ICHD - ENVIRONMENTAL HEALTH DIVISION

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

BLDR-2022-6050 PERMIT # AP 325875

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

PIN # 4772--97--2366

APPLICANT/OWNER: Kenneth Byers | APPLICANT ADDRESS: 210 S. Main Kannapolis, NC 28081

SITE ADDRESS: 345 Knox Farm Rd, Statesville NC 28677 | PHONE: 704-779-2987 | ALT. PHONE

SITE DIRECTIONS: (E) Hwy 70 → (R) Knox Farm → tot on (L) just before Rowan County

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: HL Upright Estate | SECTION: N/A | LOT# 5 | LOT AREA: 5.1 Ac | DESIGN FLOW: 360 | L.T.A.R.: 0.3/0.27(R)

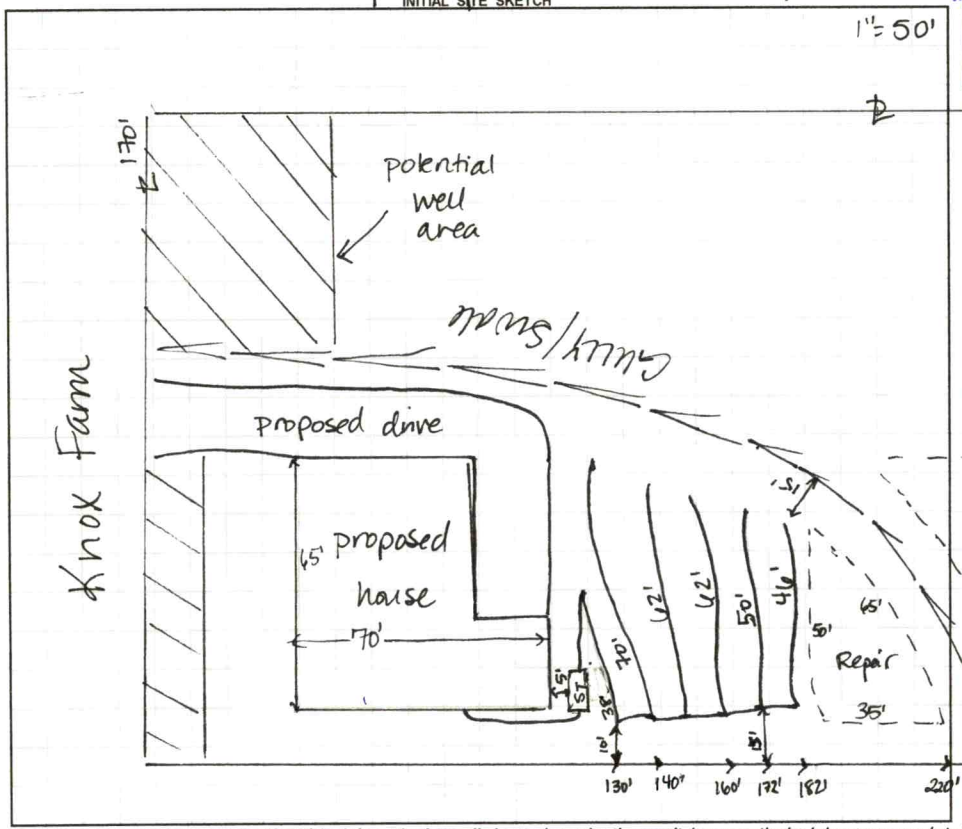
Septic Tank	1000 (gal)	STB	760	Date	2-16-23	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction			☐ Business	No. Persons 6	☒ Private
Pump Make		Model		Serial #		Repair System Description:	50% Reduction			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	6	Linear Ft	300'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	24"	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Do not pave, grade, park, drive, or bury utilities in drainfield area. Install on contour. Recommend diverting swale to run outside septic repair area but not required.

Divert all other drainage off drainfields. Do not exceed 25" trench bottom MAX.

