BLDR-2025-71777

BM

File/Permit #: OSWP-2025-70476

IREDELL COUNTY HEALTH DEPARTMENT

BRADY FREEMAN, MPA REHS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

EXISTING SYSTEM APPROVAL

☐ Existing System Approval
- ☐ Site modification (e.g., storage shed) or footprint addition with no DDF or wastewater strength increase
- ☐ Reconnection when the proposed facility is in the same footprint as existing/previous facility

☑ Construction Authorization/Notice of Intent to Construct

[issued for reconnection when the proposed facility is not in the same footprint as existing/previous facility pursuant to Session Law 2023-77, Section 5.(c)]
[certified inspectors are not authorized to approve reconnections outside of footprint pursuant to Session Law 2023-77, Section 5.(c)]

Applicant: GERALD RIMMER CONSTRUCTION
Mailing Address: 122 BIG BEAR TRAIL
City: TROUTMAN
State: N.C. Zip: 28166
Phone #: 704-902-1080
Email: GERALD96@BELLSOUTH.NET

Owner: LARRY SNOWBERGER
Mailing Address: 150 CARLYLE ROAD
City: TROUTMAN
State: N.C. Zip: 28166
Phone #: —
Email: —

PIN/Lot Identifier: 4740-51-7616
Property Location/Address: 150 CARLYLE ROAD, TROUTMAN, N.C. 28166 (NO SUB)
Facility Type: ☑ House/Modular ☐ Mobile/Manufactured Home ☐ Business ☐ Other:

Operation Permit/ATO #: OSWP-2025-70476 Design Daily Flow: 600 GPD
Number of Bedrooms: 5 Max # Occupants: 10 Other: —
Wastewater Strength: ☑ Domestic ☐ High Strength ☐ Industrial Process Wastewater
Water Supply: ☑ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other:

Proposed Property Improvement: ADDING 3BR HOUSE TO 5BR SYSTEM WITH EXISTING 2BR APPARTMENT/ GARAGE, POOL FROM ORIGINAL PERIT WAS NOT MARKED AT TIME OF INSPECTION-WILL NEED REINSPECTION TO BUILD POOL

All the following must be checked for approval:
- ☑ No current or past uncorrected malfunction of the system as described in 15A NCAC 18E .1303(a)(2)
- ☑ DDF and wastewater strength for the proposed facility do not exceed that of the existing system
- ☑ Proposed facility meets the setbacks in Section .0600 of 15A NCAC 18E

Approval Conditions: SYSTEM APPEARED TO BE FUNCTIONING AT TIME OF INSPECTION, SYSTEM AREA NEEDS MAINTIENCE TO REMOVE SMALL TREES GROWING BACK IN AREA SYSTEM TO SERVE NO MORE THAN 5BED ROOMS

Inspector's Printed Name: BRYANT C. WHITE Inspector Certification #: 2751
Inspector's Signature: Bryant C. White Date: 4-10-2025

The existing system approval expires one year after the date of issuance.

See attached site sketch

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5305 Ext.3456

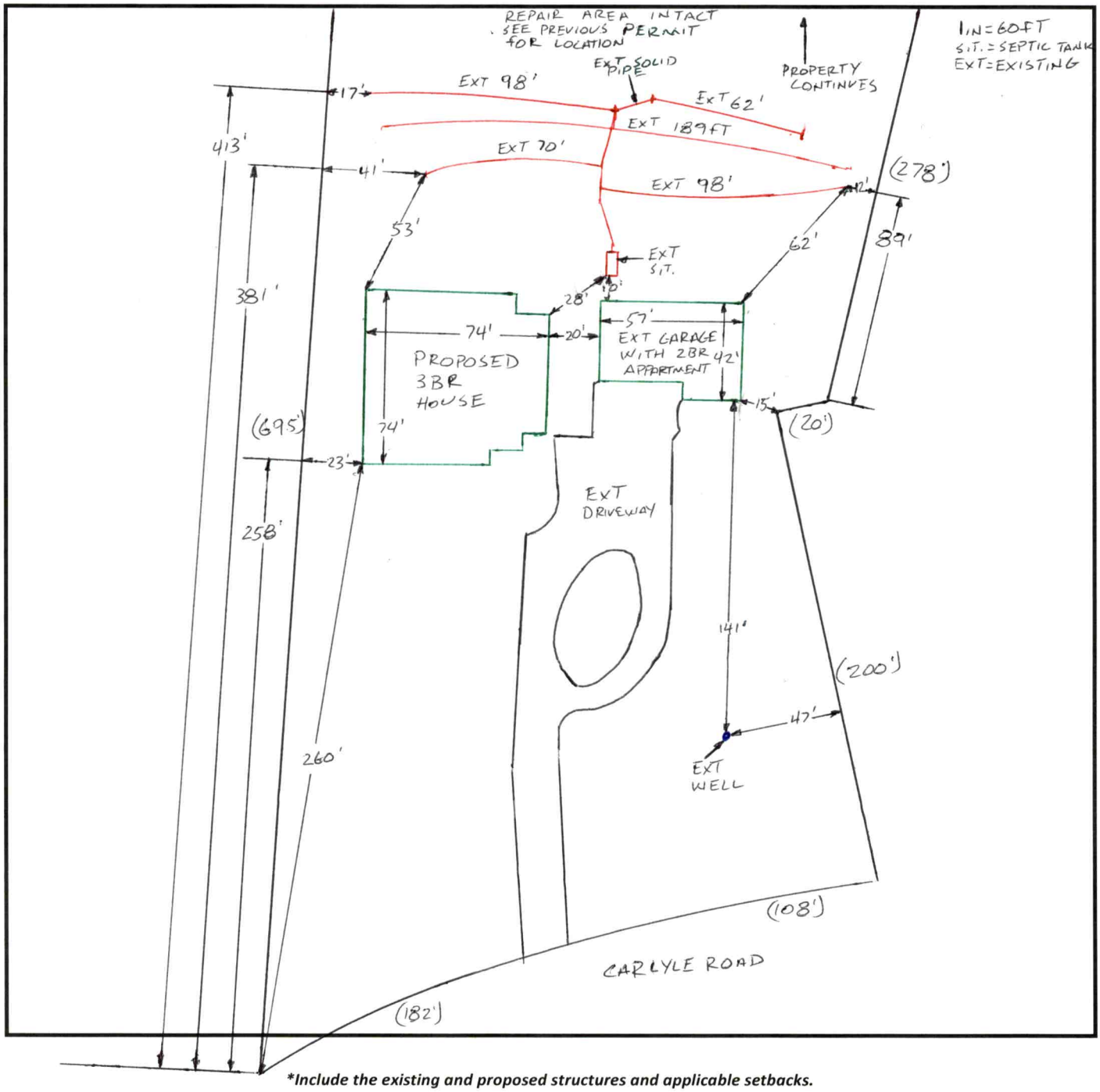
https://www.iredellcountync.gov/161/Health-Department/

