ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) [illegible] PERMIT # AP-330754

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

PIN # 4742 -- 35 -- 8822

APPLICANT/OWNER: ANTELMO ESTRADA

APPLICANT ADDRESS: 103 BAYFIELD ROAD, TROUTMAN, N.C. 28166

SITE ADDRESS: 103 BAYFIELD ROAD, TROUTMAN, N.C. 28166

PHONE: 704-252-0447 ALT. PHONE 704-314-5172

SITE DIRECTIONS: (S) ON 21, (L) ON MOOSE CLUB, (R) ON DUCK CREEK, (L) ON HAMILTON, (L) ON BAYFIELD, LOT ON (L)

SAP CONTROLLED: ☐ YES ☐ ~~NO~~ EXT

SUBDIVISION: SILO ACRES SECTION: — LOT # 39 LOT AREA: 0.63 AC

DESIGN FLOW: EXT L.T.A.R.: EXT

Septic Tank	EXT (gal)	STB	EXT	Date	EXT		
Pump Tank	— (gal)	PT	—	Date	—		
Pump Make	—	Model	—	Serial #	—		
# Nitrification Fields	EXT	# Lines	EXT	Linear Ft	EXT		
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	EXT		

~~Low Pressure~~ ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: EXISTING

Repair System Description: EXISTING

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☑ Basement w/plumbing

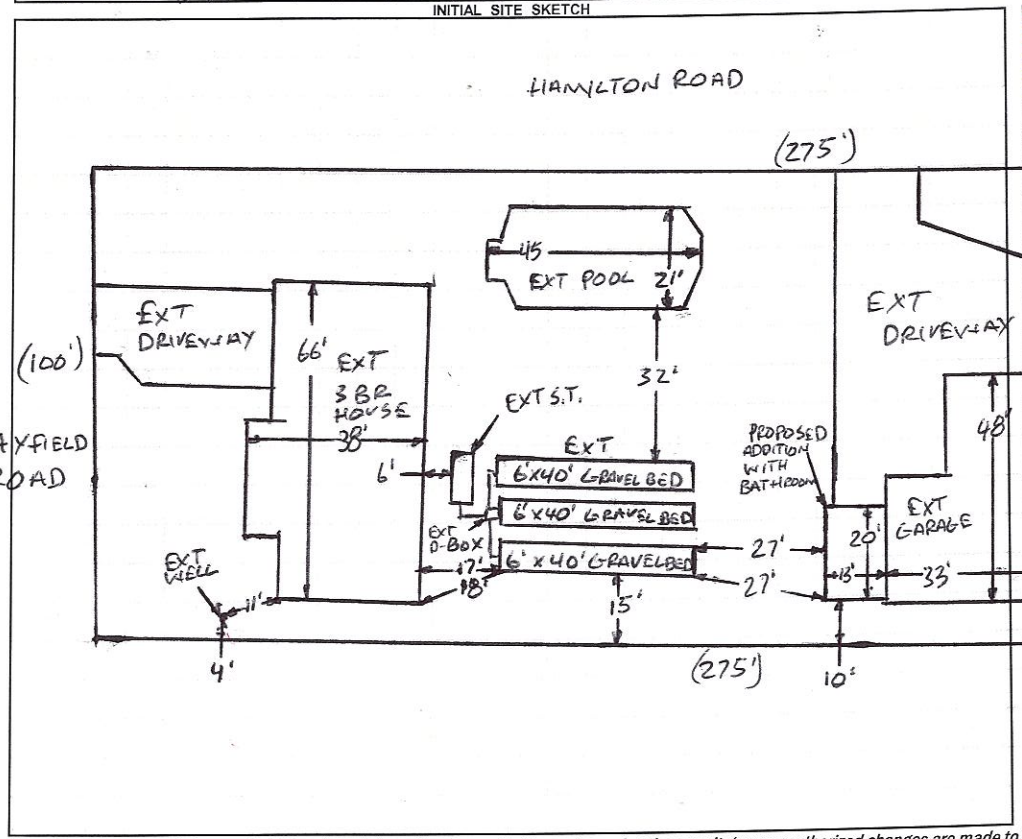
No. Bedrooms 3 No. Persons 6 No. Employees — ☐ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☑ Private EXT ☐ Public ☐ Community

