ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | CCN Mooresville Office (704) 660-3625 | PERMIT # AP-305725

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

PIN # 4760593644

APPLICANT/OWNER: ROBERT DONOVAN | APPLICANT ADDRESS: 159 FAIRHAVEN LANE, CLEVELAND, N.C. 27013

SITE ADDRESS: 159 FAIRHAVEN LANE, CLEVELAND, N.C. 27013 | PHONE: 704-528-2462 | ALT. PHONE 704-699-5638

SITE DIRECTIONS: (S) ON 21, (L) ON OSTWALT AMITY, (R) ON BRAWLEY ROAD, (L) ON FAIRHAVEN, LOT ON (L) | SAP CONTROLLED: [x] YES [ ] NO

SUBDIVISION: FAIRHAVEN | SECTION: P1 | LOT # 9 | LOT AREA: 0.85AC | DESIGN FLOW: EXT(360GPD) | L.T.A.R.: EXT(.35)

Septic Tank	EXT(1000)	(gal)	STB EXT(1012)	Date EXT(1-20-16)	[ ] New System [ ] Repair [ ] Expansion	System Type: I II (III) IV V VI	[x] Residence	No. Bedrooms	EXT(3)
Pump Tank	—	(gal)	PT —	Date —	System Description: EXISTING SYSTEM 25% REDUCTION		[ ] Business	No. Persons	EXT(6)
Pump Make	—	Model	—	Serial # —	Repair System Description: 25% REDUCTION		[ ] Other	No. Employees	—
# Nitrification Fields	EXT(1)	# Lines	EXT (4)	Linear Ft EXT	Maintenance Agreement Required: [ ] YES [x] NO		[ ] Slab	[x] Crawl Space	
Trench Width	EXT(36IN)	Trench Bottom Depth(Low side)	EXT(260')	Gravel Depth —	[x] GRAVITY [ ] PRESSURE		[ ] Basement w/plumbing	[ ] Basement w/o plumbing	

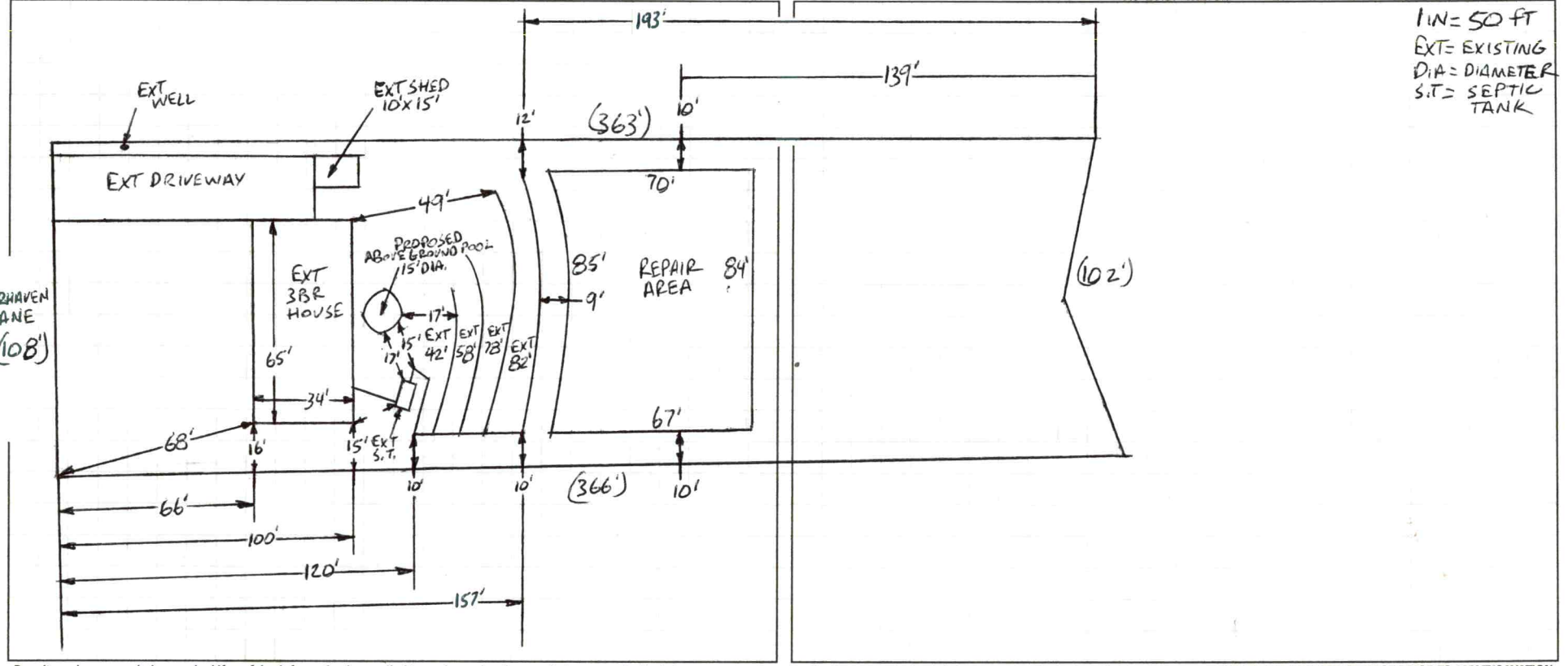
Water Supply: [x] Private EXT WELL [ ] Public [ ] Community

