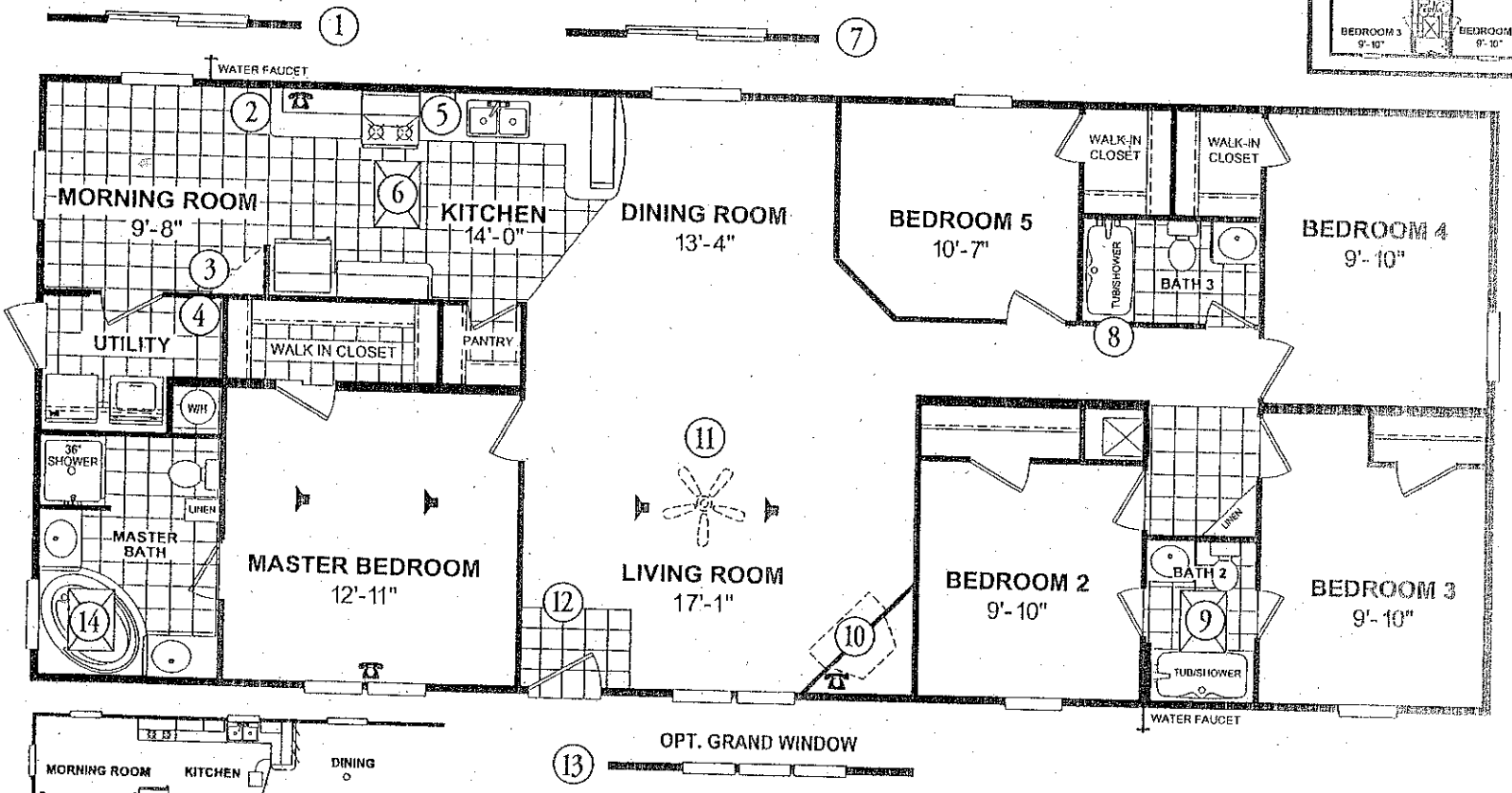
ELLIOTTE BLACKWELL

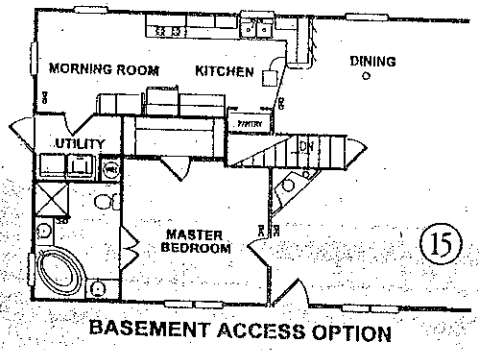
Printed: 1/29/2004

The Give Me Five

Model 1029 - Five Bedroom - Three Bath - Living Room/Dining Room - 28'x64' (Floor Length) 1707 Square Foot Home







Popular Options

1. Patio Door - Morning Room
2. Stereo
3. Pantry
4. Freezer/Deep Sink
5. Dishwasher
6. Skylight - Kitchen
7. Patio Door - Dining Room
8. 54" Walk-in Shower - Bath 3
9. Skylight - Bath 2
10. Fireplace
11. Ceiling Fan with Light Kit
12. Foyer Tile
13. Grand Window
14. Skylight - Master Bath
15. Basement Access Option

Speaker Phone Jack

A Place Called HOME

The Give Me Five 28 x 64