IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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:

Applicant Name: Michael Gandy Address: 16108 NorthPoint Rd Phone: 704 506 5148

Owner Name: ELG Investments Address: 16108 NorthPoint Rd Phone: 704 506 5148

Property Information:

Street Address: 136 Hawks Landing Dr Troutman NC

Subdivision Name: Hawks Landing Section/Phase: _____ Lot Number: 7

Driving Directions: Exit 42 to Flower House Loop go 1 mile Hawks Landing on Right.

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

(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: _____

( ) No Preference ( ) Alternative (X) 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: _____ 5/13/14

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

IREDELL COUNTY HEALTH DEPARTMENT

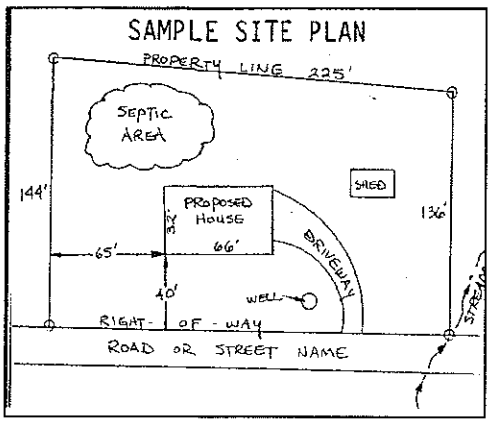
ENVIRONMENTAL HEALTH DIVISION

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

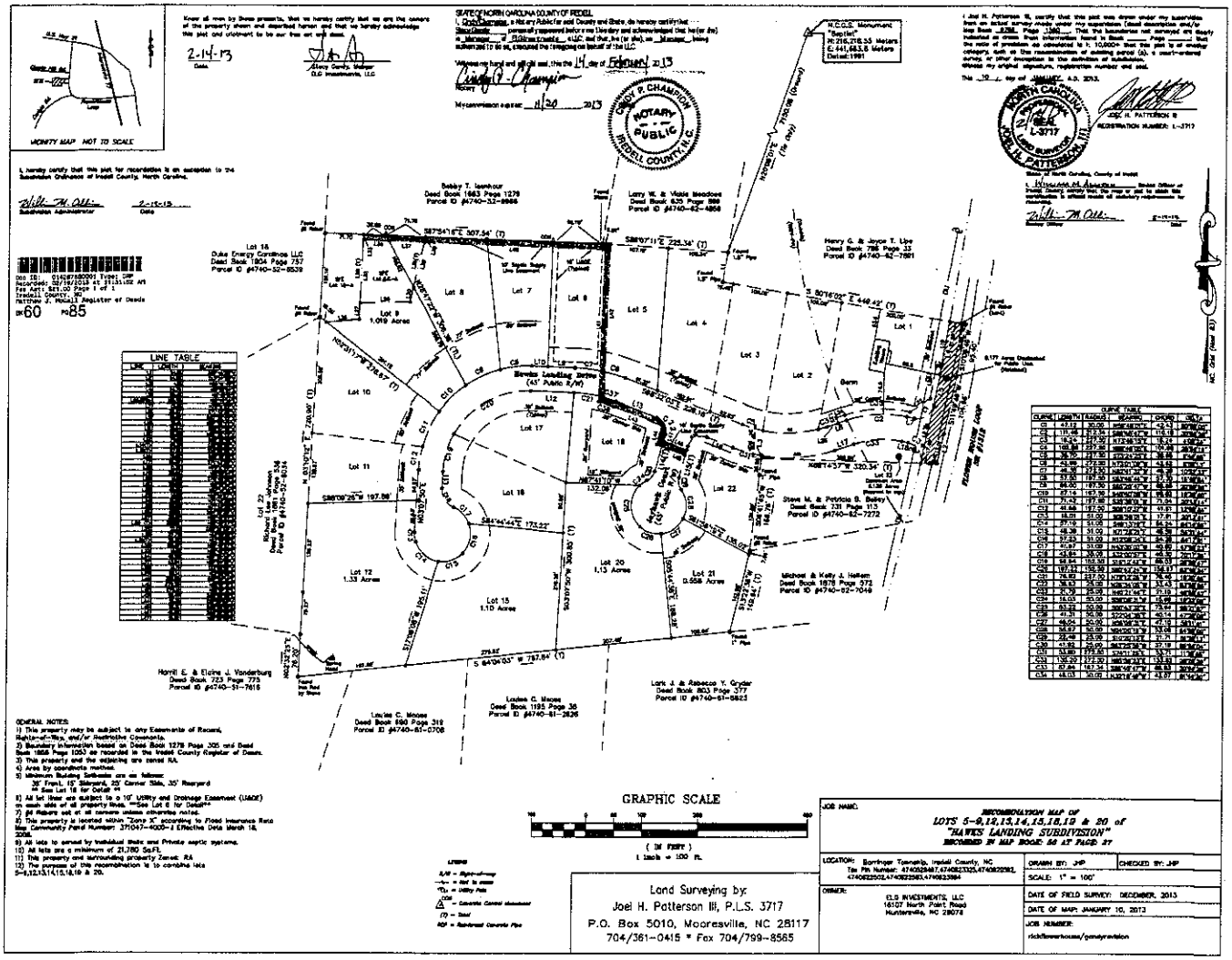
USE THIS SPACE TO DRAW YOUR SITE PLAN

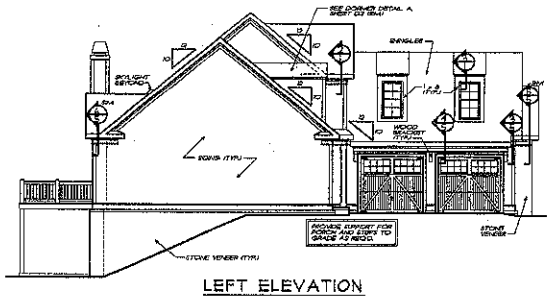
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Attached