Comments / Conditions: SYSTEM APPEARS TO BE FUNCTIONING AT TIME OF INSPECTION, NEW ADDITION TO BE PLACED ON GRINDER PUMP, PLUMBING SHOULD BE 5FT FROM ALL PARTS OF SEPTIC, PLUMBING FOR GRINDER SHOULD BE TIED TO HOUSE PLUMBING PRIOR TO SEPTIC TANK

NEW ADDITION IS ON A SLAB FOUNDATION

INITIAL SITE SKETCH



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 = 40 FT

S.T. = SEPTIC TANK

EXT = EXISTING

CENTRAL PERMITTING

Please UPDATE Review Checklist once:

— Balance of 0.00 is paid

✓ Permit Signed & Dated

— Floor Plans Signed & Dated

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: Angel Estrada Date: 9/8/22

IMPROVEMENT PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____

Installed by: _____ Date: _____

OPERATION PERMIT by: _____ Date: _____

Existing System Inspected by: Bryant C. White Date: 9-2-2022

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

RECEIVED JUL 2 0 2022

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-330754 $250.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Antelmo Estrada Address: 103 Bayfield Rd, Troutman Zip: 28166
Applicant Email: antelmoe0520@gmail.com Phone: 704-252-0447 Alt. Phone: 704-314-5172
Owner Name: Antelmo Estrada Address: 103 Bayfield rd. Troutman Zip: 28166
Owner Email: antelmoe0520@gmail.com Phone: 704-252-0447 Alt. Phone: 704-314-5172

Property Information:

Street Address: 103 Bayfield Rd. Troutman, NC 28166
Subdivision Name: Silo Acres Section/Phase: _____ Lot Number: _____
Driving Directions: From I-77 South Take Exit 45, Right onto Amity Hill Rd, Take first left onto Murdock rd, Take first Right onto Hamilton Rd, Then Right onto Bayfie

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building Adding Bathroom
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) 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: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well (X) 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: Antelmo Estrada 7/19/22
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*) Antonio Estrada

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, _____, am the legal owner(s) of the property located at _____, 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.

_____ _____
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

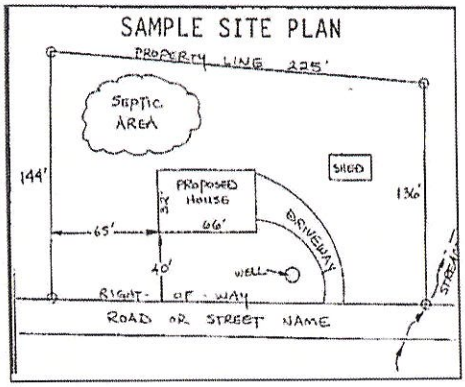
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