Comments / Conditions: THE PURPOSE OF THIS PERMIT IS TO LOCATE THE EXISTING SEPTIC SYSTEM TO VERIFY SETBACK FOR A PROPOSED ABOVE GROUND SWIMMING POOL

SYSTEM FUNCTIONING AT TIME OF INSPECTION. POOLS WATERS EDGE TO BE NO CLOSER THAN 15FT TO ANY PART OF SEPTIC SYSTEM, POOL MUST MEET ZONING REQUIREMENTS

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. **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: [signature] Date: 5-5-2020 Installed by: _____

IMPROVEMENT PERMIT by: _____ Date: _____ OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Bryant C. White Date: 4-27-2020

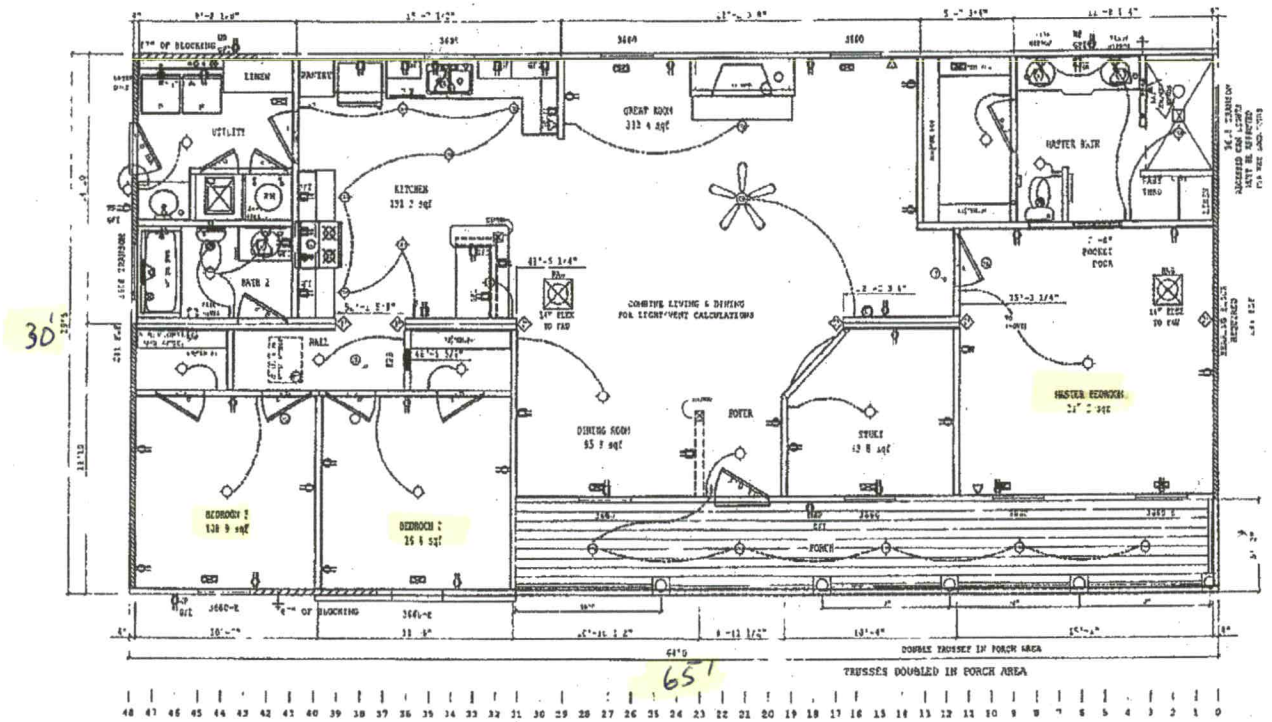
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