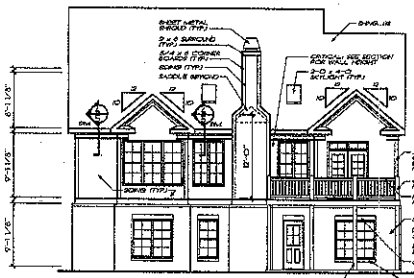
Signature: _____ 5/13/24

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

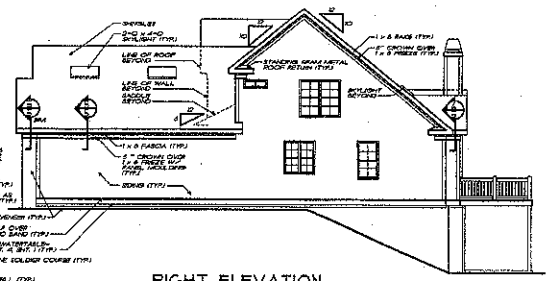

VICINITY MAP NOT TO SCALE
Know all men by these presents, that we hereby certify that we are the owners of the property shown and described hereon and that we hereby acknowledge this plat and dedication to be our free act and deed.
2-14-13
Date
Nancy Conley, Manager
D.C. Investments, LLC
STATE OF NORTH CAROLINA COUNTY OF IREDELL
I, Cindy P. Champion, a Notary Public for said County and State, do hereby certify that Nancy Conley personally appeared before me this 14th day and acknowledged that he/she (he) is Manager of D.C. Investments, LLC and that he/she (or she), as Manager, being authorized to do so, executed the foregoing on behalf of the LLC.
Witness my hand and official seal, this the 14 day of February 2013
Notary
My commission expires: 11/30/2013
NOTARY PUBLIC IREDELL COUNTY, N.C.
N.C.G.S. Monument "Bartlett" N: 216,278.55 Meters E: 441,663.8 Meters Datum: 1991
I, Joel H. Patterson III, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description and/or Map Book 6781, Page 1360). That the boundaries not surveyed are clearly indicated as dotted. That information from Map Book ____, Page ____, and Map Book ____, Page ____, was used in the making of this plat. That the ratio of precision as calculated is 1: 10,000+ that this plat is of another category, such as the recombination of existing parcel (s), a court-ordered survey or other exception to the definition of subdivision. Witness my original signature, registration number and seal.
This 10 day of JANUARY, A.D. 2013.
JOEL H. PATTERSON III
REGISTRATION NUMBER: L-3717
NORTH CAROLINA L-3717 JOEL H. PATTERSON III LAND SURVEYOR
I hereby certify that this plat for recordation is an exception to the Subdivision Ordinance of Iredell County, North Carolina.
Subdivision Administrator
2-15-13
Date
State of North Carolina, County of Iredell
I, Michael W. Brown, Review Officer of Iredell County certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.
Review Officer
2-15-13
Date
Doc ID: 016987800001 Type: CRP
Recorded: 02/19/2013 at 11:31:02 AM
Fee Amt: $21.00 Page 1 of 1
Iredell County, NC
Matthew J. Mitchell Register of Deeds
BK60 PG85
Bobby T. Isenhour Deed Book 1963 Page 1278 Parcel ID #4740-32-8988
Larry W. & Vickie Meadows Deed Book 635 Page 886 Parcel ID #4740-42-4858
Henry G. & Joyce T. Lipe Deed Book 786 Page 33 Parcel ID #4740-42-7981
Duke Energy Carolinas LLC Deed Book 1904 Page 757 Parcel ID #4740-32-8539
Steve M. & Patricia B. Bailey Deed Book 231 Page 115 Parcel ID #4740-42-7272
Michael & Kelly J. Hallam Deed Book 1878 Page 372 Parcel ID #4740-52-7048
Harrill E. & Elaine J. Vanderburg Deed Book 723 Page 775 Parcel ID #4740-51-7615
