Please contact day before 7043977555

EMAIL: ACCOUNT @ AUZMET.COM

IREDELL COUNTY HEALTH DEPARTMENT

214835 77473

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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

Applicant Information:

Applicant Name: ROBERT TUCKER **Address:** 162 CHESTNUT GROVE ROAD STATESVILLE 28625 **Phone:** 704 397 7555

Owner Name: ROBERT TUCKER **Address:** 162 CHESTNUT GROVE ROAD STATESVILLE **Phone:** 704 397 7555

Property Information:

Street Address: 162 CHESTNUT GROVE ROAD, STATESVILLE 28625

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

Driving Directions: _____

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

( ) 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
(✓) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: 40 X 100 Accessory Building
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) 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 ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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. industrial) 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.

Signature: _____ 10/16/15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

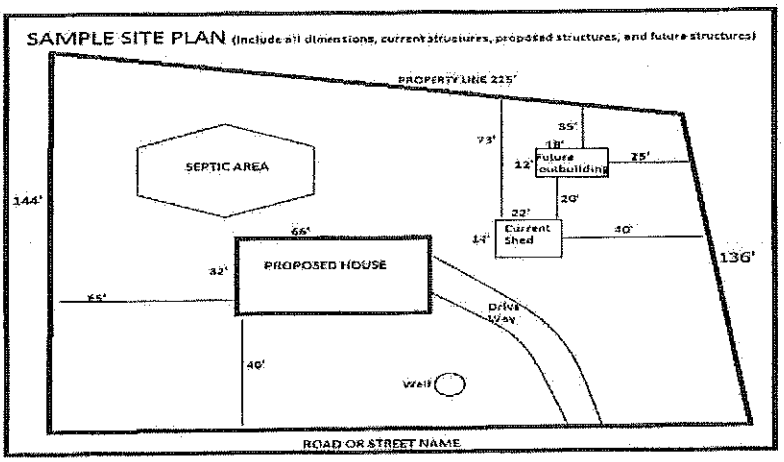
SITE PLAN WORKSHEET

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!!!***

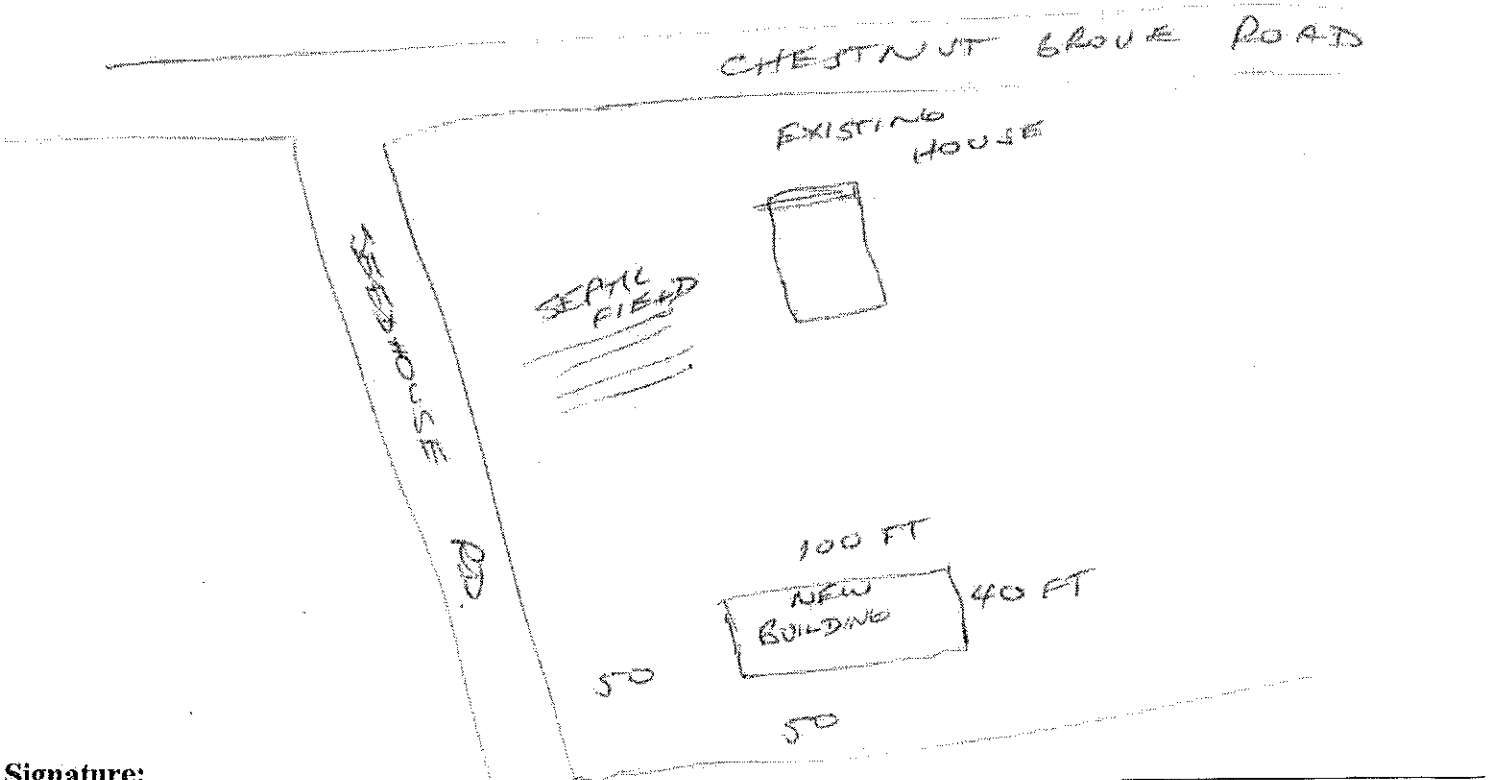
Place an (X) beside each item as you complete the site plan:
_____Property Line measurements are clearly identified... **_____All proposed structures are indicated...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
_____Front and side setbacks from property line... **_____Preferred driveway location and configuration, preferred 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



Signature: _____
REQUIRED property owner or owner's legal representative signature.

_____
DATE