See attached site sketch

EXISTING SYSTEM APPROVAL
SITE SKETCH

Operation Permit/ATO #: OSWP-2025-70476 PIN/Lot Identifier: 4740-51-7616

Owner: LARRY SNOWBERGER Property Location/Address: 150 CARLYLE ROAD, TROUTMAN, N.C. 28166



Include the existing and proposed structures and applicable setbacks.

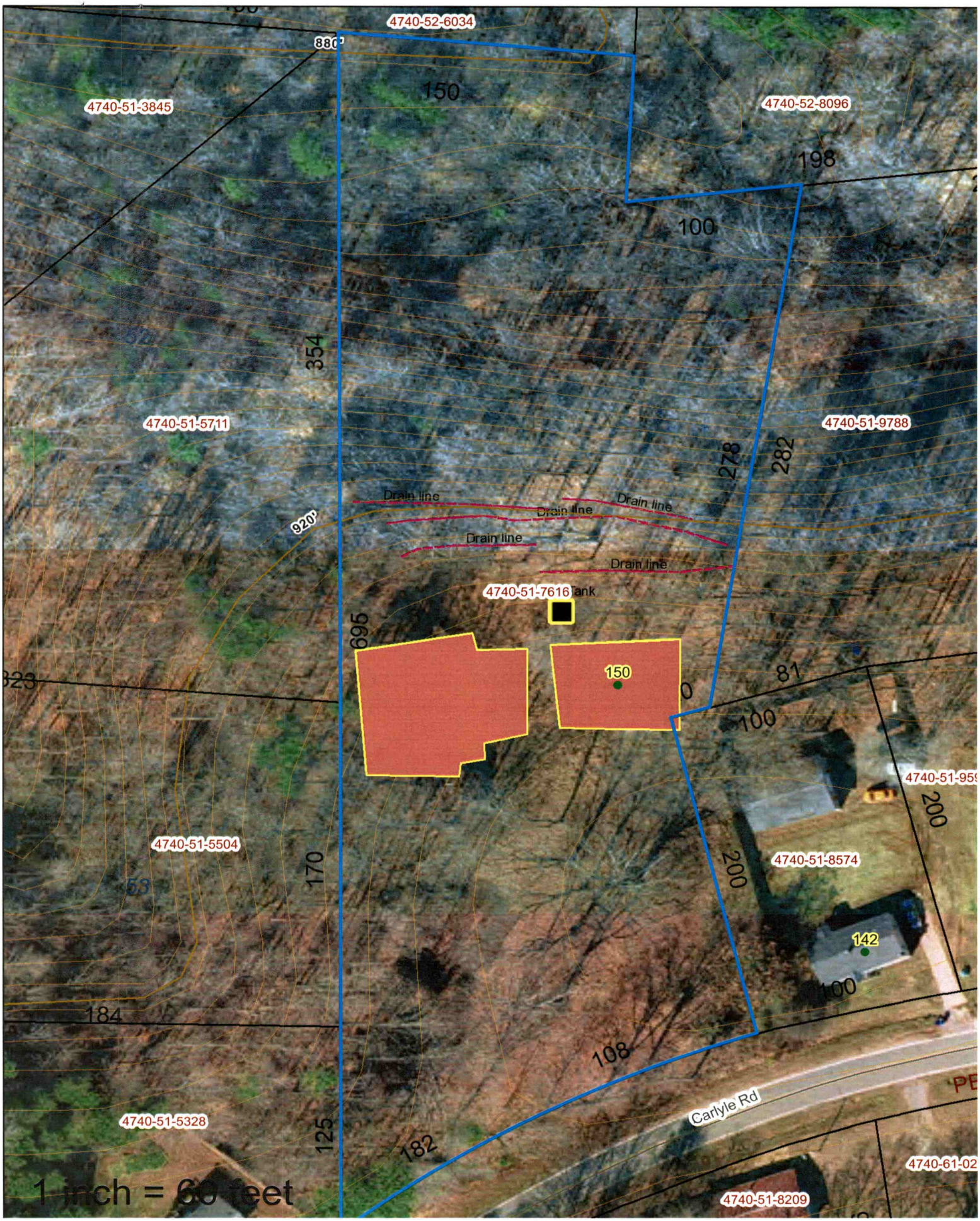
Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704-878-5300

Mooresville Site
610 E. Center Avenue
Mooresville, NC 28115
704-664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704-878-5305 x3456

www.co.iredell.nc.us/161/Health-Department


4740-51-3845
4740-52-8096
198
21
100
52
354
4740-51-5711
4740-51-9788
278
282
Drain line
Drain line
Drain line
Drain line
Drain line
920'
Septic Tank
4740-51-7616
695
150
81
100
4740-51-959
200
4740-51-5504
53
170
4740-51-8574
200
142
100
Property Corner
184
Property Corner
108
PB 7
Carlyle Rd
125
182
4740-51-5328
4740-61-02
158
Property Corner
4740-51-8209
116
309
1 inch = 60 feet