Acknowledgement
Plans Submittal ONLY!
Bryant Conklin Date 4-28-2020

Date 5-5-2020

32x64 box size
includes deck

Donovan
off frame modular



241PLF EFFECTIVE LENGHTS
BASED ON SW-31.10._.W.C.17._.78.1-2
ENGINEERED METHOD.
UN-BLOCKED DIAPHRAM SW-20-2868.1

NAME SCHULT	SERIES MD32	REVISIONS BY DATE	GENERAL NOTES
OAKWOOD HOMES CORP.			

MASTER PLAN

MODEL NAME			SQ. FT 1692
PLANT 958	DESCRIPTION 32X64 3BR-2BA		MODEL NO SN246882
DRAWN BY TXH	BLDG. DATE 08/29/2014	DATE REVISED 09/19/2014	SHEET NO 1-1

PDF created with pdfFactory trial version www.pdffactory.com

BW

RECEIVED MAR 9 2020

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

Paid $250.00

AP-305725

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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: Robert Donovan Address: 159 Fairhaven Lane Zip: 27013
Applicant Email: bolodonovan@gmail.com Phone: 704-528-2462 Alt. Phone: 704-699-5638
Owner Name: Robert Donovan, Lois Donovan Address: 159 Fairhaven Lane Zip: 27013
Owner Email: bolodonovan@gmail.com Phone: 704-528-2462 Alt. Phone: 704-699-5638

Property Information:

Street Address: 159 Fairhaven Lane

Subdivision Name: _____ Section/Phase: _____ Lot Number: 108

Driving Directions: Ext 45 I-77, Left on Amity Hill Rd., Left on Ostwalt Amity Rd. Right on Brawley Rd. Left on Fairhaven Lane.

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) Concrete Slab Foundation
( ) Accessory Building — (X) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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: _____
( ) 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.

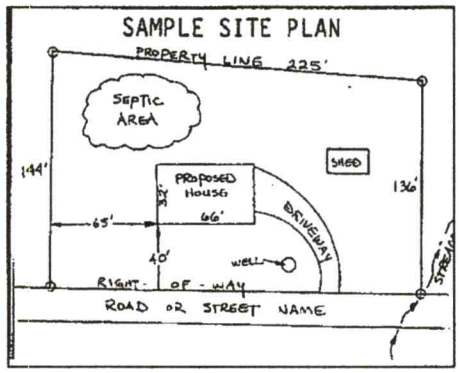
Signature: Robert Donovan Lois Donovan 3-9-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