Louise C. Moose Deed Book 880 Page 319 Parcel ID #4740-51-0708
Louise C. Moose Deed Book 1195 Page 36 Parcel ID #4740-51-2826
Lars J. & Rebecca Y. Gryder Deed Book 863 Page 377 Parcel ID #4740-51-8823
Lot 8 1.019 Acres
Lot 9 1.019 Acres
Lot 10
Lot 11
Lot 12 1.33 Acres
Lot 15 1.10 Acres
Lot 16
Lot 17
Lot 18
Lot 20 1.13 Acres
Lot 21 0.658 Acres
Lot 22
Lot 23
Lot 1
Lot 2
Lot 3
Lot 4
Lot 5
Lot 6
Lot 7
Barn
Sharon Landing Avenue (45' Public R/W)
Sharon Landing Drive (45' Public R/W)
Sharon Landing Court (45' Public R/W)
6.177 Area Dedicated for Public Use (Maintained)
LINE TABLE
CURVE TABLE
GENERAL NOTES:
1) This property may be subject to any Easements of Record, Rights-of-Way, and/or Restrictive Covenants.
2) Boundary information based on Deed Book 1278 Page 305 and Deed Book 1858 Page 1057 as recorded in the Iredell County Register of Deeds.
3) This property and the adjoining are zoned RA.
4) Area by coordinate method.
5) Minimum Building Setbacks are as follows:
30' Front, 15' Sideyard, 25' Corner Side, 35' Rearyard
** See Lot 16 for Detail **
6) All lot lines are subject to a 10' Utility and Drainage Easement (U&DE) on each side of all property lines. **See Lot 6 for Detail**
7) #4 Rebars set at all concrete unless otherwise noted.
8) This property is located within "Zone X" according to Flood Insurance Rate Map Community Panel Number: 3710470020 J Effective Date: March 18, 2008.
9) All lots to served by individual Wells and Private septic systems.
10) All lots are a minimum of 21,780 Sq.Ft.
11) This property and surrounding property Zoned: RA
12) The purpose of this recombination is to combine lots 5-9,12,13,14,15,18,19 & 20.
GRAPHIC SCALE
(IN FEET)
1 inch = 100 ft.
Land Surveying by:
Joel H. Patterson III, P.L.S. 3717
P.O. Box 5010, Mooresville, NC 28117
704/361-0415 * Fax 704/799-8565
JOB NAME:
RECOMBINATION MAP OF
LOTS 5-9,12,13,14,15,18,19 & 20 of
"HAWES LANDING SUBDIVISION"
RECORDED IN MAP BOOK: 56 AT PAGE: 27
LOCATION: Barringer Township, Iredell County, NC
Tax Pin Number: 4740529487,4740523325,4740523582, 4740522502,4740523583,4740523984
OWNER: D.C. INVESTMENTS, LLC 16107 North Point Road Huntersville, NC 28078
DRAWN BY: JHP
CHECKED BY: JHP
SCALE: 1" = 100'
DATE OF FIELD SURVEY: DECEMBER, 2013
DATE OF MAP: JANUARY 10, 2013
JOB NUMBER:
richfarmerhouse/pansyrevision



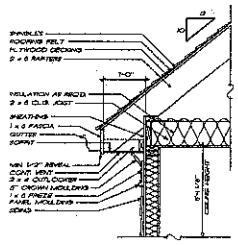
LEFT ELEVATION



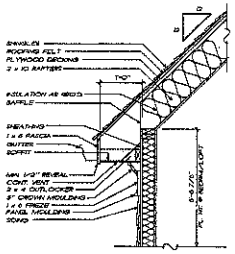
REAR ELEVATION



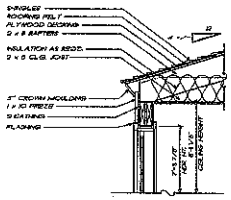
RIGHT ELEVATION



1 CORNICE DETAIL



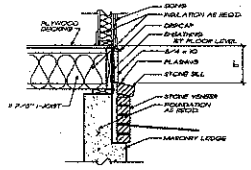
2 CORNICE DETAIL



3 CORNICE DETAIL

NOTE: WHEN TWO ROOFS INTERSECT WITH DIFFERENT ROOF PITCHES, BLOCK TOP OF STUD WALLS AS REQ'D. TO LINE UP FASCIAS AT A MINIMUM OF 1'-0" OVERHANG