4740-52-6034
4740-51-3845
4740-52-8096
150
198
100
354
4740-51-5711
4740-51-9788
278
282
Drain line
Drain line
Drain line
Drain line
Drain line
920'
4740-51-7616 Tank
695
150
81
100
4740-51-959
200
4740-51-5504
170
4740-51-8574
200
142
100
184
108
Carlyle Rd
4740-51-5328
125
182
4740-61-02
4740-51-8209
1 inch = 60 feet

PERMIT SNAPSHOT REPORT OSWP-2025-70476 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	02/19/2025
Work Class:	EH Septic Permit	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	In Progress	**Square Feet:**	0.00	**Completed:**	03/11/2025
Valuation:	$0.00	**Assigned To:**	White, Bryant	**Approval Expire Date:**	
Description:	septic permit is already approved				

Parcel: 4740517616.000 Main	**Address:** 150 Carlyle Rd Troutman, NC 28166 Main	**Zone:** RA(Residential Agricultural District)

Applicant/Authorized Agent	Applicant/Authorized Agent	Property Owner
Gerald Rimmer Construction INC 122 BIG BEAR TRL. PO BOX 582 TROUTMAN, NC 28166 Business: (704) 528-5724 Mobile: (704) 902-1080	Gerald Rimmer Construction INC 122 BIG BEAR TRL. PO BOX 582 TROUTMAN, NC 28166 Business: (704) 528-5724 Mobile: (704) 902-1080	LARRY I+WENDY L SNOWBERGER

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Existing System Inspection	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	72x68
What are the proposed structures	New Single-Family Residence - Stick Built	Type of New Single-Family Residence	Stick Built	Maximum Number of Bedrooms	3
If other Addition/Structure, please explain		Number of Occupants	2	Foundation Type	Basement with Plumbing
Residential/Business/Other	Residential	Water Supply	Existing Well	Desired Septic System Type	Conventional (most common)
If other septic system type, please explain		Pump Make		# of Nitrification Fields	
Model		Serial #		System Description	
Repair System Description		Comments/Conditions		Permit type(s)	Authorization to Construct
Has this project been approved by TRC	No	Lot Acreage	3	Front Setback	35
Back Setback	35	Left Setback	15	Right Setback	15
Zoning Permit Issued Date	Mar 12 2025 12:00AM	Zoning Permit Expiration Date	Sep 8 2025 12:00AM	Is the structure or development in the floodplain	No
Is the property in a local historic district?	No	Is the property located downtown?	No	Zoning Notes/Addendums	Single family home, existing home to be converted to accessory dwelling,
Additional Unique Setbacks Apply	No				

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Gerald_Rimmer_2/19/2025.jpg	02/19/2025 14:42	Rimmer, Gerald		Uploaded via CSS
Document_2025-02-19_143214_v1.pdf	02/19/2025 16:03	Rimmer, Gerald	Available Online	
Document_2025-02-19_164521_v1.pdf	02/20/2025 9:50	Rimmer, Gerald	Available Online	
Xerox Scan_03102025114548.pdf	03/10/2025 11:52	Fleming, Latasha	Available Online	Additional Info

PERMIT SNAPSHOT REPORT (OSWP-2025-70476)

150 CARLYLE RD EMAIL.pdf	03/11/2025 8:30	Kendrick, Brandi
150 Carlyle Rd adu drawings.pdf	03/11/2025 13:25	Harper, Rebecca

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2025-289983	Requested	OSWP Septic/Well Preliminary Site Visit	03/13/2025	03/14/2025 0:00	03/14/2025 0:00		

Inspectors: Hart, Ronda (Primary)

Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

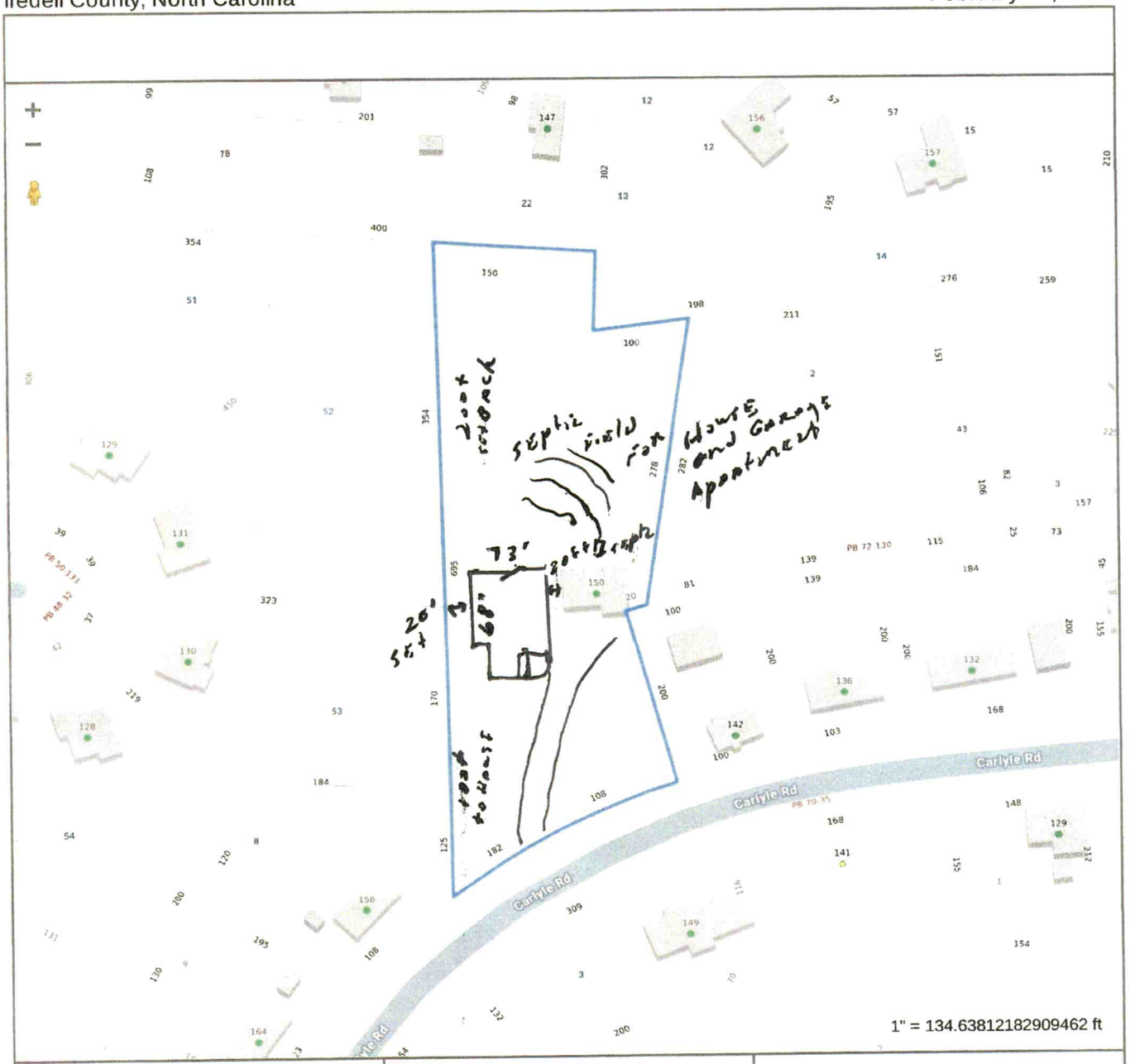
Note	Created By	Date and Time Created
1. Existing home on property built to be an adu and meets the requirements for sq ft. Okay to add main home now.	Rebecca Harper	03/11/2025 13:25
2. I called and left a voice message for the applicant to call me to confirm property is ready for me to inspect.	Peter Mravetz	03/12/2025 14:54
3. Larry will call me when he gets his front corners found.	Peter Mravetz	03/13/2025 10:33