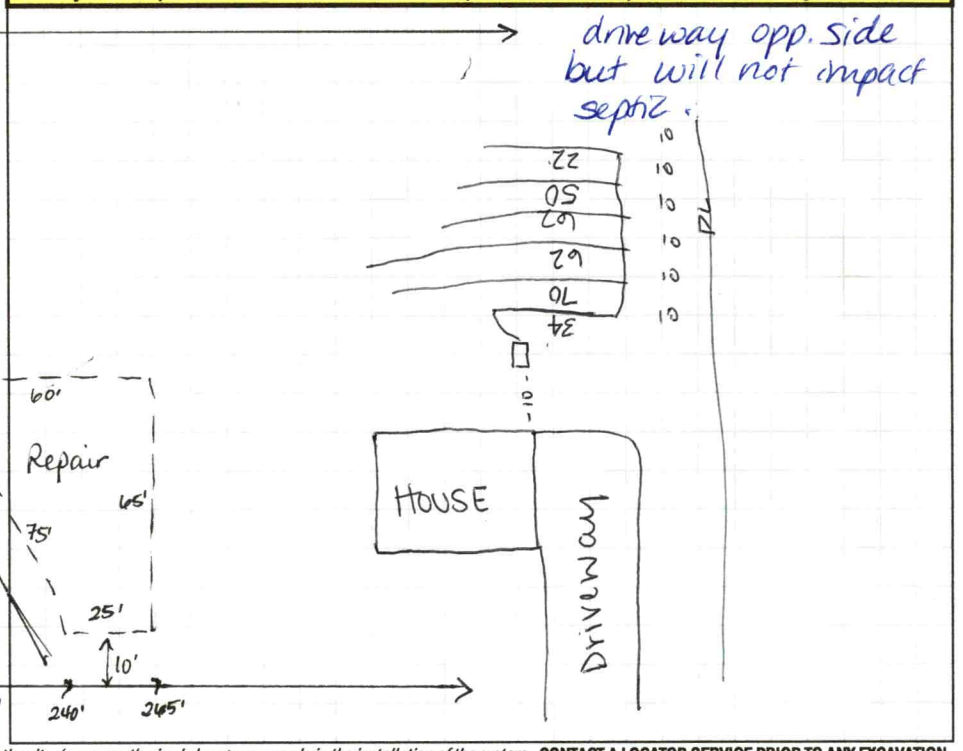
*Keep house outside of septic area - floor plans smaller than proposed *

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.



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: 3/24/22 Installed by: PB Grading

IMPROVEMENT PERMIT by: D. Wiebers Date: 3/17/22 OPERATION PERMIT by: Sydney Holland Date: 3/24/23

AUTHORIZATION TO CONSTRUCT by: D Wiebers Date: 5/18/22 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 2
PROPERTY ID #: 4772 97 2aa
COUNTY: Iredell

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

OWNER: Melissa Bonetti
ADDRESS: 345 Knox Farm Statesville 28677
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 345 Knox Farm Statesville 28677

APPLICATION DATE 2/22/22
DATE EVALUATED: 3/14/22
PROPERTY SIZE: 5.1 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 5	0-4	CL - SBK	SSSP-FR SERP	N/A	43	L	N/A	PS
		4-14	C - SBK	↓	Clay rein thru CL/L - some C packed in SAP				
		14-34	CL WSBK						
		34-43	L - WSBK	SSNP-FR SERP	Sap Content common				0.3
		43	SAP-L-M	SSNP-FR	14"+	Occa			
2	LS Slightly depressed 5	0-8	CL - SBK	SSSP-FR-SERP	N/A	(58)	L	N/A	PS
		8-21	C - SBK	↓					
		21-41	SCL - WSBK						
		41-56	L - WSBK	SSNP-FR-SERP	Mn staining 21"-41"				0.3
		56-60	SAP-M-L	SSNP-FR					
3	LS 8	0-8	CL-SBK	SSSP-FR-SERP	N/A	(60")	N/A	N/A	PS
		8-34	C - SBK/ABK	↓	Mn Staining YB few, 8"+				
		34-60	CL/SCL WSBK		Some lateral H2O around roots				0.275
					31"+,				Shallow
4	LS 8%	0-6	CL - SBK	SSSP-FR-SERP	N/A	(56")	N/A	N/A	PS
		6-41	C - SBK/ABK	↓					
		41-56	CL - WSBK		large Peds, break smaller				0.275
					May to 3Mt				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	218'
System Type(s)	25%	50%
Site LTAR	0.3	.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Weberg
OTHER(S) PRESENT: A. Stephens, K. Byers

COMMENTS:

LEGEND

use the following standard abbreviations

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

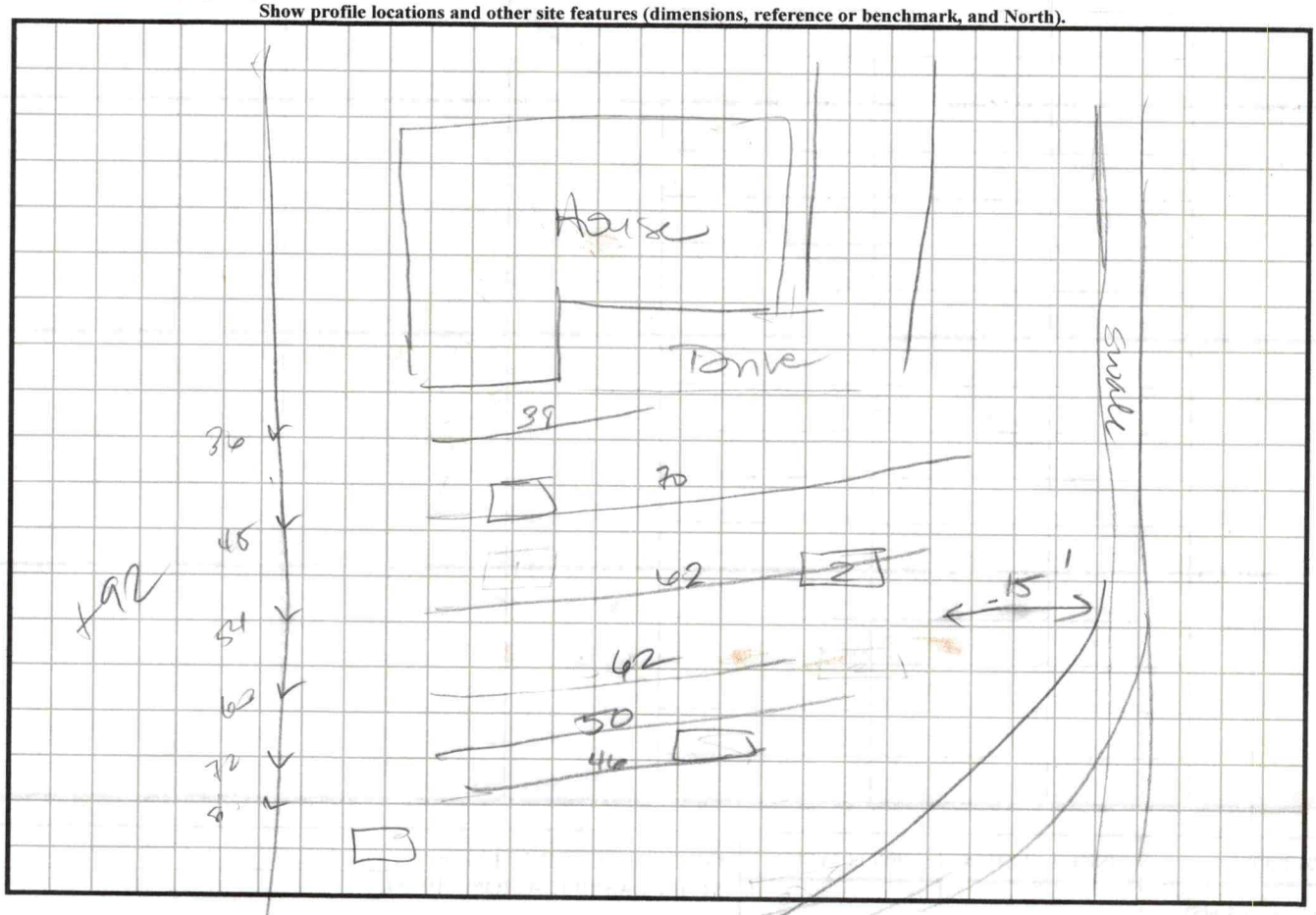
NOTES

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/ft²

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



SOIL/SITE EVALUATION

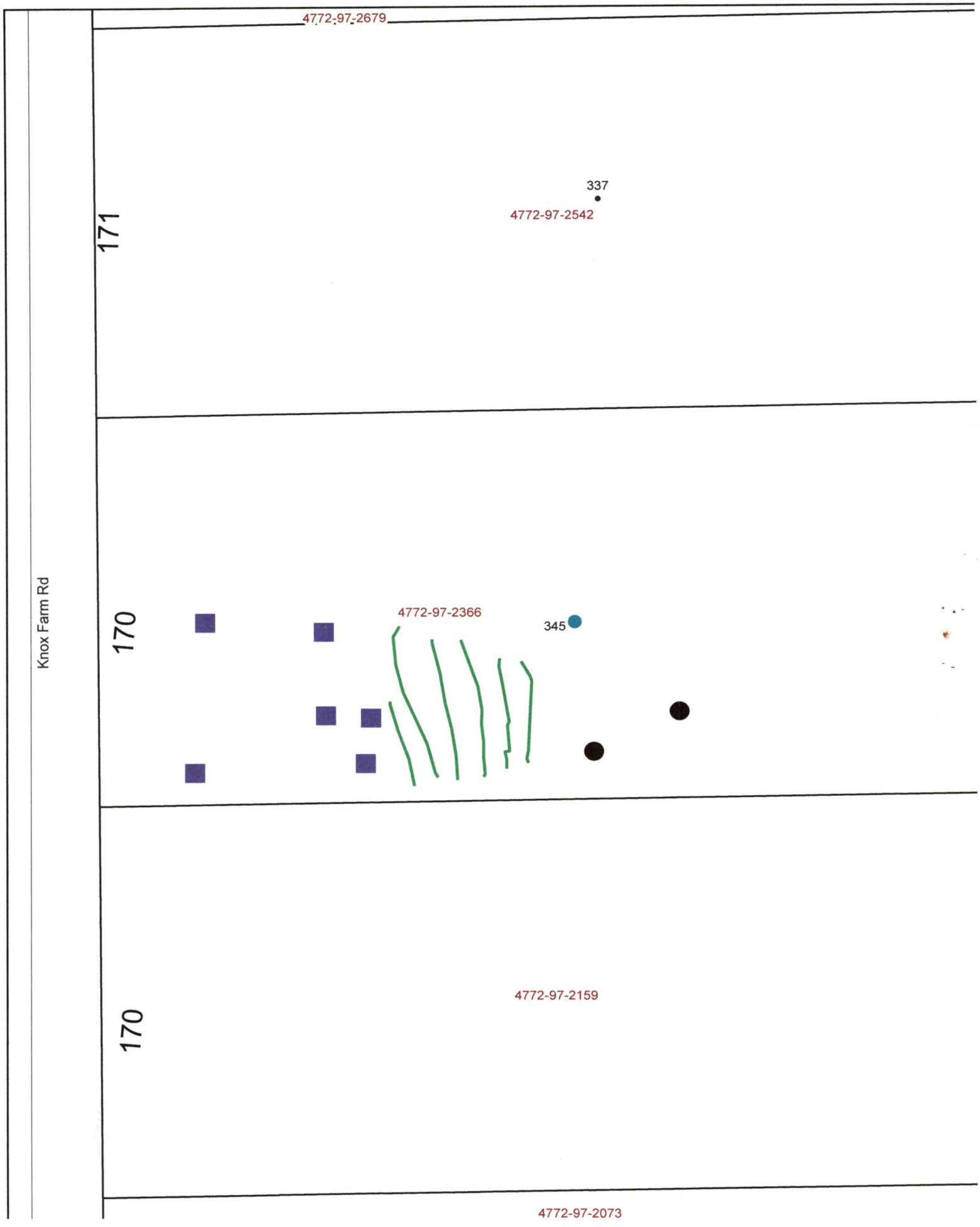
(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4772-97-2366
DATE OF EVALUATION: 3/14/22
COUNTY: Iredell

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
	LS	0-8	SC - SBK	SSSP-FR-SLVP	N/A	N/A	N/A	N/A	P3
		8-38	C - SBK	↓					
	P3	38-60	CL - SBK	↓					
					sap incl	common	38"+		0.3

COMMENTS: _____


4772-97-2679
337
4772-97-2542
171
Knox Farm Rd
170
4772-97-2366
345
170
4772-97-2159
4772-97-2073

RECEIVED FEB 2 2 2022

DW

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

AP- 325875

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Paid $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: (PRINT CLEARLY)

Applicant Name: Kenneth Byers Address: 210 S Main Kannapolis NC Zip: 28081 Leave msg
Applicant Email: kennethrbyers123@gmail.com Phone: 704-779-2987 Alt. Phone: _____
Owner Name: Melissa Bonetti Address: 345 Knox Farm Rd Zip: _____
Owner Email: N/A Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 345 Knox Farm Rd, Statesville, NC, 28677
Subdivision Name: N/A Section/Phase: _____ Lot Number: _____
Driving Directions: _____

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 1550 Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