NOTE: ATTIC VENTILATION PER LOCAL CODES AND REQUIREMENTS



4 WATERTABLE DETAIL



NOTE: RAFTERS ARE PITCHED FROM TOP OF CEILING JOISTS SEE DETAIL 3

NOTE: ELEVATIONS REFLECT A BASEMENT FOUNDATION. IF ANOTHER FOUNDATION IS USED, BUILDER SHOULD DISREGARD FOUNDATION SHOWN

FRONT ELEVATION

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REVISIONS	DATE	BY
CLAD W/ 4"	3-14-05	ALD

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HOME PLANS
EXCEPTIONAL QUALITY

ELEVATIONS / DETAILS

THE STONELEIGH COTTAGE

FBA
FRANK BETZ ASSOCIATES, INC.
2401 LAKE PARK DRIVE/SUITE 250
SMYRNA, GEORGIA 30080
770/451-0888
www.frankbetz.com

BY: ALD CK: RWW

DATE: 6-27-05

SHEET: 1

OF: 5

46

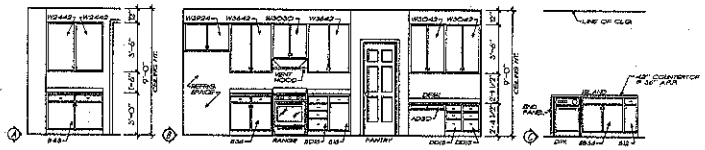
GENERAL NOTES

1. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE CODES AND REGULATIONS.
2. CONTRACTOR SHALL VERIFY ALL DIMENSIONS AND CONDITIONS AT JOB SITE BEFORE BEGINNING CONSTRUCTION. ANY DISCREPANCIES SHALL BE BROUGHT TO THE ATTENTION OF THE ARCHITECT BEFORE ANY WORK IS PERFORMED.
3. DO NOT SCALE DRAWINGS. ALL DIMENSIONS SHALL BE VERIFIED IN THE FIELD. WRITTEN DIMENSIONS TAKE PRECEDENCE OVER SCALED DIMENSIONS.
4. ALL MATERIALS AND WORKMANSHIP SHALL BE GUARANTEED FOR ONE YEAR FROM DATE OF FINAL ACCEPTANCE.
5. CONTRACTOR SHALL VISIT THE JOB SITE AND THOROUGHLY FAMILIARIZE HIMSELF WITH ALL EXISTING CONDITIONS AND SHALL NOTIFY THE ARCHITECT OF ANY DISCREPANCIES BEFORE PROCEEDING WITH THE WORK.
6. CONTRACTOR SHALL PROVIDE ADEQUATE BRACING AND SHORING AS REQUIRED DURING CONSTRUCTION.
7. ALL CONSTRUCTION SHALL BE PERFORMED IN A NEAT AND WORKMANLIKE MANNER BY EXPERIENCED WORKMEN IN THE RESPECTIVE TRADES.
8. ALL DIMENSIONS AND STRUCTURAL MEMBERS SHOWN ON THESE PLANS ARE REQUIRED BY THE OWNER AND MUST BE PROVIDED BY THE CONTRACTOR. ANY SUBSTITUTIONS OR CHANGES MUST BE APPROVED BY THE OWNER AND ARCHITECT.
9. ALL CONSTRUCTION SHALL COMPLY WITH ALL APPLICABLE CODES AND REGULATIONS. CONTRACTOR SHALL OBTAIN ALL PERMITS AND PAY ALL FEES REQUIRED FOR THE PROPER EXECUTION OF THE WORK.
10. CONTRACTOR SHALL PROVIDE ALL NECESSARY SAFETY DEVICES, BARRICADES, AND WARNING SIGNS TO PROTECT THE PUBLIC AND WORKERS DURING CONSTRUCTION.
11. ALL DEBRIS AND EXCESS MATERIALS SHALL BE REMOVED FROM THE SITE REGULARLY AND DISPOSED OF IN A LEGAL MANNER.
12. THE CONTRACTOR SHALL MAINTAIN A CLEAN AND ORDERLY JOB SITE AT ALL TIMES.
13. ALL WORK SHALL BE GUARANTEED FOR ONE YEAR FROM THE DATE OF FINAL ACCEPTANCE.
14. THE CONTRACTOR SHALL PROVIDE ALL NECESSARY SAFETY DEVICES, BARRICADES, AND WARNING SIGNS TO PROTECT THE PUBLIC AND WORKERS DURING CONSTRUCTION.
15. ALL CONSTRUCTION SHALL BE PERFORMED IN A NEAT AND WORKMANLIKE MANNER BY EXPERIENCED WORKMEN IN THE RESPECTIVE TRADES.
16. ALL DIMENSIONS AND STRUCTURAL MEMBERS SHOWN ON THESE PLANS ARE REQUIRED BY THE OWNER AND MUST BE PROVIDED BY THE CONTRACTOR. ANY SUBSTITUTIONS OR CHANGES MUST BE APPROVED BY THE OWNER AND ARCHITECT.

