ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 324225

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

PIN # 4771 -- 37 -- 2152

APPLICANT/OWNER: John Zink APPLICANT ADDRESS: 204 Avalon Park Circle Apt 201

SITE ADDRESS: 153 Watermoss Dr Cleveland, NC 27013 PHONE: 239-645-7349 ALT. PHONE

SITE DIRECTIONS: I-77 to exit 42 to Ostwalt Amity Rd, ⓛ Triplett Rd SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Willowridge SECTION: 1 LOT # 55 LOT AREA: 1.06 Ac DESIGN FLOW: 360 L.T.A.R.: .275

Septic Tank	1000	(gal)	STB		Date				
Pump Tank	1000	(gal)	PT		Date				
Pump Make			Model		Serial #				
# Nitrification Fields	1		# Lines	4	Linear Ft	328			
Trench Width	36 in		Trench Bottom Depth(Low side)	24 in	Gravel Depth	N/A			

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% Reduction - PM

Repair System Description: Drip Repair

Maintenance Agreement Required: ☐ YES ☑ NO

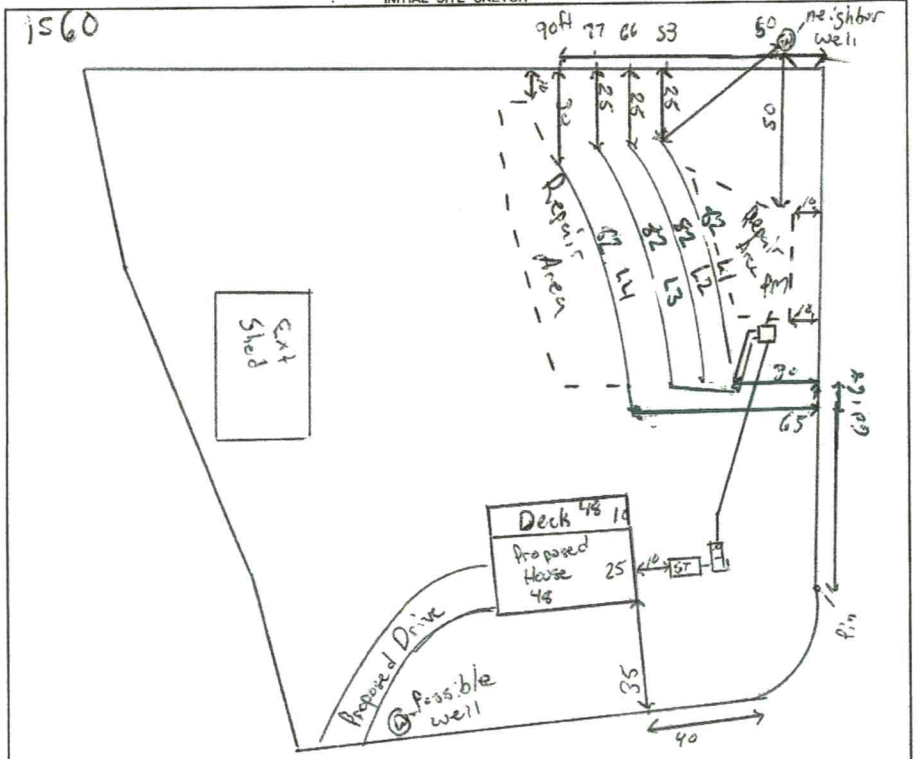
☐ GRAVITY ☑ PRESSURE

☑ Residence No. Bedrooms 3 ☐ Business No. Persons 6 ☐ Other No. Employees ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install on contour with 4ft on center. Stay 50ft from neighbor well. Do not park, drive, construct or cut any of the septic area.

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.

L1: 1½" Sch 80 L3: 1½" Sch 80
L2: 1½" Sch 80 L4 1½" Sch 80
volume: 149.24
Time: 6.8
Drawdown: 7.1 in

DW tanks, lines, manifold 6/15/23

STH Floats, Alarm, electrical, Pressure head

Pit
* 0-12 - Fill
12-22 C - SPK/MSL
22-48 CL - WSBK
YB around roots & Lateral duct

Installer put lines in out of Contour - Closest to house 36"-40", ends @ 18". Excess soil removed where > 36". Soil evaluation did not find any unsuitable characteristics on shallow ends.

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: 12-14 Installed by: Rays Septic

IMPROVEMENT PERMIT by: [signature] Date: 7/21/22 OPERATION PERMIT by: Sydney Holland Date: 8/23/23

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 12/14/22 Existing System Inspected by: Date:

