224563

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 #
Uchemiah Woodberry	2919 Baxter rd Monroe Nc	980-888-5182	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Laws Properties LLC	170 Cranford stable rd	704-876-0896	764-876-3463

4. **Property Information:**

824 Turnersburg Hwy Statesville Nc — Street Address; Subdivision Name; Section/Phase and Lot Number

Driving Directions: _____

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)* Converting to Auto Sales 2 Bathroom

( ) New, Single Family Residence — Maximum Number of Bedrooms ___ — ( ) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
( ) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?
( ) Other _____

IF Non-Residential Site Development:

Type of Business	Retail Auto Sales Us Showroom
Square Footage of Building	5184 SQ ft
Maximum Number of Employees	3
Maximum Number of Seats	15

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 1959 *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. **Please Answer The Following To The Best of Your Ability:**
   ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   ( ) 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:** _____ 2-20-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

Iredell County Building Standards

349 North Center Street P.O. Box 788 Statesville, NC 28687
Commercial Permitting 704-928-2021 Fax 704-878-3122

Date of Inspection: March 03, 2017 **Inspectors:** Robby Wilkinson

Permit # 224565

Location:	**Change of Use**
Name: Woodberry Auto Sales Address: 824 Turnersburg Highway Contact: Jeremiah Woodberry Phone # 980 888 5182 n.woods3000@gmail.com	Intended New Occupancy/Use: B Auto sales
Parcel # 4746871999.000	Current Approved Occupancy/Use: F-1

Change of Use Inspection results:

☒ **Approved.**

Inspection of Tenant Space and/or Structure satisfies minimum code requirements for the intended new occupancy classification or use. No additional permits, work, inspections required to occupy the space for the new occupancy classification or use.

1. Project is considered as changing to an B occupancy automotive sales (309.1) of type III-B construction.
2. Merchant signage by separate zoning and sign permit.
3. Prior to full occupation of the tenant space provide approval to do so from ICHD Environmental Health Division; contact Adrienne Shea
4. Follow-up Change of Use Inspection is *not required* prior to full occupation of the tenant space in order to receive Certificate of Occupancy.

It is important to note the Tenant Space and/or Structure cannot be occupied for the new occupancy classification or use until the above items have been adequately addressed; and the Tenant Space or Structure has been re-inspected and accepted by Iredell County Code Enforcement.

The issuance of a permit or approval of plans or specifications shall not be deemed or construed to be approval of any violation of any of the provisions of the North Carolina State Building Codes, or State, or local ordinances or regulations.

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Laws Properties LLC Deborah L. Colyer manager, am the legal owner(s) of the property located at 824 Turnersburg Hwy Statesville Nc, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Advantage Automotive Group LLC _____, 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.

Deborah L Colyer 2-20-17 Vincent Ketchie 2-20-2017

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

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