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00042148	Iredell Zoning Permit Fee	$75.00	$75.00
	Existing System Inspection	$250.00	$250.00
	Iredell Zoning Tech Fee	$2.25	$2.25
	Total for Invoice INV-00042148	$327.25	$327.25
	Grand Total for Permit	**$327.25**	**$327.25**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		03/10/2025 11:48	03/10/2025 11:51
Confirm application complete v.1	Generic Action		03/10/2025 11:51
Zoning Review v.1		03/11/2025 14:12	03/12/2025 7:58
~~Floodplain Admin Overview v.1~~	Task		03/11/2025 14:12
Iredell County Zoning Approval v.1	Task	03/11/2025 14:12	03/11/2025 14:14
Issue Invoice v.1	Generic Action		03/11/2025 14:12
Fees Paid v.1	Generic Action		03/12/2025 7:58
Fees v.1		03/11/2025 14:13	03/12/2025 7:58
Issue Invoice v.1	Generic Action		03/11/2025 14:13
Fees Paid v.1	Generic Action		03/12/2025 7:58
Lot Readiness Verification v.1		03/13/2025 15:44	
OSWP Septic Preliminary Site Visit v.1	Inspection	03/13/2025 15:44	03/13/2025 15:44
OSWP Site Evaluation v.1	Inspection		
Issue Improvement Permit v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Issue Permit v.1	Generic Action		
Permit Completion Process v.1			
Authorization to Construct Permit v.1	Create Sub Permit		
Issue Authorization to Construct v.1	Generic Action		

Iredell County, North Carolina

February 21, 2025



Tax Map Information

• PIN	4740517616.000
• Address	150 CARLYLE RD
• Account #	Acct 80026176
• Tax Owner	SNOWBERGER LARRY I
• Mailing Address	150 CARLYLE RD
•	TROUTMAN, NC 28166
• GIS Owner	SNOWBERGER LARRY+WENDY
• Deed Info	2360 / 2126 - WD - 20150608
• Tax Acres	3 AC
• Lot #	
• Description	FREELAND SR1313
• Zoning	RA
• Old Parcel #	1604F00000A066
• Bldg Value	$147,980
• OBXF Value	$2,020
• Land Value	$84,000
• Total Value	$234,000
• Defer Value	$0
• Tax Districts	-ALLCNTY FIRE- -

IREDELL

MAP FOR REFERENCE ONLY
NOT A LEGAL DOCUMENT

Iredell County, North Carolina makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Geometry updated 11/08/2024
Data updated 11/08/2024

Print map scale is approximate. Critical layout or measurement activities should not be done using this resource.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 2 of 2
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

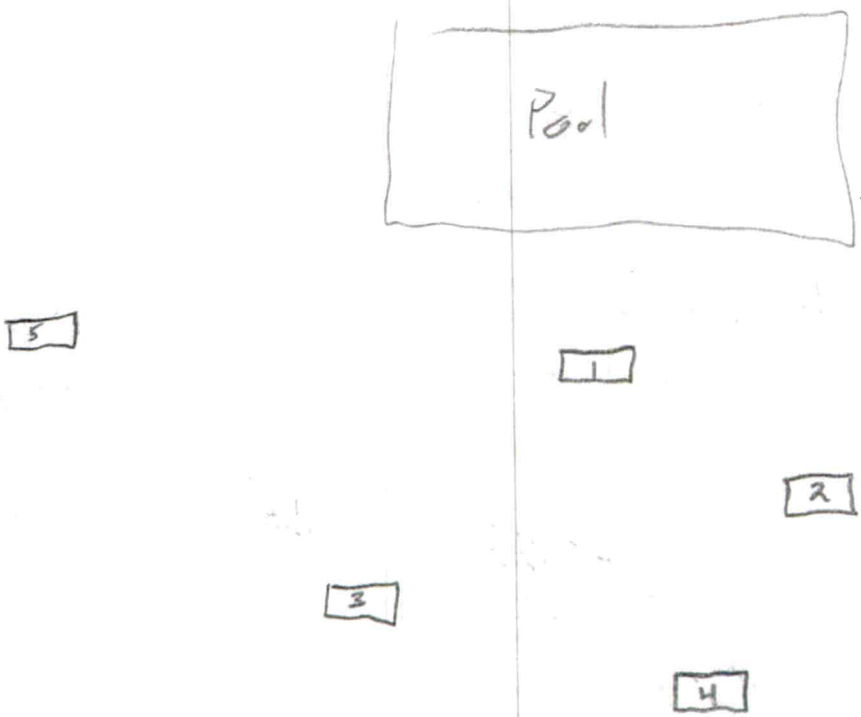
OWNER: _____ APPLICATION DATE _____
ADDRESS: 150 Carlyle Rd DATE EVALUATED: 1/9/19
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