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

BLDR-2022-11669

PERMIT # AP 324225

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

PIN # 4771 -- 37 -- 2152

APPLICANT/OWNER: John Zink

APPLICANT ADDRESS: 204 Avalon Park Circle Apt 201

SITE ADDRESS: 153 Watermoss Dr Cleveland, NC 27013

PHONE: 239-645-7349

ALT. PHONE: -

SITE DIRECTIONS: I-77 to exit 42 to Ostwalt Amity Rd, L Triplett Rd

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Willowridge

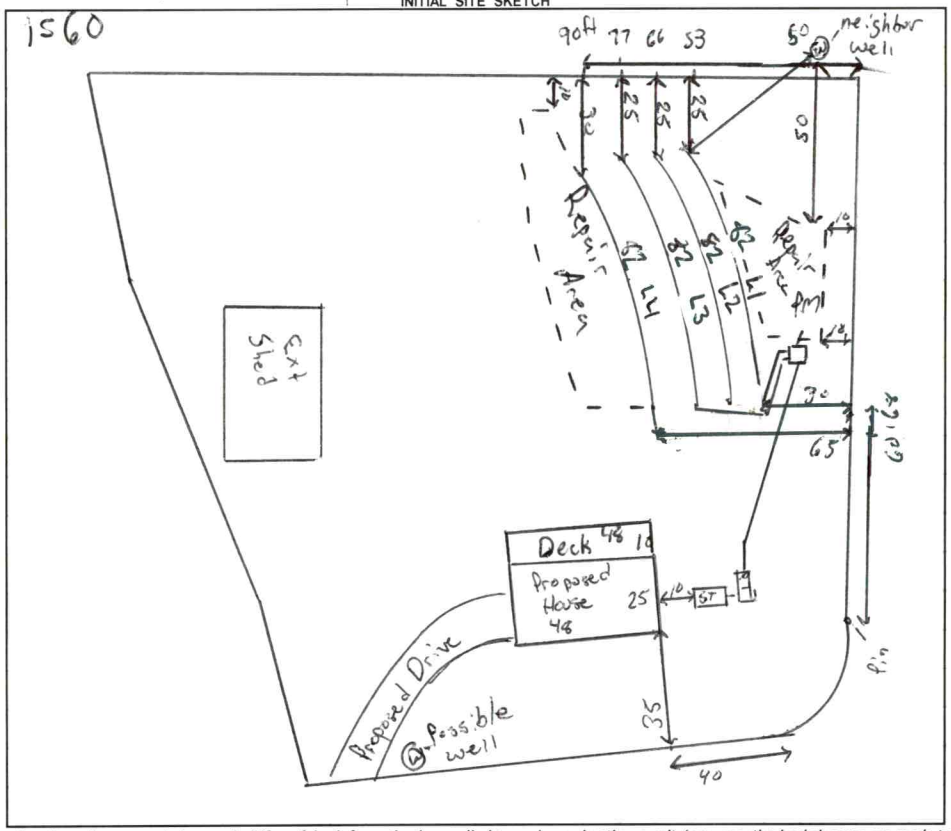
SECTION: 1 LOT # 55 LOT AREA: 1.06 AC

DESIGN FLOW: 360 L.T.A.R.: .275

Septic Tank	1000	(gal)	STB		Date		☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI		☑ Residence	No. Bedrooms	3	Water Supply		
Pump Tank	1000	(gal)	PT		Date		System Description:	25% Reduction - PM				☐ Business	No. Persons	6	☑ Private		
Pump Make			Model		Serial #		Repair System Description:	Drip Repair				☐ Other	No. Employees		☐ Public		
# Nitrification Fields	1		# Lines	4	Linear Ft	328	Maintenance Agreement Required:	☐ YES	☑ NO			☐ Slab	☑ Crawl Space		☐ Community		
Trench Width	36 in		Trench Bottom Depth(Low side)	24 in	Gravel Depth	N/A		☐ GRAVITY	☑ PRESSURE			☐ Basement w/ plumbing			☐ Basement w/o plumbing		

Comments / Conditions: Install on contour with 4ft on center. Stay 50ft from neighbor well. Do not park, drive, construct or cut any of the septic area.

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.

L1: 1/2" Sch 80 L3: 1/2" Sch 80
L2: 1/2" Sch 80 L4 1/2" Sch 80
volume: 149.2 ft
Time: 6.8 "
Drawdown: 7.1 in

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: John Zink Date: 12-14 Installed by:

IMPROVEMENT PERMIT by: Matt Wilk Date: 7/21/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Matt Wilk Date: 12/14/22 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4771372152
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: John Zink
ADDRESS: 204 Avalon Park Circle Apt 201
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 153 Waterness

APPLICATION DATE 5/27/22
DATE EVALUATED: 7/7/22
PROPERTY SIZE: 1.054 Ac
PROPERTY RECORDED: yes

WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 23%	0-8	SL/Gr	ns np fr SE	10YR 6/2	46	Sep inclusions		PS
		8-21	C/ABK	ss sp fr SE	at 12		begin in	Litho	.275
		21-46	CL/SBK	ss sp fr SE			CL	in bottom of profile	.3 in CL
2	LS 15%	0-8	SL/Gr	ns np fr SE	10YR 6/2	48	Sep inclusions		PS
		8-18	C/ABK	ss sp fr SE	at 10		begin at 27	Litho 32-46	.275
		18-48	CL/SBK	ss sp fr SE					
3	R 4%	0-10	SL/Gr	ns np fr SE	—	48	Heavy Sep inclusions at 36	Litho w/ Mica w/ sep	PS .3
		10-23	C/WSBK	ss sp fr SE					
		23-46	CL/SBK	ss sp fr SE					
4	LS 10%	0-22	C/SBK	ss sp fr SE	10YR 6/2	46	Heavy Sep inclusions at 33	Litho w/ Chroma 2 at 35	PS .1 Drift
		22-46	CL/SBK	ss sp fr SE	25-46				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	360
System Type(s)	25% PM	80%
Site LTAR	.275	.2

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Matthew Wilkinson
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