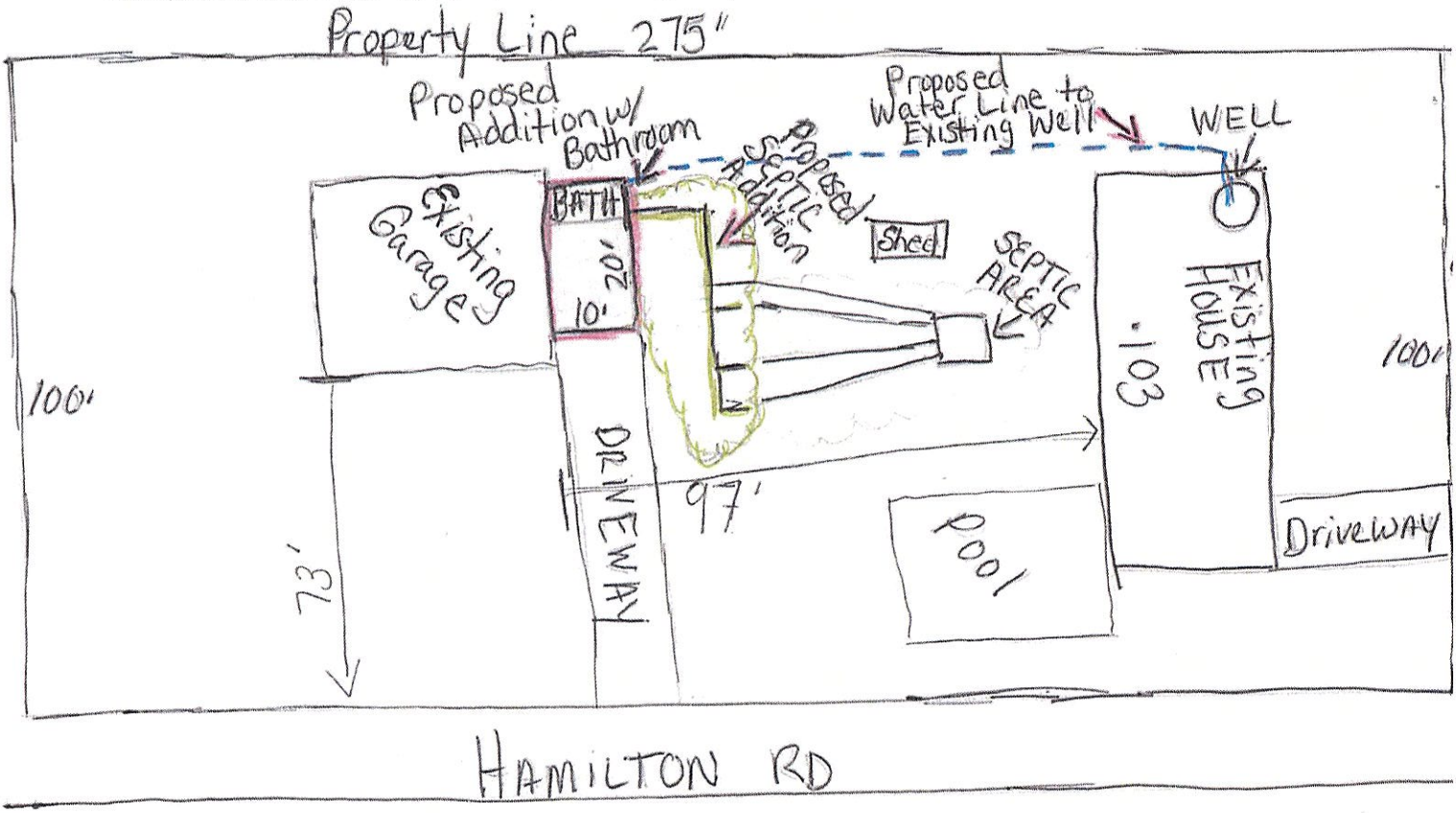
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator 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



Signature: Katherine Estrada
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7/19/22
DATE

IREDELL COUNTY · NC

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

APPLICATION NUMBER
330759 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4742358822.000	103 BAYFIELD RD	Iredell County

Owner Information	Applicant Information
Name: ESTRADA ANTELMO	Name: ANTELMO ESTRADA
Address: 103 BAYFIELD RD	Address: 103 BAYFIELD RD
TROUTMAN, NC 28166	TROUTMAN , NC 28166
Phone:	Phone: (704)252-0447

Use Requested	Zone Code
Addition	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	0	10	10	25		NO

Remarks
10X20 ADDITION TO GARAGE

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.

Date: 07/19/2022

Signature of Owner/Contractor

Permit Number	330759

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

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) Adding Bathroom ✓ Swimming pool___

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

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): 200 sq ft

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 Antelmo Estrada Phone # 704-252-0447

Owner's Current Address 103 Bayfield rd. Troutman, NC 28166

Property Information

Property Address 103 Bayfield Rd Parcel # 474235822.000

Subdivision: Silo Acres Lot:___ Zoning:___ Watershed: Y or N Flood Plain: Y or N Township:___

Directions to property (from a MAIN ROAD) I-77 South to Exit 45, Right onto Amity Hill Rd, Left onto Murdock Rd, Right onto Hamilton Rd, Right onto Bayfield Rd.