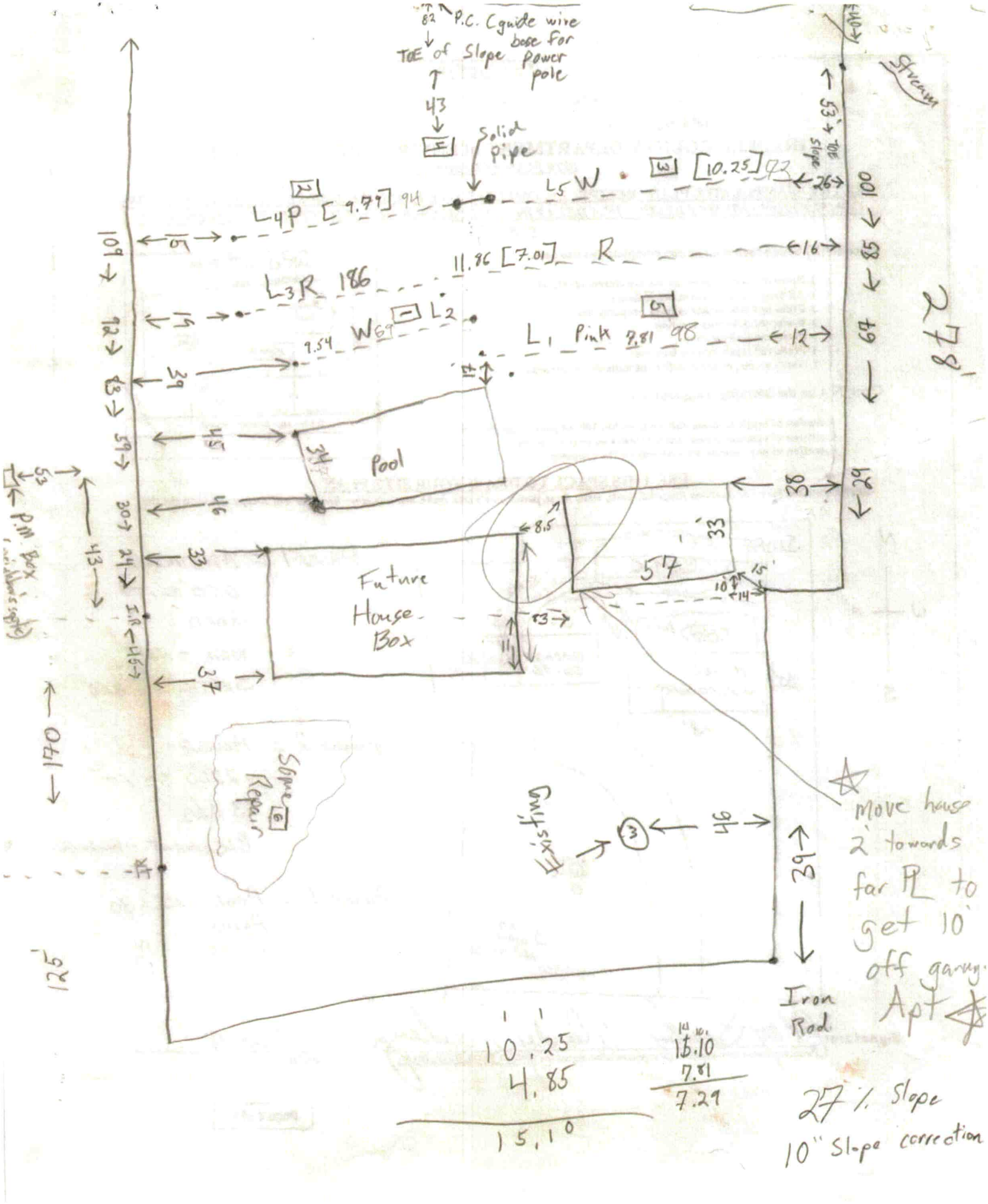
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1 5	Shoulder 15%	0-8	SCL V.W.SBK	Sl. Friable, SS, Sp, Sap	—	29"	—	—	0.325
		8-18	Clay W-M SBK/ABK	Sl. Firm, Sticky, Sp, Sap					
		18-29	Clay Loam W.SBK some SAP	Sl. Friable, SS, Sp, Sap					
		29-74"	MA Loamy Saprolite	very Friable + well Drained					
2 6	(front of house left of driveway) summit 6%	0-7	SCL V.W.SBK	Sl. Friable, SS, Sp, Sap	—	55"	—	—	0.30 RS
		7-34	Clay W-M SBK/ABK	Sl. Firm, Sticky, Sp, Sap					
		34-55	Clay Loam W.SBK	Sl. Friable, SS, Sp, Sap					
		55-62	MA Sandy Saprolite	very Friable + well Drained					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____


Pool
5
1
2
3
4


P.C. Cguide wire base for power pole
TOE of Slope
Solid Pipe
Stream
Pool
Future House Box
Slope Repair
Existing
Move house 2' towards far PL to get 10' off garage
Apt
Iron Rod
27% Slope
10" Slope correction
P.U.E.
P.U.E.
P.U.E.
125'
278'
10.25
4.85
15.10
7.81
7.29