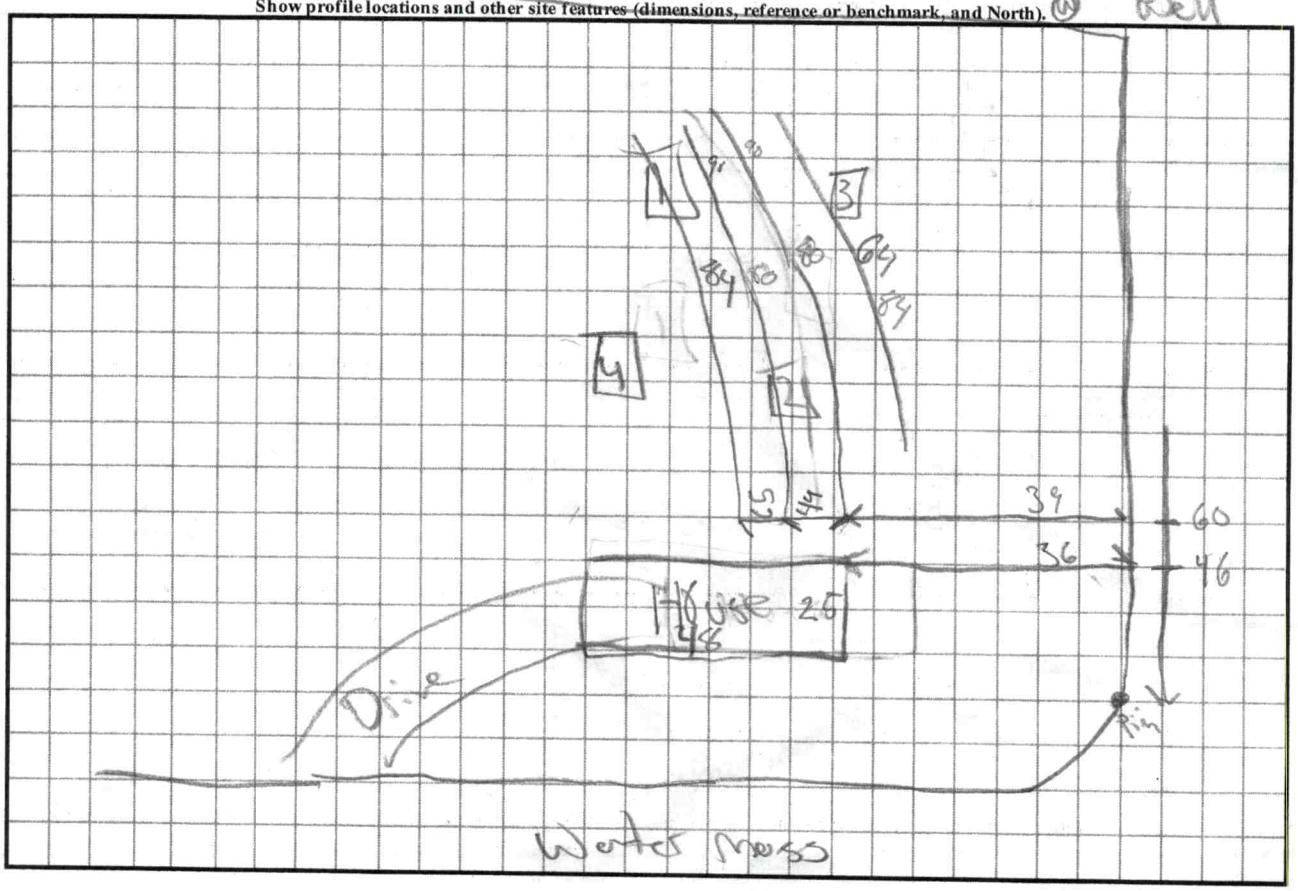
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



House have 8ft deck off back will be pump

8

MW

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-329225 $500.00

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: John Zink **Address:** 204 AVALON PARK CIRCLE Apt 201 **Zip:** 28117
Applicant Email: whobee88@GMAIL.com **Phone:** 239-645-7349 **Alt. Phone:**
Owner Name: John Zink **Address:** 204 AVALON PARK Circle Apt 201 **Zip:** 28117
Owner Email: whobee88@GMAIL.com **Phone:** 239-645-7349 **Alt. Phone:**

Property Information:

Street Address: 153 WATERMOSS DR Cleveland, NC 27013
Subdivision Name: willowridge **Section/Phase:** 1 **Lot Number:** 55
Driving Directions: I-77 to exit 42 To Oswalt Amnity Rd 7+ miles TURN LFT TRIPLETT Rd WATERMOSS DR on RT APPROXIMATELY 1 MILE Lot on CORNER OF CARMEL WOOD Ct

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

(X) New Single Family Residence — Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence — Maximum Number of Occupants: 2
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure:
( ) 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: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
(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 (3) Alternative (1) Conventional (2) Innovative (2) Modified Conventional (4) Other: Mound

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 Zink 5-27-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

JZ **Complete all Environmental Health forms**:
- JZ Application
- JZ Site Plan including the dimensions of proposed structure, addition, pool etc.
- JZ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- ____ Copy of Zoning Permit when applicable
- JZ Sign this sheet after you have completed all items

JZ **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

JZ **Clearly mark all property corners by locating existing iron or concrete markers**. Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only).
'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

JZ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. **must be staked** out on the property as per the site plan.

____ If an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.
- All utilities shall be marked before pits are dug. Call NC 811 for this service.
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.**

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 5-27-22

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

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*) John Zink

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, John Zink, am the legal owner(s) of the property located at 153 WATERMOSS DR Cleveland NC 27013, 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.