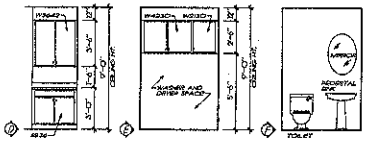
GENERAL FRAMING NOTES

THE FOLLOWING NOTES ARE SUGGESTED MINIMUM REQUIREMENTS, AND SHALL BE USED AS A GUIDE ONLY. THE BUILDER SHALL VERIFY ALL REQUIREMENTS WITH LOCAL BUILDING CODES. CONSULT WITH LOCAL ENGINEER FOR ALL STRUCTURAL ENGINEERING.

1. ALL FRAMED WALL DIMENSIONS ARE MADE ON ALL STUD WALLS, BRICK DIMENSIONS SHOULD PROVIDE AT NO ADDED COST TO OWNER.
2. ALL SHEETS AND MATERIALS SHALL BE LAYED OVER STUDS.
3. ALL EXTERIOR SILLS TO BE 2"x6" P.T. SYP, WITH 1/4" FILLETED.
4. ALL EXTERIOR WALLS TO BE 2"x6" @ 16" O.C. UNLESS OTHERWISE NOTED.
5. ALL INTERIOR WALLS TO BE 2"x4" @ 16" O.C. UNLESS OTHERWISE NOTED.
6. ALL EXTERIOR CORNERS SHALL BE FRAMED AT NO POINT LESS THAN 6"x6".
7. ALL EXTERIOR CORNERS (WOOD AND VINYL) SHALL BE BACKED WITH 1/2" PLYWOOD AT 4'-0" O.C. FOR NAILING AND SHALL BE CAULKED AT ALL JUNCTIONS.
8. ALL INTERIOR CORNERS SHALL BE BACKED WITH 1/2" PLYWOOD AT ALL JUNCTIONS.
9. ALL CEILING JOISTS SHALL BE CONSTRUCTED WITH TWO SIDE SUPPORTS AT 2'-0" O.C. AND SHALL BE DESIGNED FOR A MINIMUM LIVE LOAD OF 30 # PER SQUARE FOOT AND A DEAD LOAD OF 10 # PER SQUARE FOOT.
10. ALL CEILING JOISTS SHALL BE CONSTRUCTED WITH TWO SIDE SUPPORTS AT 2'-0" O.C. AND SHALL BE DESIGNED FOR A MINIMUM LIVE LOAD OF 30 # PER SQUARE FOOT AND A DEAD LOAD OF 10 # PER SQUARE FOOT.
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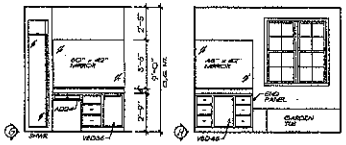