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, ROBERT TUCKER, am the legal owner(s) of the property located at 162 CHESTNUT GROVE ROAD, STATESVILLE, 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.

_____ 11/16/15 _____ _____

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

IREDELL COUNTY

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

FILE COPY

APPLICATION NUMBER
214918
Issue Date: 11/16/2015

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4766163373.000	162 CHESTNUT GROVE ROAD, STATESVILLE, NC 28625	IREDELL COUNTY

Owner Information	Applicant Information
Owner: TUCKER ROBERT+JANINE	Applicant: TUCKER ROBERT+JANINE
Address: 162 CHESTNUT GROVE RD STATESVILLE, NC 28625	Address: 162 CHESTNUT GROVE RD STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
40x100 BUILDING	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.000		50.00	50.00	50.00	NOT	X

Remarks:

REPLACES EXPIRED PERMIT

$ PAID Detail 11-16-15

g Permit: Shall not be erected in front building line of the principal structure. Shall not be erected within 25 ft of any side street or corner lot. Shall not be erected within 10 ft of any line not a street line or within 10ft of any other building on the same lot. Shall not be erected within the 50ft buffer zone on lake front properties. Shall not exceed the height limitation of the principal structure. Exceptions to the front building line location: if the lot equals 1 acre or greater, and is double frontage lake lot or the location of the building/structure is 150 feet or greater than from the frontage street right of way line than the structure can be located in front of home. Any accessory building or structure over 1200 sq/ft shall be setback a minimum of fifty (50) feet from any property line.

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: See Attached Date: _____

Permit Number	53982	TOTAL FEES:	$ 77.25