John Zink
Signature of Owner(s)

5-27-22
Date

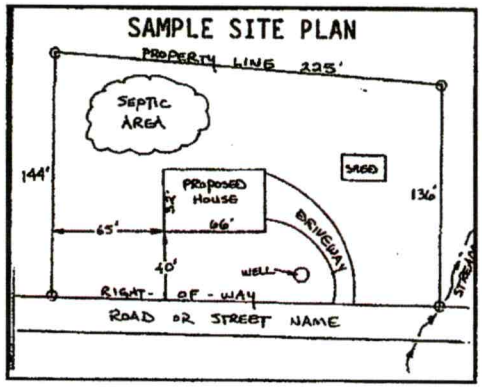
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

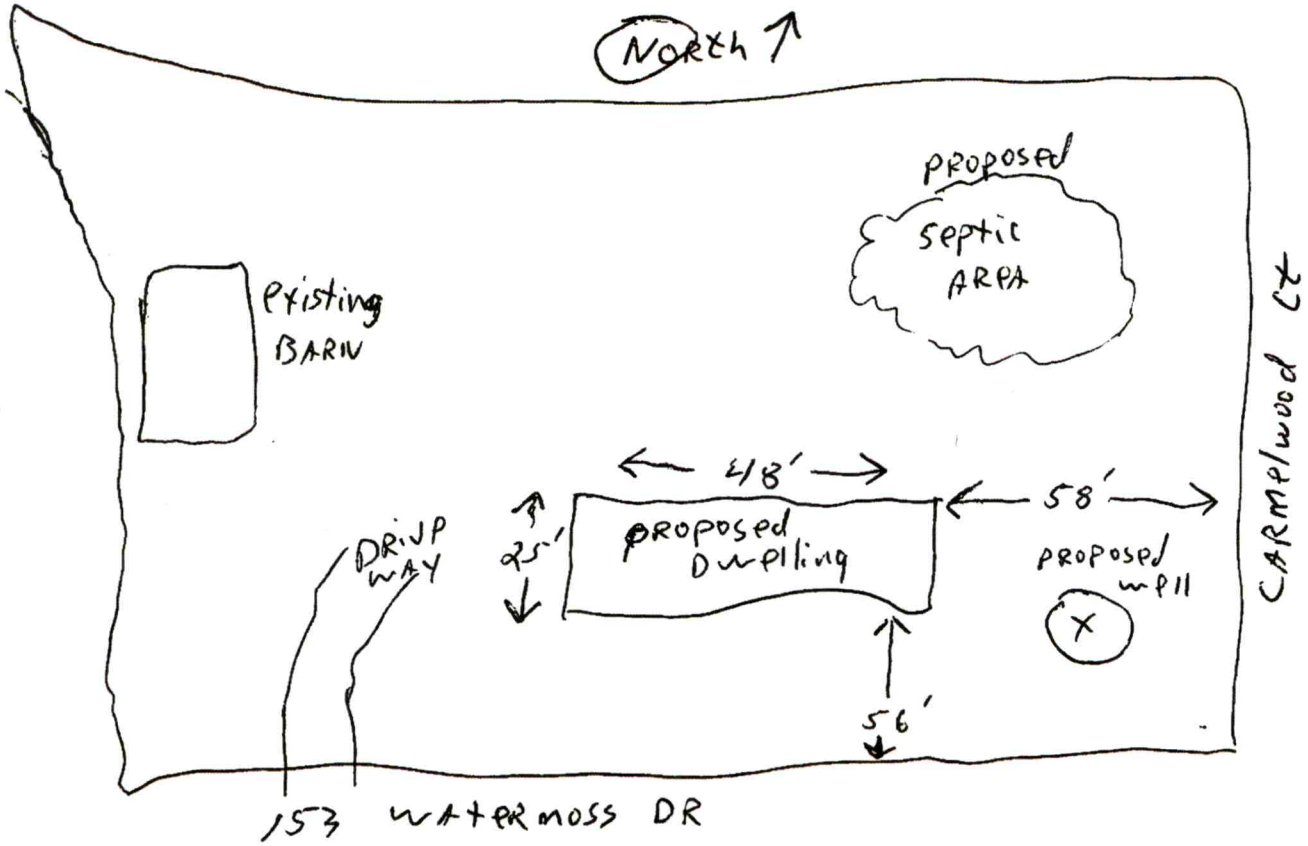
- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location**
- (X) **Preferred well location**
- (X) **Preferred septic system location**
- (X) **North arrow, or other 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**