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

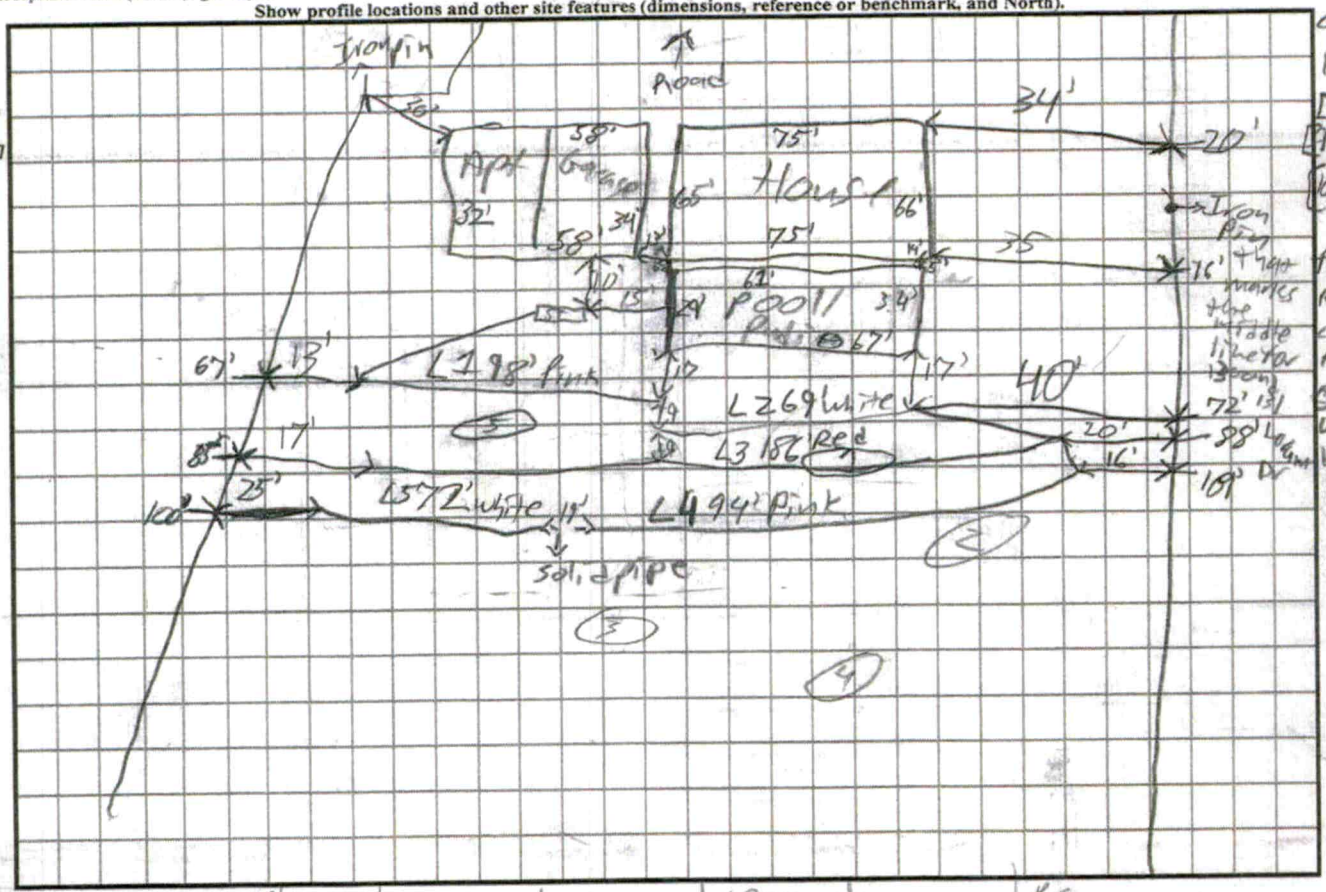
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



5	S%	0-8 8-20 20-30 30-78	SCL w/SR C SBK Loamy w/rock Sandy Sap w/rock	—	20"	Loamy Sap 20-30" Sandy Sap 30-78"	—	PS, 325
6	HS 5%	0-7 7-34 34-52 52-62	SCL w/SR C SBK/Blocky CL w/SR Sap w/rock	—	52"	Sap 52-62"	—	RS, 3

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

$ Paid

Application For:
(X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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: Larry & Wendy Snowberger Address: 191 Fox Hollow Rd Zip: 28117
Applicant Email: WSnowberger@yahoo.com Phone: 330-727-8587 Alt. Phone: 630-809-1658
LSnowberger@yahoo.com
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 150 Carlyle Rd Troutman, 28166
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: _____

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

(X) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 5
Maximum Number of Occupants: 3
(X) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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: 1 Number of Persons: 3
(X) 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: _____
(X) 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 (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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: Larry Snowberger Wendy Snowberger 11-28-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

i , SNOWBERGER, LARRY & WENDY

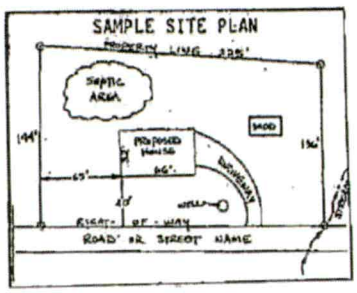
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction

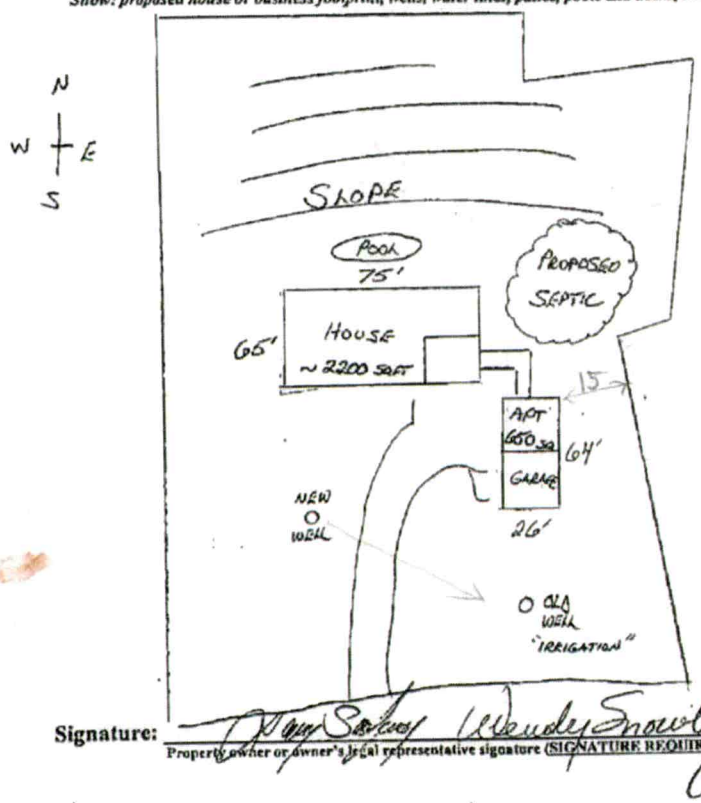


Circle N/A on the following if appropriate:

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

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



PHASE 1 = APARTMENT 650 SQFT
- 2 BED
GARAGE
WELL
SEPTIC = 5 BED

PHASE 2 = HO SE ~2200 SQFT
)
ENT WALKOUT

PHASE 3 = POOL

Signature: Larry Snowberger Wendy Snowberger — 11-28-18

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)* Larry Snowberger Wendy Snowberger

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, Larry & Wendy Snowberger, am the legal owner(s) of the property located at 150 Carlyl Rd Troutman 28166, identified as PIN (Parcel Identification Number) 4740517616.000 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

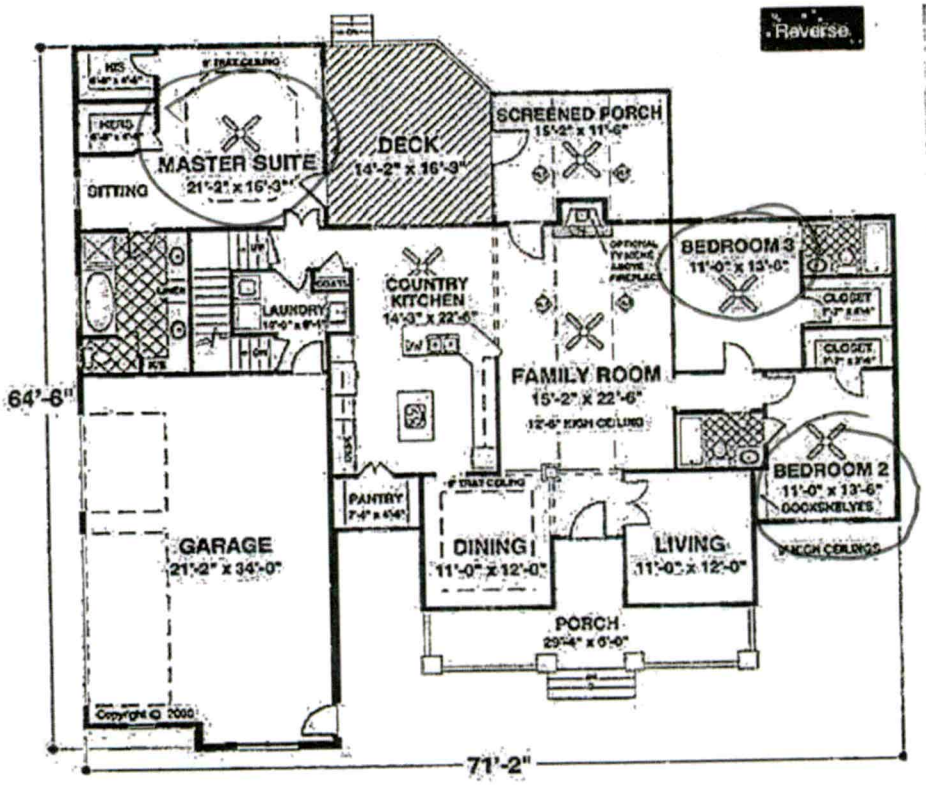
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Larry Snowberger Wendy Snowberger — Signature of Owner(s)

11-28-18 — 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



HEATED SQUARE FOOTAGE:	2158
BONUS AREA (INCLUDING STAIRS):	1535
OPT. FINISHED BASEMENT: (INCLUDING BOAT GARAGE & SAFE ROOM)	2332

MAIN HOUSE - PHASE 2

PLAN WILL BE REVERSED

W/ BASEMENT

First Name

Last Name

Email

Phone

Company Name (Builders)

When do you want to start construction?

- Select -

Do you have a lot?

- Select -

Are you working with a builder?

- Select -

Where do you plan on building?

- Select -

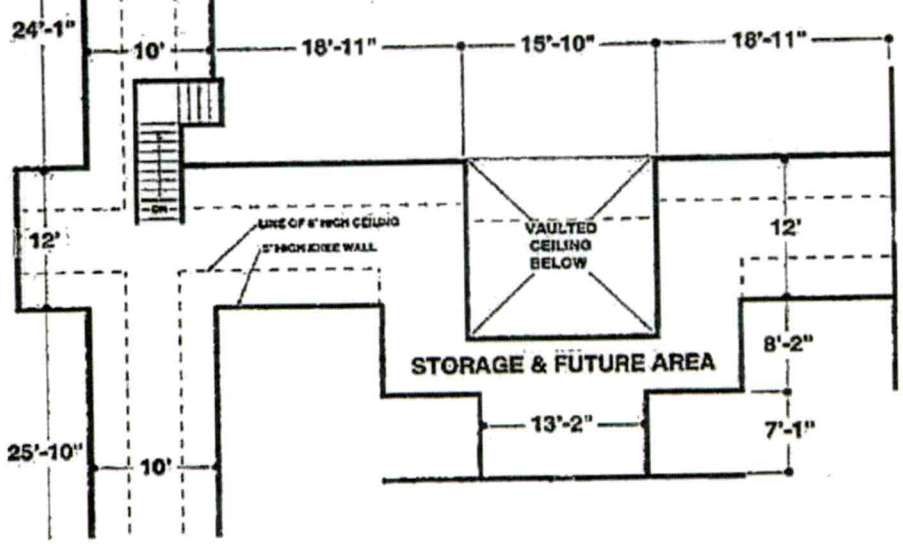
Please enter your Questions Here

SUBMIT

Phone 1-800-913-2350
Hours Mon-Fri, 9 am - 8:30 pm (EST)