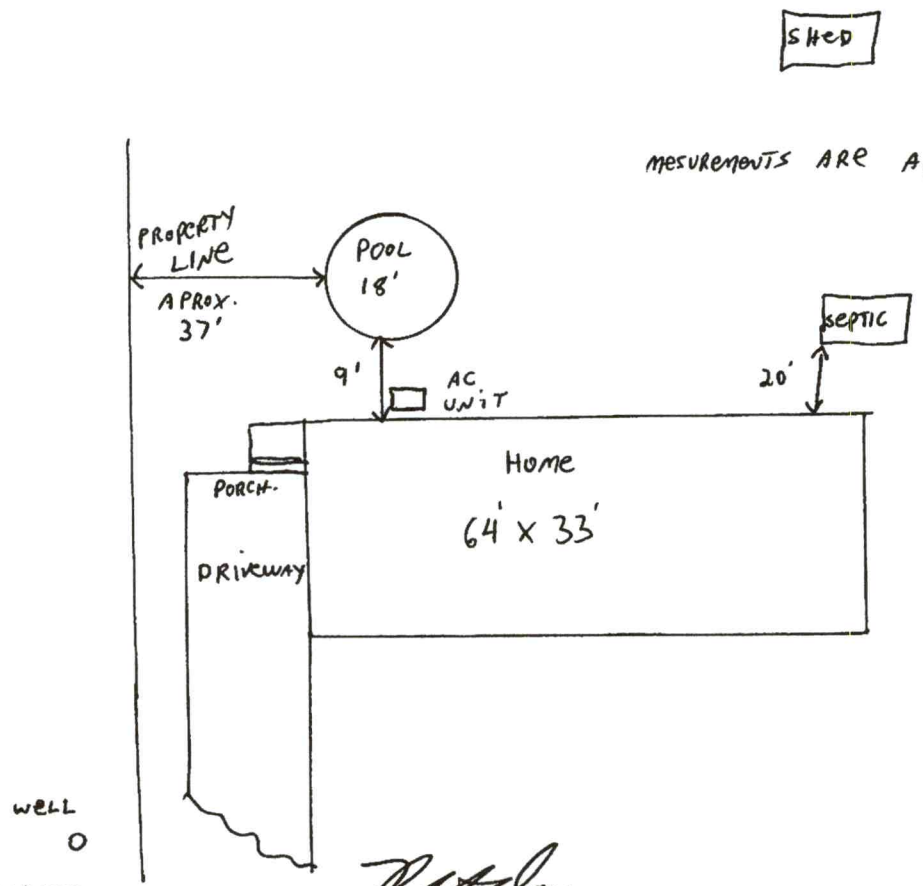
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator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



Signature: _____ 3-9-2020

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

159 FAIRHAVEN LANE

MO

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 215983

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

PIN # 4760-59-3644

APPLICANT: FREEDOM HOMES APPLICANT ADDRESS: 1124 CHARLOTTE HWY TROUTMAN

SITE ADDRESS: 159 FAIRHAVEN LN., Cleveland, NC PHONE: 704-528-7960 ALT. PHONE:

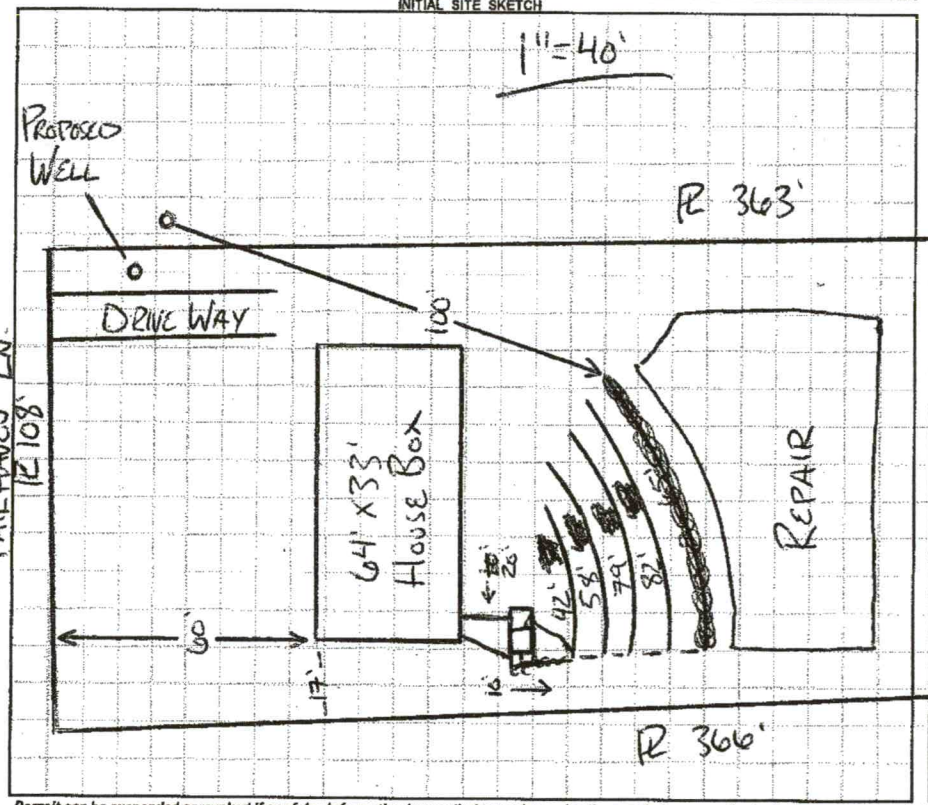
SITE DIRECTIONS: SHINNVILLE, TL BRAWLEY, TR FAIRHAVEN