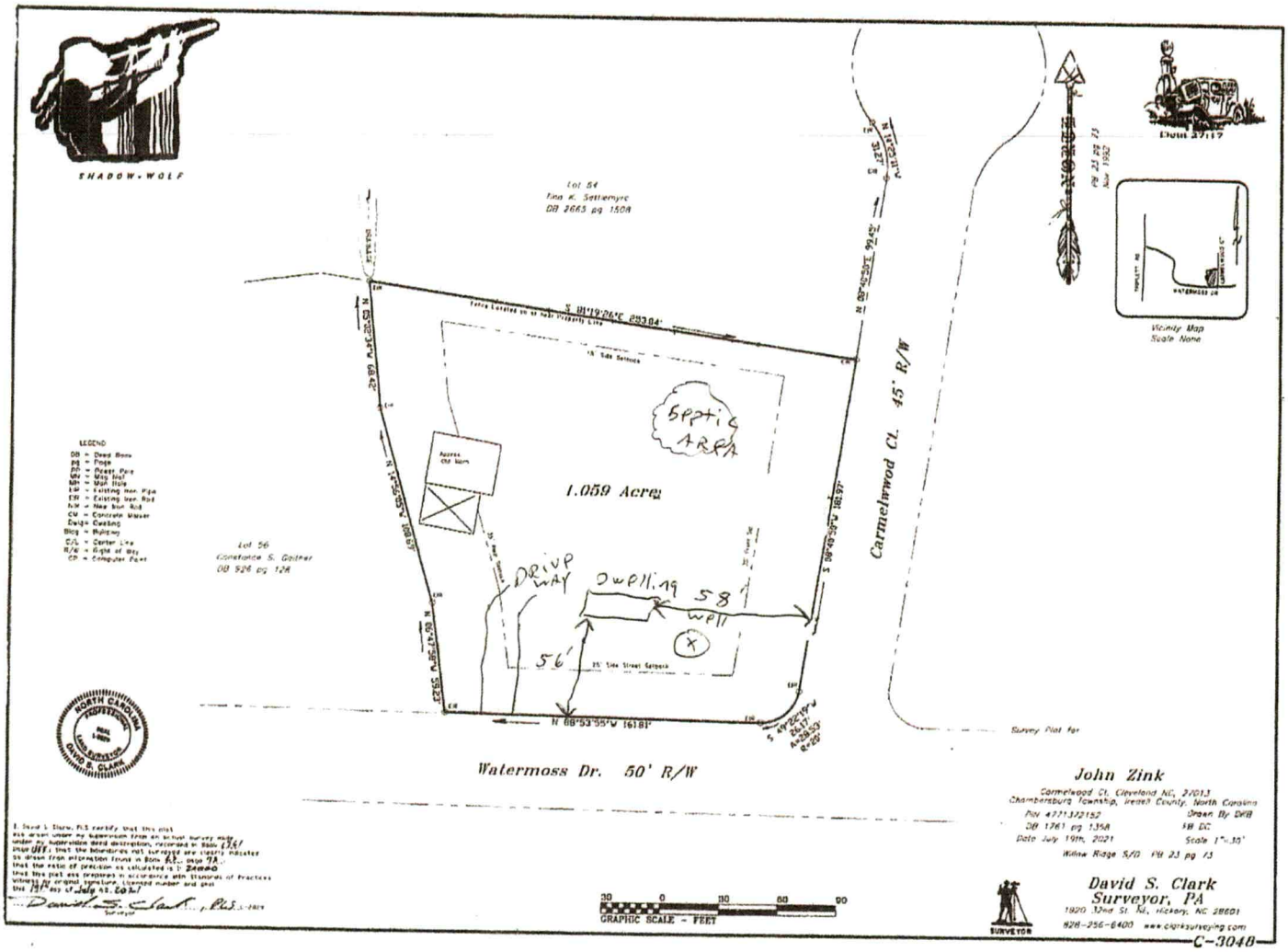
USE THIS SPACE TO DRAW YOUR SITE PLAN

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: Josh Zink 5-27-22

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



I, David S. Clark, PLS certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 1761, page 1358); that the boundaries not surveyed are clearly indicated as drawn from information found in Book 23, page 73; that the ratio of precision as calculated is 1: 24000; that this plat was prepared in accordance with G.S. 47-30 as amended. Witness my original signature, License number and seal this 19th day of July A.D. 2021.

David S. Clark, PLS L-3048
Surveyor

IREDELL COUNTY · NC

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

APPLICATION NUMBER
329225 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4771372152.000	153 WATERMOSS DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: ZINK JOHN M	Name: ZINK JOHN M
Address: 204 Avalon Park Circle Apt #201	Address: 204 Avalon Park Circle Apt #201
Mooresville, Nc 28117	Mooresville, Nc 28117
Phone: (239)645-7349	Phone: (239)645-7349

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.06	35	35	15	25		NO

Remarks
MODULAR

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: 05/27/2022

Signature of Owner/Contractor

Permit Number		329225	TOTAL FEES:	$77.25

329225

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 X Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

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

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

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

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

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 John Zink Phone # 239-645-7349

Owner's Current Address 204 AVALON PARK Circle Apt #201 mooresville, NC. 28117

Property Information

Property Address 153 WATERMOSS DR Parcel # 4771372152

Subdivision: Willow Ridge Lot: 55 Zoning: ___ Watershed: Y or (N) Flood Plain: Y or (N) Township: Cleveland

Directions to property (from a MAIN ROAD) FROM I-77 South exit 42 Rt to Oswalt Amity Rd Follow Oswalt Amity Aprox 7 miles TO Triplett Rd turn LEFT WATERMOSS DR on Right property will be on LEFT CORNER OF CARMELLWOOD CT