KITCHEN ELEVATIONS



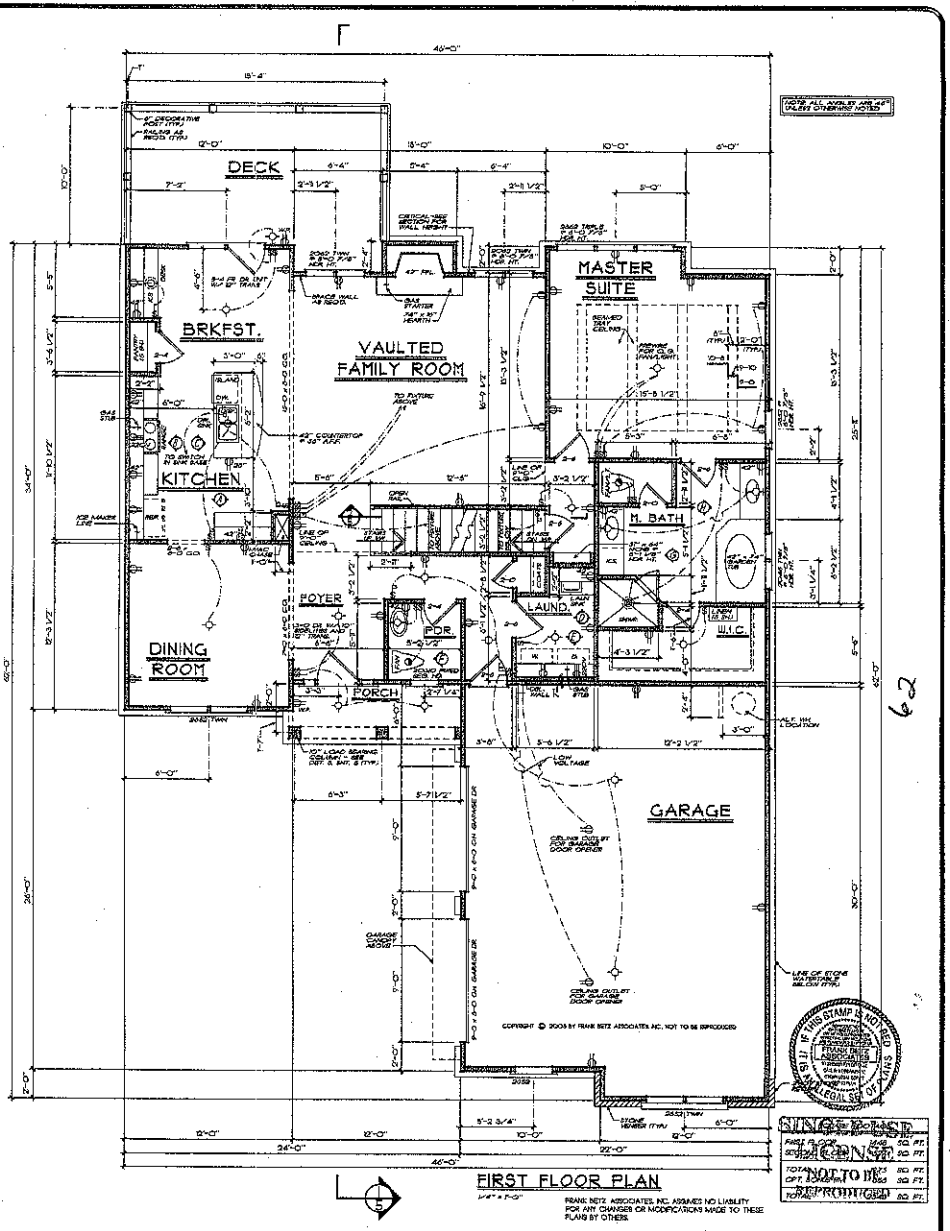
LAUNDRY ELEVATIONS

PDR. ELEV.