Application Information

Applicant's Name or Company Antelmo Estrada Applicant's Phone # 704-252-0447

Applicant's Address 103 bayfield Rd

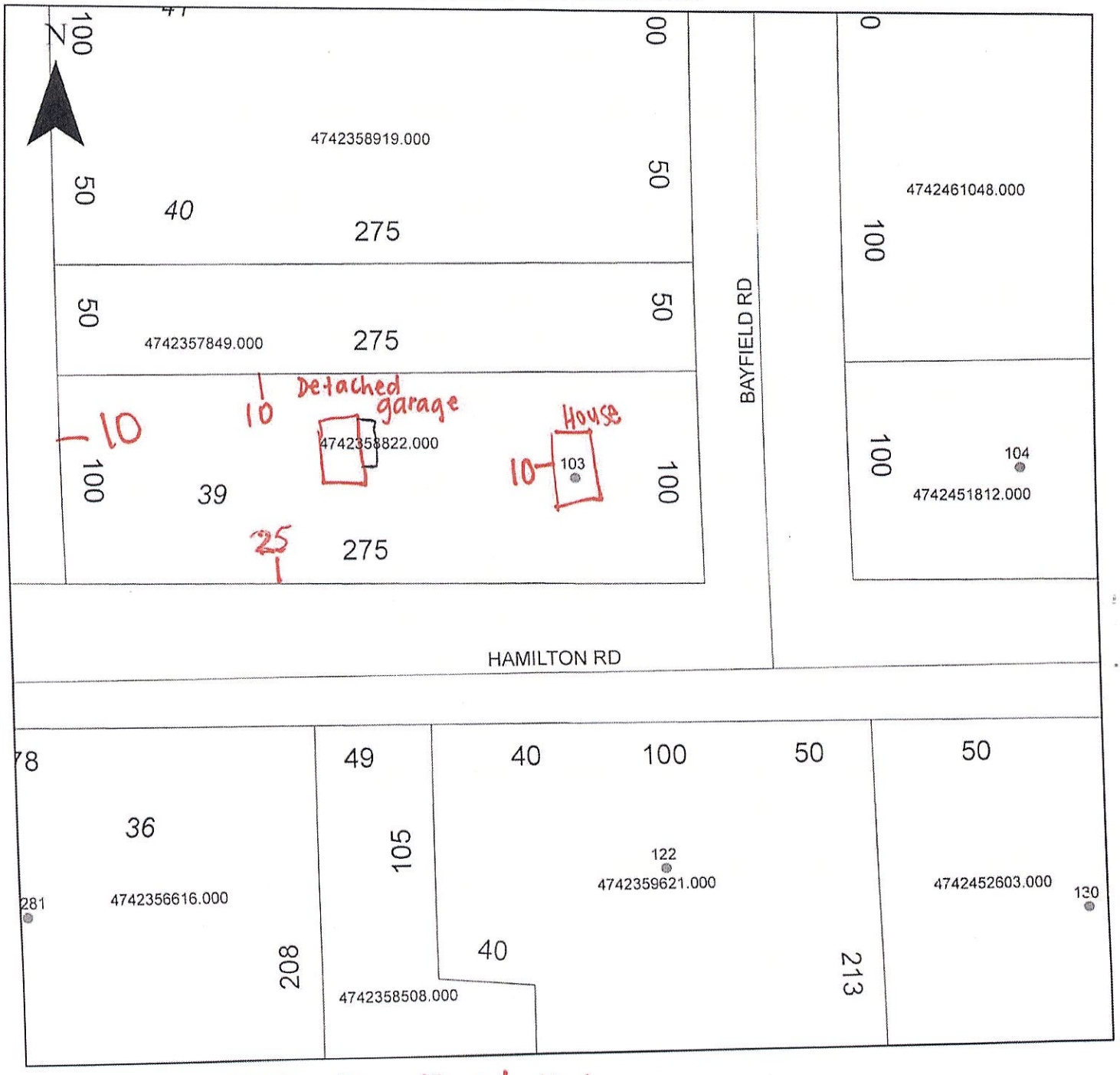
If Company, Representative's Name and Title _____