Application Information

Applicant's Name or Company John Zink Applicant's Phone # _____

Applicant's Address 204 AVALON PARK Circle Apt 201 mooresville, NC 28117

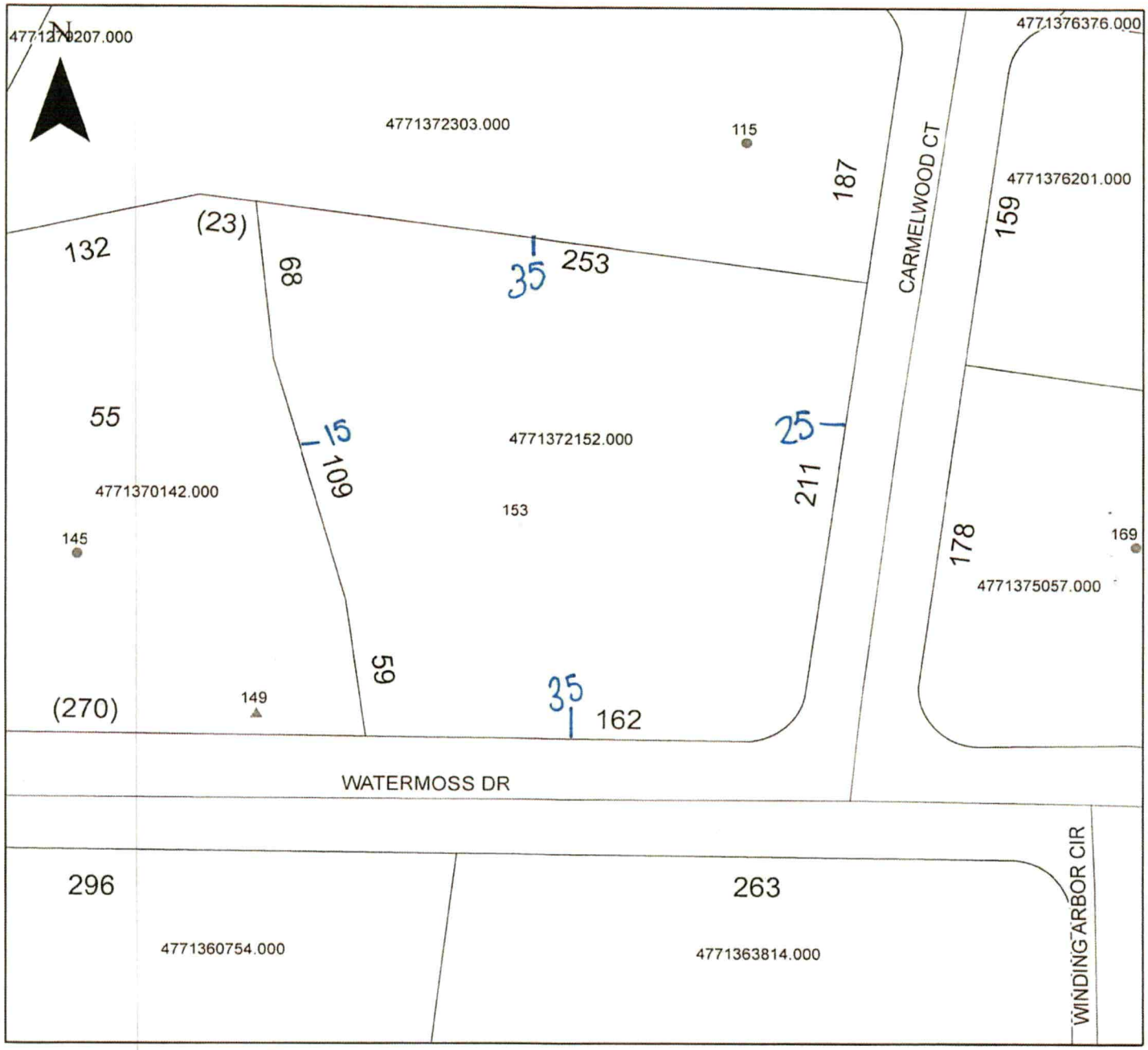
If Company, Representative's Name and Title _____

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 John Zink DATE 5-27-22

1.06
RA
NO

ZONING DISCLAIMER



Property Address 153 Watermoss Dr.

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

5-27-22
Date

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
R16955

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$577.25**
AP-329225 Address: 153 WATERMOSS DR APN: 4771372152.000			**$577.25**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
TOTAL FEES PAID BY RECEIPT:R16955			**$577.25**