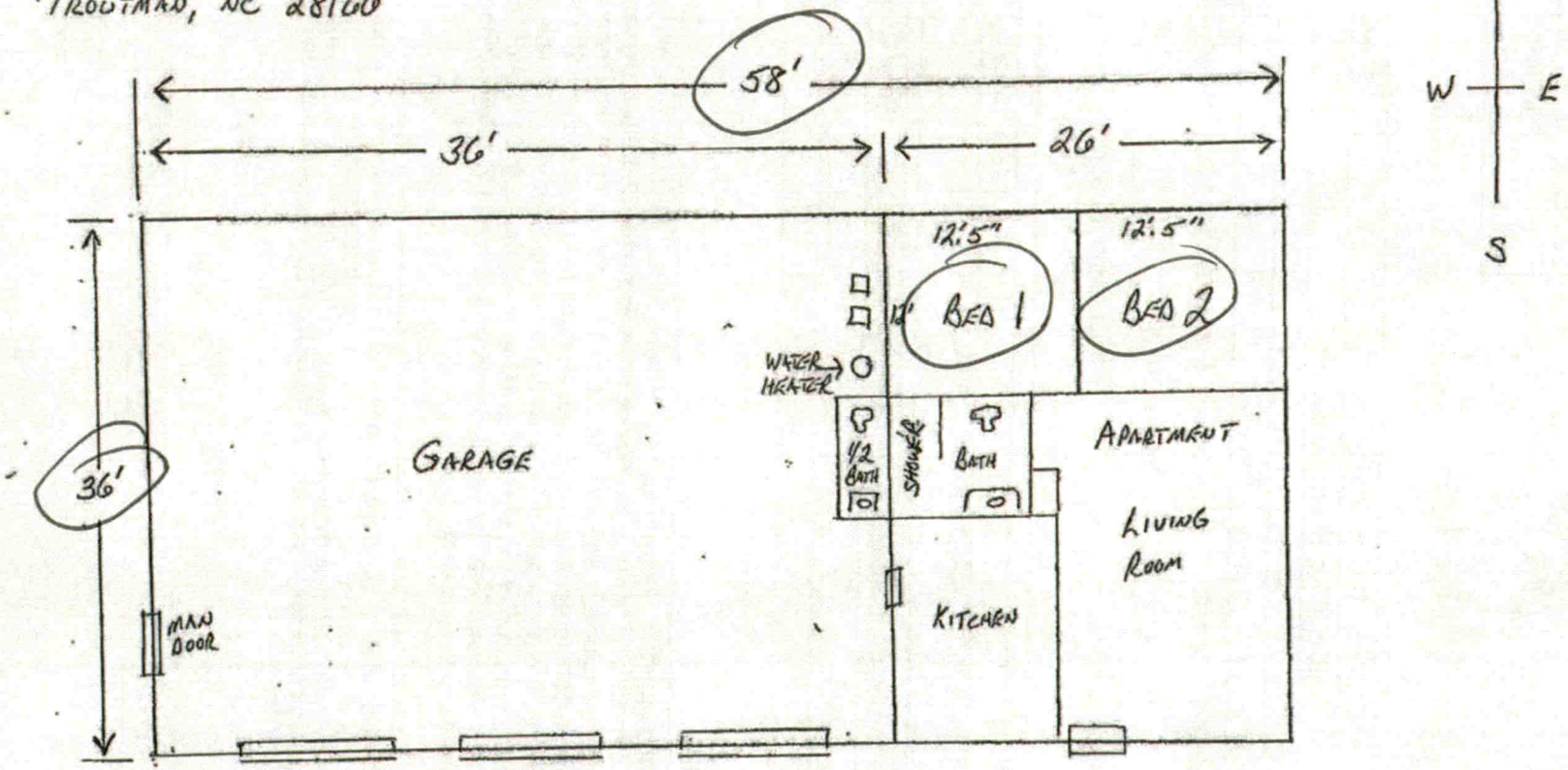
Floor Plan - Other Floor Plan

Reverse



Submittal ONLY!
Date 11/28
Date 11/28
11/8/2016

SNOWBERGER, LARRY & WENDY
150 CARLYLE ROAD
TROUTMAN, NC 28166



Acknowledgement Of
Plans Submittal ONLY!
Doug Sweeney Date 12-28-18
Sam Shuler Date 12-28-18

PHASE 1

ACCESSORY DWELLING
W/ GARAGE

IREDELL COUNTY

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

APPLICATION NUMBER
240606
Issue Date: 11/28/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4740517616.000	150 CARLYLE, TROUTMAN, NC 28166	

Owner Information	Applicant Information
Owner: VANDERBURG HARRILL E+ELAINE	Applicant: SNOWBERGER LARRY I+WEN
Address: 0	Address: 2402 SW 23RD CRANBROOK DRIVE
IREDELL CO, NC 28625	TROUTMAN, FL 33436
Phone:	Phone:

Use Requested	Zone Code
ACCESSORY DWELLING WILL BE BUILT FIRST EH APPROVAL FOR ENTIRE PROJECT PLEASE	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
3.000	35.00	35.00	15.00	15.00	PACL	X

Remarks:

Accessory Structure with living quarters: Must meet requirement R6 of the LDC. It shall be clearly subordinate to the principal structure or home. For detached dwelling units and those using separate septic and/or well systems, the minimum lot size shall be 2 times the minimum lot requirement for the district. Shall not be greater than 650 square feet. The accessory unit may be combined with a garage, workshop, etc. Must be owned by the same person who owns the principal dwelling or home. Shall not be served by separate driveway from that of the principal dwelling or home. Must be located in the rear or side yard and meet rear and side yard setback requirements of a principal structure or home. Shall meet the height requirement of the zoning district.

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	160328	TOTAL FEES:	$ 77.25