MASTER BATH ELEVATIONS

Acknowledgement Of
Plans Submittal ONLY!
Date 5/13/14
Date 5/13/14



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REVISIONS | DATE | BY

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HOME PLANS

FIRST FLOOR PLAN
KITCHEN & BATH ELEVATIONS

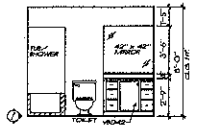
THE STONELEIGH COTTAGE

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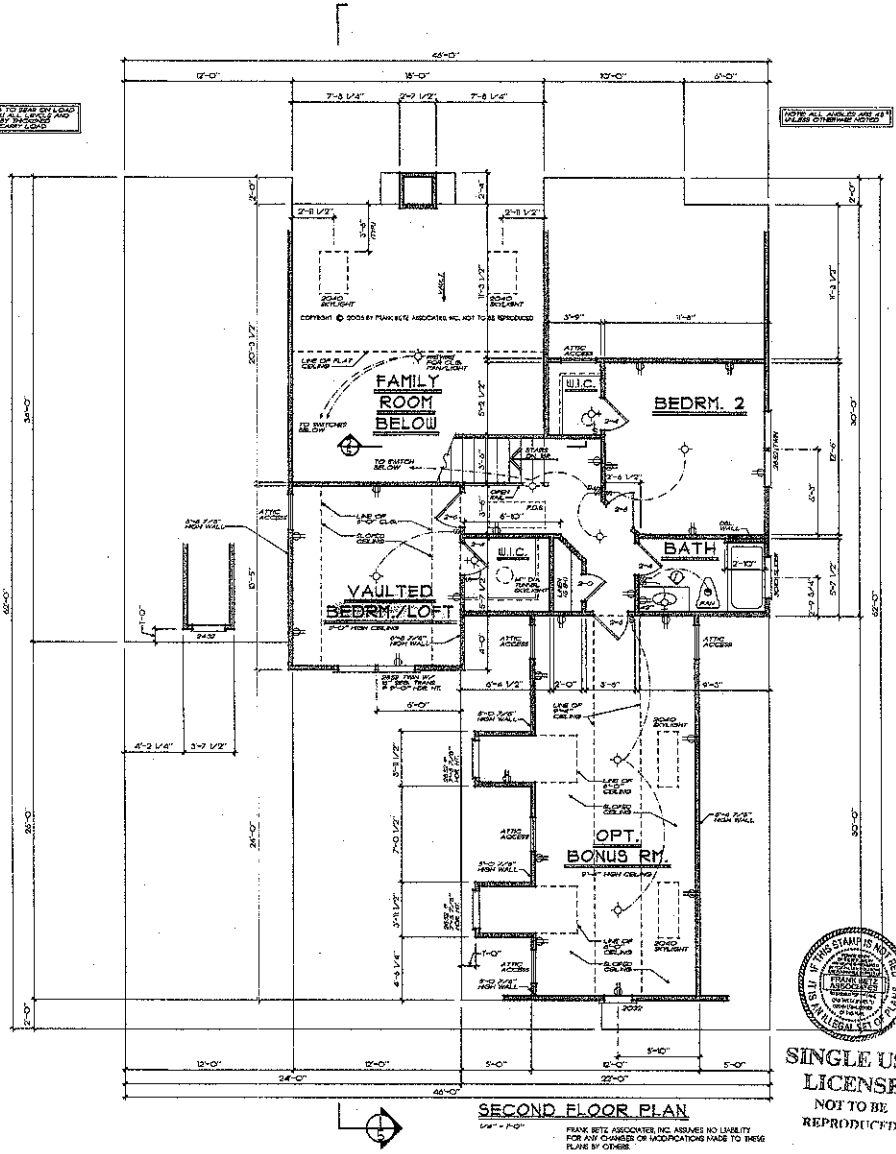
BY: FLD CAD BY:

DATE: 4/7/05

SHEET: 3 OF 5



BATH ELEVATION



SECOND FLOOR PLAN

Acknowledgement Of Plans Submittal ONLY!

Date 5/13/14

Date 5/13/14

SINGLE USE LICENSE NOT TO BE REPRODUCED

FRANK BETZ ASSOCIATES, INC. ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS

REVISIONS	DATE	BY
CLAY SHOP	1-13-07	RJB

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HOME PLANS

SECOND FLOOR PLAN
BATH ELEVATION

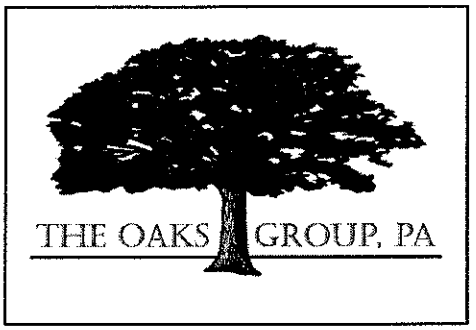
THE STONELEIGH COTTAGE

FBA
FRANK BETZ ASSOCIATES, INC.
2401 LAKE PARK DRIVE/SUITE 250
SMYRNA, GEORGIA 30080
770/431-0556
www.frankbetz.com

BY: RJB CK: KKW

DATE: 4/4/06

SHEET: 4 OF: 5



Date: March 18, 2013

To: Iredell County Environmental Health Department

From: The Oaks Group, PA
Kathleen Saunders, LSS #1313

RE: Lot 7 Hawks Landing Subdivision Fast Track Septic Request

Please accept for submittal the following packet for review under the Fast Track Permitting Program for Iredell County, NC. This packet includes a scaled site plan and system design criteria prepared in conjunction with the Fast Track Program requirements by a Licensed Soil Scientist. It is ultimately the responsibility of the Iredell County Environmental Health Department staff to verify the information contained in this packet prior to issuing a Septic Improvement Permit.

The permit request is for an Improvement permit for a 3 bedroom house with a concrete slab foundation. The primary system type is a gravity fed 25% Reduction type system and the repair system is an LPPPBS system.

Please call me at 704-578-4951 once you've had a chance to review this packet in order to set up a site visit, or if you should have any questions.