Date Paid: Friday, May 27, 2022

Paid By: ZINK JOHN M

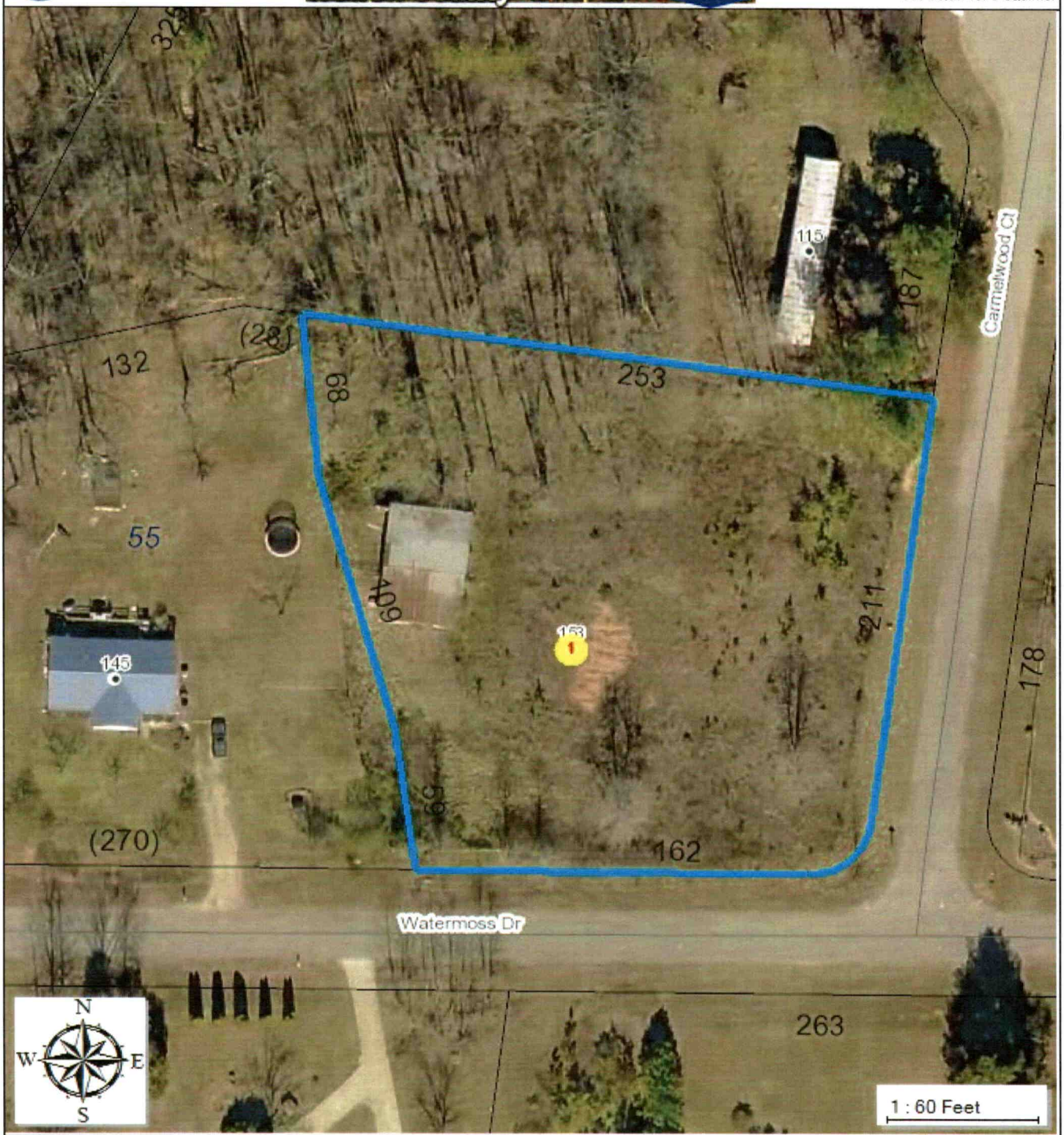
Cashier: HDK

Pay Method: CREDIT CARD 60394p

CONNECTGIS WEB HOSTING

North Carolina Iredell County

Iredell
Printed July 20, 2022
See Below for Disclaimer

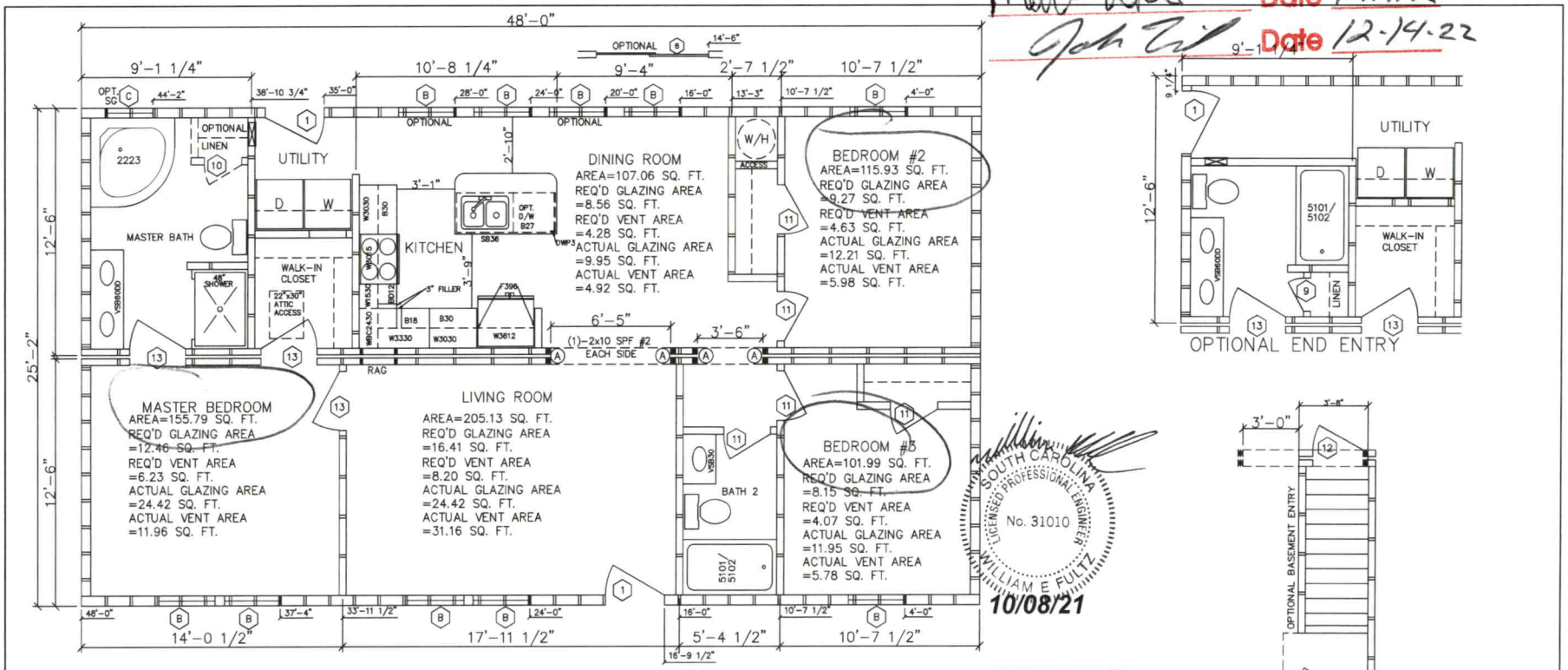


The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

Acknowledgement Of Plans Submittal ONLY!

Date 12.14.22

Date 12-14-22



10/08/21

APPROVED RADCO APPROVED
Oct 14, 2021
H. Scott Hall

NOTES:
1. SEE ENERGY CALCULATIONS FOR ALLOWABLE WINDOW/DOOR OPTION COMBINATIONS.
2. SEE DESIGN CONFIGURATION FOR HEADERS IN THE DESIGN MANUAL.
3. SEE PAGE MMS1 AND MMS2 IN THE DESIGN MANUAL FOR PLUMBING FIXTURE SCHEDULE.