SUBDIVISION: FAIR HAVEN SECTION: -/- LOT # 9 LOT AREA: .85 AC DESIGN FLOW: 300 L.T.A.R.: .35

Septic Tank	1000 (gal)	STB	1012	Date	1-20	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	(gal)	PT		Date		System Description:		25% REDUCTION		☐ Business	No. Persons	☒ Private
Pump Make		Model		Serial #		Repair System Description:		SAME		☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft:	257'	Maintenance Agreement Required:		☐ YES	☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Max. Trench Bottom Depth	31"	Gravel Depth	—	☒ GRAVITY		☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

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. **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: Date: 2/29/16 Installed by: CRAIG THOMPSON

IMPROVEMENT PERMIT by: APPROVED FEB 24 2016 Date:

AUTHORIZATION TO CONSTRUCT by: APPROVED FEB 24 2016 Date:

OPERATION PERMIT by: APPROVED MAY 03 2016 Date:

Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

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*)** Robt Donovan

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, Robt Donovan Toni Donovan, am the legal owner(s) of the property located at 159 FAIRHAVEN LANE, 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.

Robt Donovan
Signature of Owner(s)

3-9-2020
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 PLANNING & DEVELOPMENT
BOX 788, STATESVILLE NC 28687-0788
N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)928-2025

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built___ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed)___ Swimming pool X

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

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? 3 and stories? 1

Please describe project (Details, Purpose, or Use): ABOVE GROUND POOL 18 FOOT OR 15 FOOT ?

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 18 FOOT DIAMETER POOL

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 ROBERT AND LOIS DONOVAN Phone # 704-528-2462

Owner's Current Address 159 FAIRHAVEN LANE CLEVELAND NC 27013 (IREDELL CO.)

Property Information

Property Address 159 FAIRHAVEN LANE CLEVELAND NC 27013 Parcel # 108

Subdivision:_____ Lot: 108 Zoning:_____ Watershed: Y / N Flood Plain: Y / (N) Township:_____

Directions to property (from a MAIN ROAD) MAKE RIGHT FROM OSTWALT AMITY RD ONTO BRADLEY RD. MAKE LEFT ONTO FAIRHAVEN LANE.

Application Information

Applicant's Name or Company ROBERT DONOVAN Applicant's Phone # 704-528-2462

Applicant's Address 159 FAIRHAVEN LANE CLEVELAND NC 27013 (IREDELL CO.)