Lot 7 Hawks Landing Subdivision Fast Track

Number of Bedrooms	**3**
Basement or Crawl	**Concrete Slab**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	5 (See Table)
Total Linear Feet	300
Trench Width	3' min.
Trench Spacing	9' min.
Trench Bottom Depth (low side)	36
Distribution Device	Drop Boxes
Tank Size	1000 gallon tank
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	25' of 2" SCH 40 PVC
Repair System	**LP PPBPS**
Total Linear Feet	225
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	White	LP PPBPS	60
2	Repair	Blue	LP PPBPS	60
3	Repair	Orange	LP PPBPS	60
4	System	Pink	25% Reduction	60 endfed
5	System	Blue	25% Reduction	60 endfed
6	System	Red	25% Reduction	60 endfed
7	System	Pink	25% Reduction	60 endfed
8	System	Orange	25% Reduction	60 endfed
9	Repair	Nf	LP PPBPS	45
				Total System: 300'
				Total Repair: 225'

Note:

Project #:
Property ID #:
County: Iredell

SOIL/SITE EVALUATION

Sheet:
Date Evaluated: 3/14/13

Owner or Client: ELG Investments
Proposed Facility: House Design Flow: 360
Location of Site: Lot 7 Hawks Landing
Soil Described By: KMS Others Present:
Antecedent Moisture: Weather:

Property Size:
Site LTAR: Int. 0.3 Rep. 0.3
Site Classification: PS

Water Supply: [ ] Public [ ] Community [X] On-Site Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY Structure/ Texture	SOIL MORPHOLOGY Consistence Mineralogy	PROFILE FACTORS Inclusions	PROFILE FACTORS Matrix Color	PROFILE FACTORS Mottles	PROFILE FACTORS Profile Notes (Restr Hortz, Soil Depth, Coarse Frag, etc...)	Profile Class & LTAR
1	L pit	0-32	Mo SBK C	FR SS/SP	F Sap	Red			0.3
		32-50	WK SBK CL	FR SS/SP	C Sap	Red			
		50-56	MA L Sap	FR SS/SP		yel R			
2	5% KMS L pit	0-26	Mo SBK C	FR SS/SP		Red			0.3
		26-43	WK SBK CL	FR SS/SP	C Sap	Red			
		43-55	MA L Sap	FR SS/SP		LtR			
3	L	0-3	Mo GR SL	FR NS/NP		Br			0.3
		3-30	Mo SBK C	FR SS/SP	F Sap	Red			
		30-42	WK SBK CL	FR SS/SP	C Sap	Red			
		42-49	MA L Sap	FR SS/SP		Red			
4									
5									
6									

COMMENTS:

24" TRENCH BOTTOM
INSTALLED FOR INITIAL SYSTEM

Approved IcHD
4-19-13

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

Zoning Permit

Permit Number: 177609ZO

Printed: 3/12/2013

Master #: 177609

Associated Permits:

177609ZO Zoning

Applicant

Name: Kathleen Saunders

Phone: 704-578-4951

Address: 227 GRAYLAND RD
MOORESVILLE, NC 28115

Parcel

Parcel Number: 4740622502.000

Zoning: RA

Address: 136 HAWKS LANDING DR
TROUTMAN, NC 28166

Township: 1600

Area: 0.544

Subdivision: Hawks Landing

Lot(s): 7

Directions to Parcel: FLOWER HOUSE LOOP TO HAWKS LANDING DR, PROPERTY ON RIGHT

Owners

Name: ELG INVESTMENTS LLC

Address: 16108 NORTH POINT ROAD
HUNTERSVILLE, NC 28078

Contractors

Contractor Type: Not Liscensed

Name: Kathleen Saunders

Phone: 704-578-4951

Address: 227 GRAYLAND RD
MOORESVILLE, NC 28115

Fees and Receipts:

Number	Description	Amount
FEE-278403-07	Zoning - Permit Application	$75.00
FEE-278404-07	Technology Fee - Planning	$2.25
FEE-278405-07	Environmental Health - Gravity - Fast Track	$350.00

REC-143649-07

Total Fees:	**$427.25**
	$427.25
Total Receipts:	**$427.25**

Conditions

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

Condition Description:

Condition Comments:

Permit Information:

Max Built Upon Area:	
Watershed:	WSIV-PA
Flood Zone:	Yes
Set Backs:	F35, LS15, RS15, RS15
Minimum Lot Size:	25000
Minimum Lot Width:	
Min # Parking Spaces:	
Land Use Permitted:	Yes
Community Sewer:	No
Site Plan Reviewed:	
Staff:	
Zoning Permit:	Yes
Septic Typet:	N/A
Proposed Use:	Single Family
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: SFD

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 or natural watercourses by providing sufficient erosion control measures, such as silt fence, drainage ditches, swales, etc
B. Refrain from altering the general direction of natural drainage direction and avoid concentrated flows when possible.
C. If land clearing is needed for septic tank testing, then erosion control measures may be needed. Contact Erosion Control Department for further assistance.
D. Call in an inspection when measures are in place prior to any building footing/foundation inspection.

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: Kathleen Saunders Date 3/13/13

A non-refundable fee of $75.00 is charged on all permit applications

Permit Number: 177609ZO