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 Antelmo Estrada DATE _____

D.O
RA
NO

ZONING DISCLAIMER

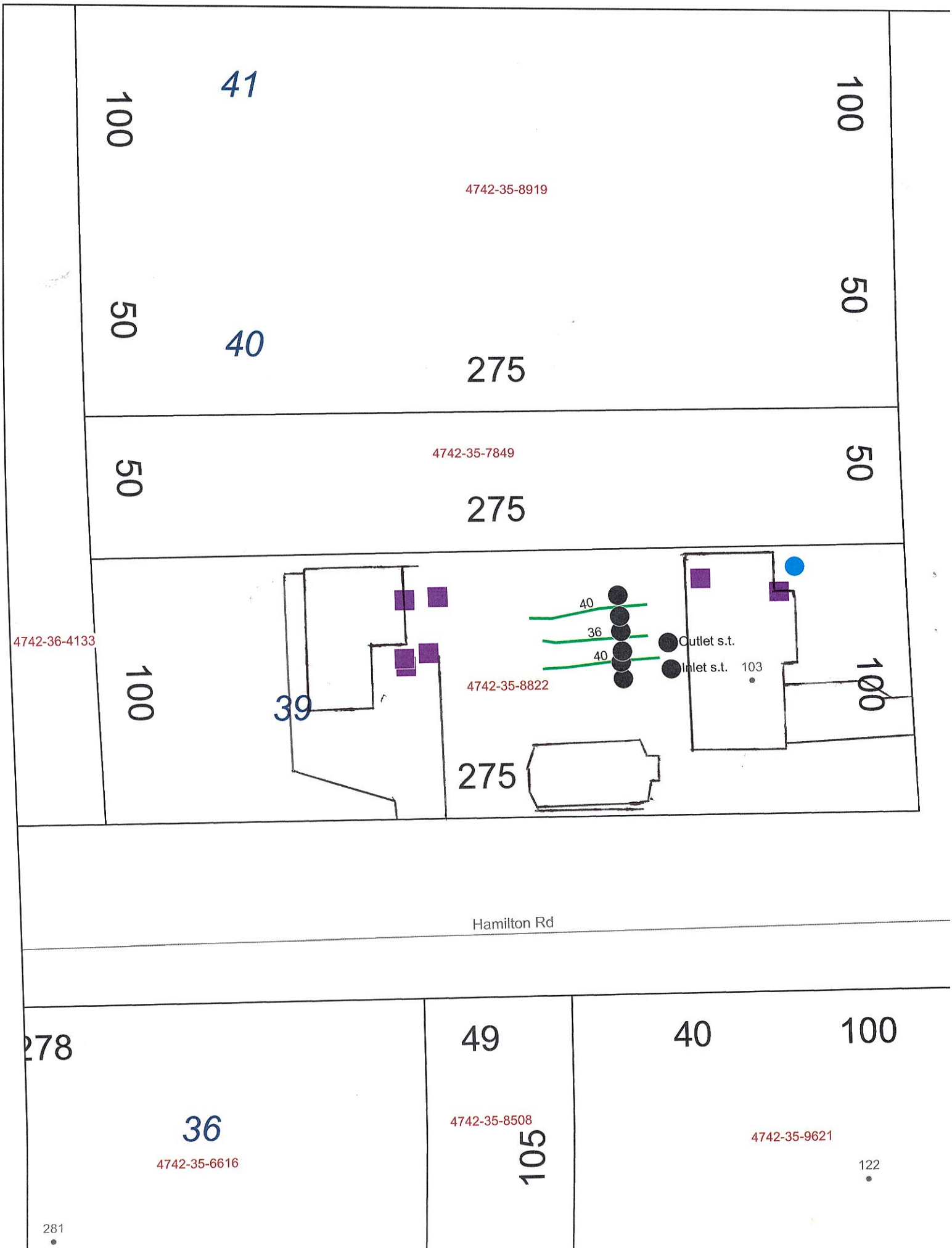


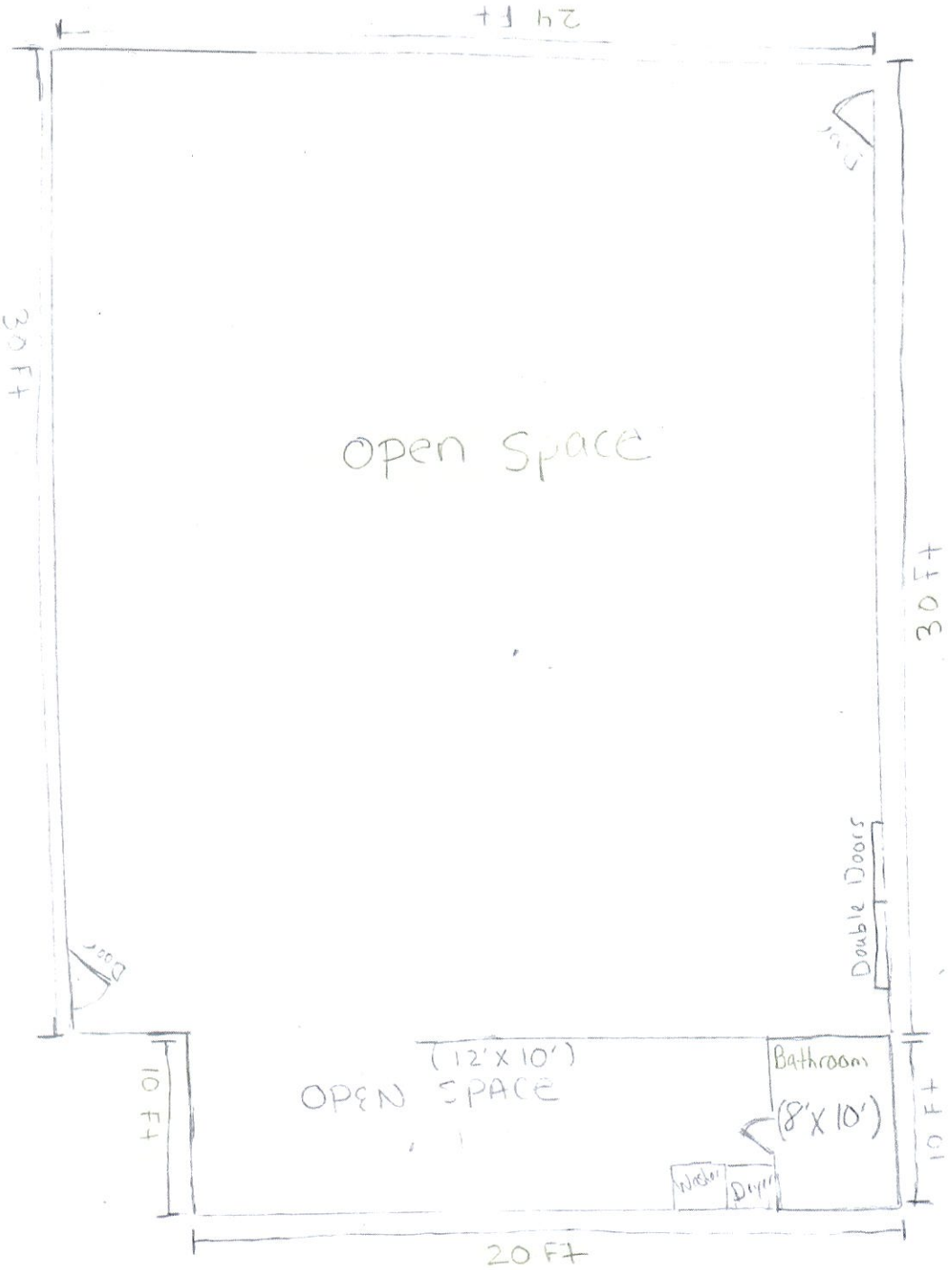
Property Address 103 Bay Field Rd.

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

Date


41
100
100
4742-35-8919
50
50
40
275
4742-35-7849
50
50
275
4742-36-4133
100
39
40
36
40
Cutlet s.t.
Inlet s.t.
103
4742-35-8822
100
275
Hamilton Rd
278
49
40
100
36
4742-35-6616
4742-35-8508
105
4742-35-9621
122
281



Existing building: 30'x 24'

Addition : 10'x 20'

Acknowledgement Of
Plans Submittal ONLY!

Robert C. White Date 9-8-2022

Date 9-6-2022