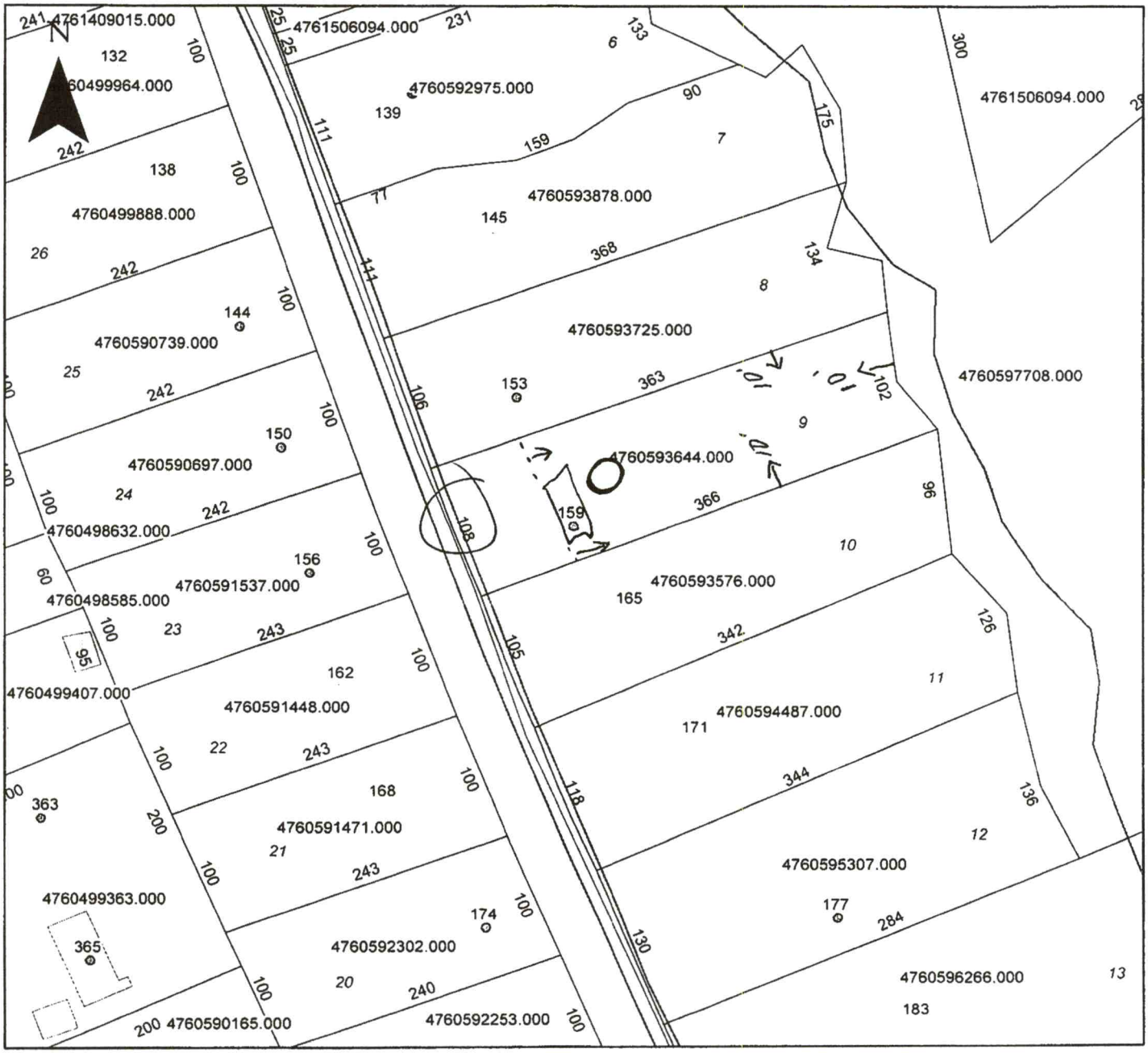
*If Company, Representative's Name and Title*_____

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 PLANNING & DEVELOPMENT 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 R Donovan DATE 3-9-2020

305725 RA .85AC
WS - NO
FL - NO

ZONING DISCLAIMER



Property Address 159 Fairhaven LN

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

3-9-2020
Date

IREDELL COUNTY · NC

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

APPLICATION NUMBER
305725 Issue Date: 03/09/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4760593644.000	159 FAIRHAVEN LN	IREDELL COUNTY

Owner Information	Applicant Information
Name: DONOVAN ROBERT W+LOIS	Name: DONOVAN ROBERT W+LOIS
Address:	Address:
Phone:	Phone:

Use Requested	Zone Code
SWIMMING POOL	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	0	10	10	10	N/A	NO

Remarks

ABOVE GROUND POOL

Swimming Pool: Must meet requirement R22 of the LDC. Pools shall be located to comply with minimum setbacks for accessory structures- located behind front building line of house, 10' from side & rear property line. Lake lots must meet the 50' setback from the 760 contour line AND the 35' setback from the rear property line. Pools that are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N.C. Building Code. Setback from house could be +/-10'. Fenced with a minimum 4' in height, and equipped with self-closing and positive self-latching gate provided with hardware for permanent locking. Fence not required for above ground pools if they are at least 4' in height, the ladder removed, or when NOT in use have a gate to the ladder as described above.