	DOOR SCHEDULE	R.O.	LITE AREA	VENT AREA
1	36"x80" EXTERIOR	38"x82 3/8"	–	19.12
1A	8"x36" SIDE LITE		1.85	–
1B	7"x64" SIDE LITE		2.86	–
3	36"x80" EXTERIOR 9–LITE	38"x82 3/8"	5.12	19.12
4	36"x80" EXTERIOR 15–LITE	38"x82 3/8"	9.25	19.12
5	32"x80" EXTERIOR (SOLID)	34"x82 3/8"	–	19.12
6	72"x80" SG GLASS DOOR	72"x80"	18.50	19.12
7	72"x80" ATRIUM DOOR	75 1/2"x82 1/4"	18.50	19.12
8	72"x80" FRENCH DOOR	74 1/2"x82 1/4"	18.50	19.12
9	20"x80" INTERIOR	22"x82 3/8"	–	–
10	24"x80" INTERIOR	26"x82 3/8"	–	–
11	30"x80" INTERIOR	32"x82 3/8"	–	–
12	32"x80" SOLID INTERIOR	34 1/2"x82 3/8"	–	–
13	36"x80" INTERIOR	38"x82 3/8"	–	–
14	48"x80" BIFOLD INTERIOR	50"x82 3/8"	–	–
15	60"x80" BIFOLD INTERIOR	62"x82 3/8"	–	–
16	30"x80" POCKET DOOR	74"x82 3/8"	–	–

IF A DRYER IS INSTALLED IN A CLOSET ON–SITE MAKE UP AIR IS REQUIRED IT MUST BE INSTALLED ON–SITE BY OTHERS. SUBJECT TO LOCAL APPROVAL AND IS NOT THE RESPONSIBILITY OF HOLMES BUILDING SYSTEMS.

BUILDING MUST BE SET–BACK ATLEAST 10' FROM PROPERTY LINES
NOTE ALL WINDOWS: MAX= DP: 50 SHGC: 0.24 U: 0.34

	WINDOW SCHEDULE	R.O.	LITE AREA	VENT AREA
A	36"x72" EGRESS	36"x72"	14.90	7.38
B	36"x60" EGRESS	36"x60"	12.21	5.98
C	30"x36	30"x36"	5.55	2.64
D	24"x48"	24"x48"	5.99	2.95
E	36"x60" SAFETY GLAZED	36"x60"	12.21	5.98
F	31 1/2"x53 1/2" DORMER	32"x54"	9.52	4.66
G	24"x60"	24"x60"	7.69	3.84
H	48"x48" SAFETY GLAZE	48"x48"	13.03	6.27
I	30"x66" SAFETY GLAZE	30"x66"		

COLUMN SUPPORT
(A) 2–2x4'S
(B) 3–2x4'S
(C) 4–2x4'S
AREA
1st FLOOR SQ. FT.
PORCH SQ. FT.

NOTE:
A WATER CLOSET OR LAVATORY SHALL NOT BE SET CLOSER THAN 15" FROM IT'S CENTER TO ANY SIDEWALL, PARTITION OR VANITY OR CLOSER THAN 30" CENTER TO CENTER BETWEEN ADJACENT FIXTURES. THERE SHALL BE A CLEARANCE OF NOT LESS THAN 21" IN FRONT OF A WATER CLOSET OR LAVATORY TO ANY WALL FIXTURE OR DOOR.

NOTE:
IF THE WINDOW IS LESS THAN 24" ABOVE THE FINISH FLOOR AND 72" ABOVE FINISH GRADE, THERE MUST BE FALL PROTECTION INSTALLED. THE FALL PROTECTION TO BE INSTALLED ON–SITE BY OTHERS IF REQUIRED. SUBJECT TO LOCAL APPROVAL.

NOTE:
ANY REQUIREMENTS FOR WHOLE HOUSE VENTILATION SYSTEMS ARE TO BE MET AND PROVIDED ON SITE BY OTHERS PER LOCAL CODE AND ARE NOT THE RESPONSIBILITY OF HOLMES BUILDING SYSTEMS.

NOTE:
ALL VIRGINIA MODELS TO BE BUILT WITH MINIMUM OF 1 BEDROOM AND 1 BATH THAT CONTAIN 36" INTERIOR PASSAGE DOOR. TO COMPLY WITH 2015 CODE FOR VA.
AN "*" INDICATES WHICH DOORS TO BE CHANGED TO MEET REQUIREMENTS.

NOTE:
ALL 1st AND 2nd FLOOR WINDOWS SHALL BE INSTALLED WITH THE LOWEST PART OF THE CLEAR OPENING LOCATED GREATER THAN 24" ABOVE THE FLOOR. IF THIS REQUIREMENT IS NOT MET HOLMES BUILDING WILL INSTALL A FALL PROTECTION DEVISE. IF ANY OF THE 1st FLOOR WINDOWS ARE GREATER THAN 72" ABOVE GRADE, THE FALL PROTECTION DEVISE WILL BE INSTALLED ON–SITE BY OTHERS. SUBJECT TO LOCAL APPROVAL.

FFF–FROST FREE FAUCET

REVISIONS:	SCALE: 3/16"=1'–0"	APPROVAL BY: DATE:	HOLMES BUILDING SYSTEMS, LLC	TITLE: FLOOR PLAN	PROJECT NO: ####
DATE:	DATE: 09/02/2021	DRAWN BY: JAB		MODEL: 4825A–HBSE R–LIVE OAK	DRAWING NO:MP–5.0