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Paid $500.00 Statesville # 205355

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

(X) Septic Improvement Permit ~~(X) New Well Permit~~ (X) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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: (X) Survey Plat, scaled no more than 1 inch = 60 feet ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information:

Applicant Name: JOHN SPRINGSTEAD Address: 159 ELECTRA DR CLEVELAND NC 27013 Phone: 704 957-1231

Owner Name: ROGER OVERCASH Address: PO BOX 3846, MOORESVILLE NC Phone: 704 506-4715

Property Information:

Street Address: 159 ELECTRA DR, CLEVELAND NC 27013

Subdivision Name: SHANNVILLE ESTATES Section/Phase: 2 Lot Number: 21

Driving Directions: 115 N, RIGHT ON SHANNVILLE, CROSS CREEK, LEFT ON SAHOMA, RIGHT ON ELECTRA, AT END 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: 6
( ) 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: John Springstead 8/19/14

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

IREDELL COUNTY HEALTH DEPARTMENT

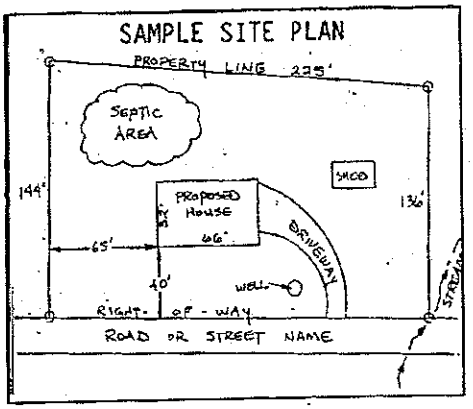
ENVIRONMENTAL HEALTH DIVISION

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:

- 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

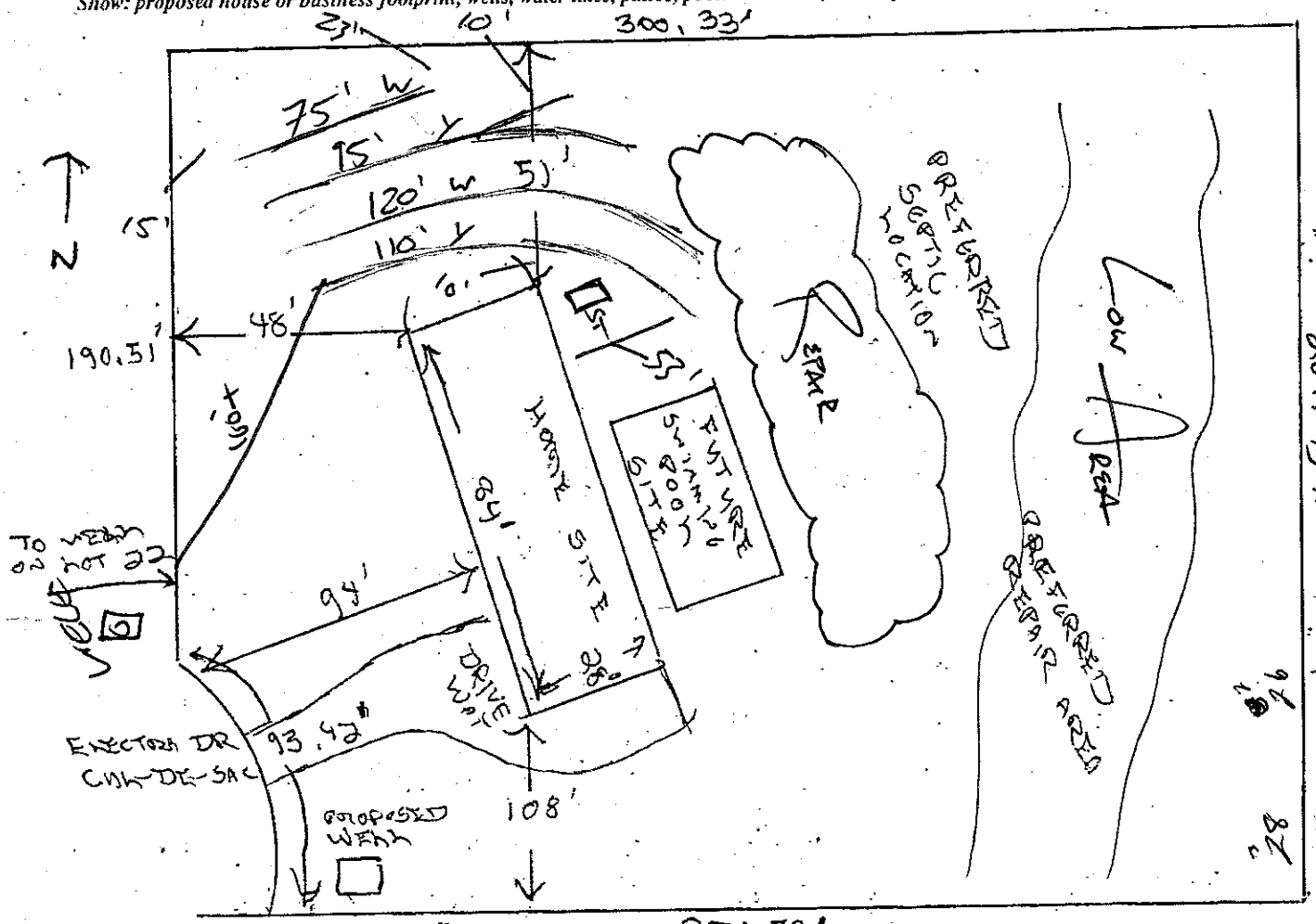


Circle N/A on the following if appropriate:

- 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

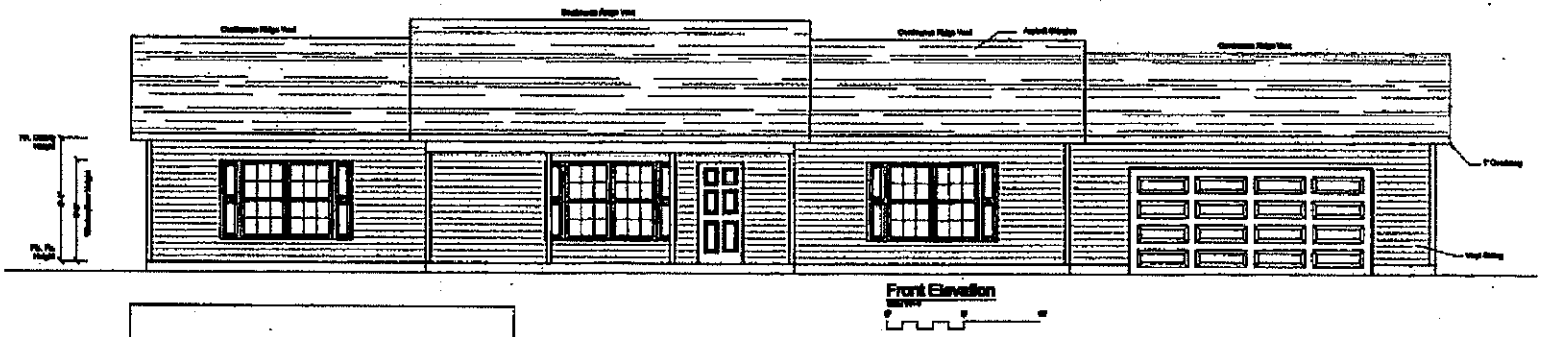


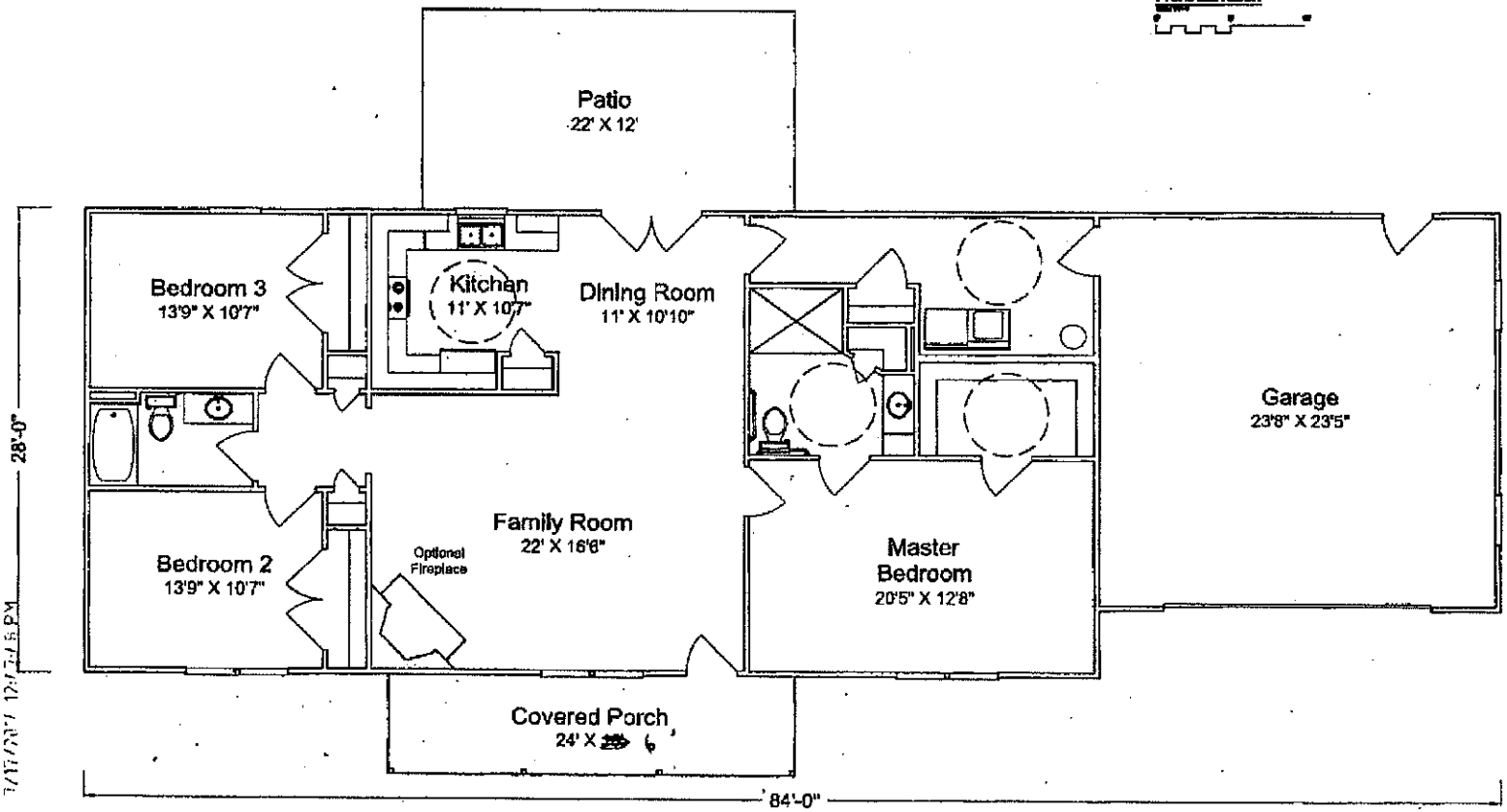
Signature: _____ 8/19/2019

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

Springstead

Modified Sycamore





Heated Area	1,680
Covered Porch	144
Patio	264
Garage	576

Acknowledgement Of Plans Submittal ONLY

Approved SEP 2014

Date

Date 8/19/14

IREDELL COUNTY

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

APPLICATION NUMBER
205355
Issue Date: 08/19/2014

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4760967599.000	158 ELECTRA DRIVE, CLEVELAND, NC 27013	CLEVELAND

Owner Information	Applicant Information
Owner: OVERCASH ROGER L	Applicant: SPRINGSTEAD, JOHN
Address: 1335 SHINNVILLE RD CLEVELAND, NC 27013	Address: 158 ELECTRA DRIVE CLEVELAND, NC 27013
Phone:	Phone: 704-957-1231

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.818	35.00	35.00	15.00	15.00	NOT	X

Remarks:

$ PAID
CK #1039

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: 8/19/14

Permit Number	19715	TOTAL FEES:	$ 77.25