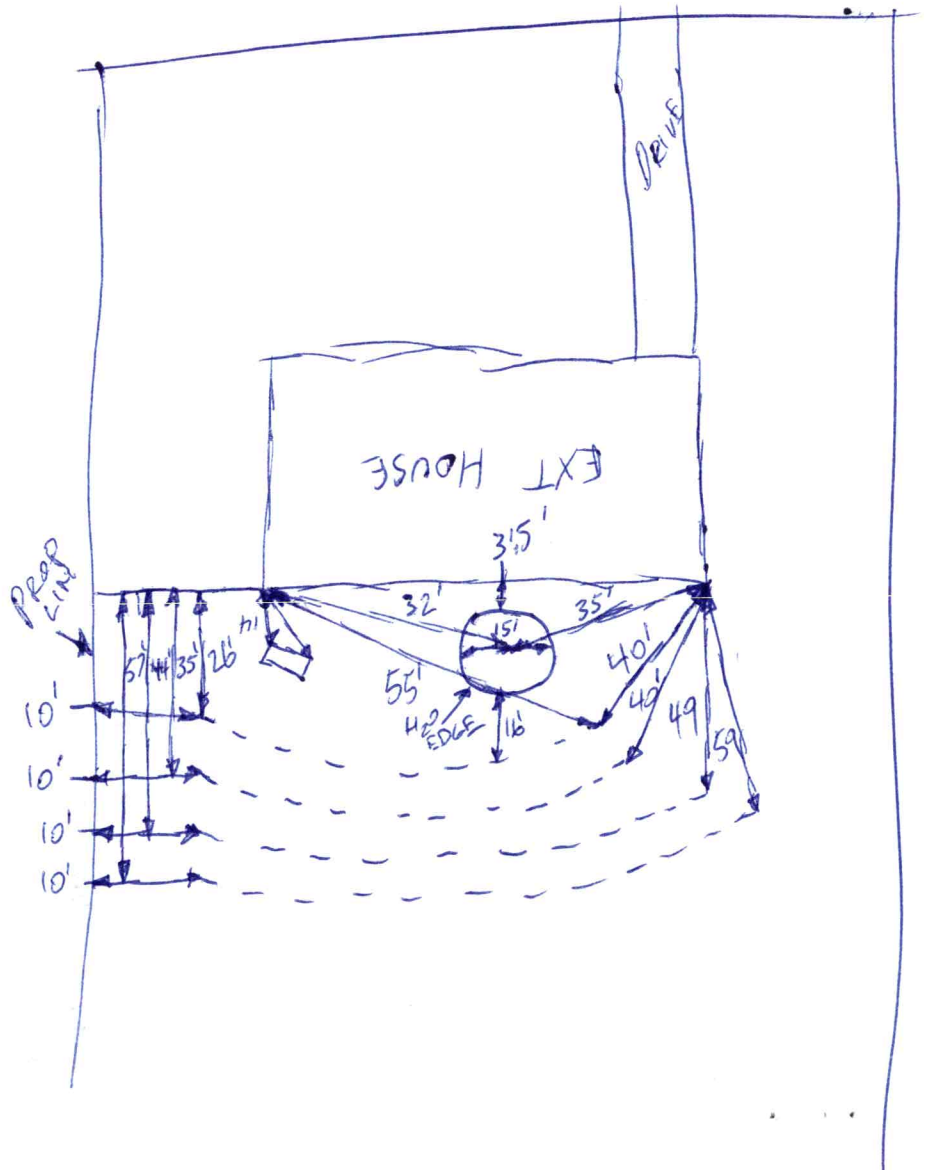
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 03/09/2020

Signature of Owner/Contractor

Permit Number	305725	TOTAL FEES:	$77.25

FAIR HAVEN


DRIVE
EXT HOUSE
PROP LINE
3'5'
32'
35'
15'
55'
40'
40'
49
59
57'
41'
35'
26'
h1
10'
10'
10'
10'
H2O EDGE
16'

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
R5065

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$327.25**
AP-305725 Address: 159 FAIRHAVEN LN APN: 4760593644.000			**$327.25**
EH EXISTING SYSTEMS			$250.00
EXISTING SYSTEM INSPECTION	10492751-447004	0	$250.00
ZONING			$77.25
ZONING PERMIT	104563-472223	0	$75.00
TECH FEE ZONING	104563-460450	0	$2.25
TOTAL FEES PAID BY RECEIPT:R5065			**$327.25**

Date Paid: Monday, March 09, 2020
Paid By: DONOVAN ROBERT W+LOIS
Cashier: CCS
Pay Method: CASH