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: _____
(5) No Preference (2) Alternative (1) Conventional (3) Innovative (4) 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: _____ 2/22/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED MAY 1 2 2022

DW

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

AP- 325875

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Paid $500.00

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Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Leave msg

Applicant Name: Kenneth Byers Address: 210 S Main Kannapolis NC Zip: 28061
Applicant Email: Kennethbyers1239@gmail.com Phone: 704-779-2987 Alt. Phone: _____
Owner Name: Melissa Bonetti Address: 345 Knox Farm RD Zip: _____
Owner Email: N/A Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 345 Knox Farm, Rd, Statesville, NC, 28677
Subdivision Name: N/A Section/Phase: _____ Lot Number: _____
Driving Directions: _____

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 1550 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: _____
(✓) 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: _____
(5) No Preference (2) Alternative (X) Conventional (3) Innovative (4) 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 (✓) 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.

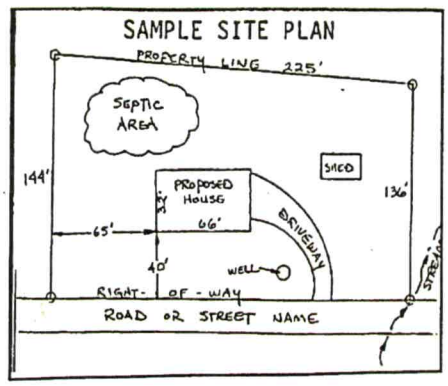
Signature: _____ 5/12/22 2/24/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

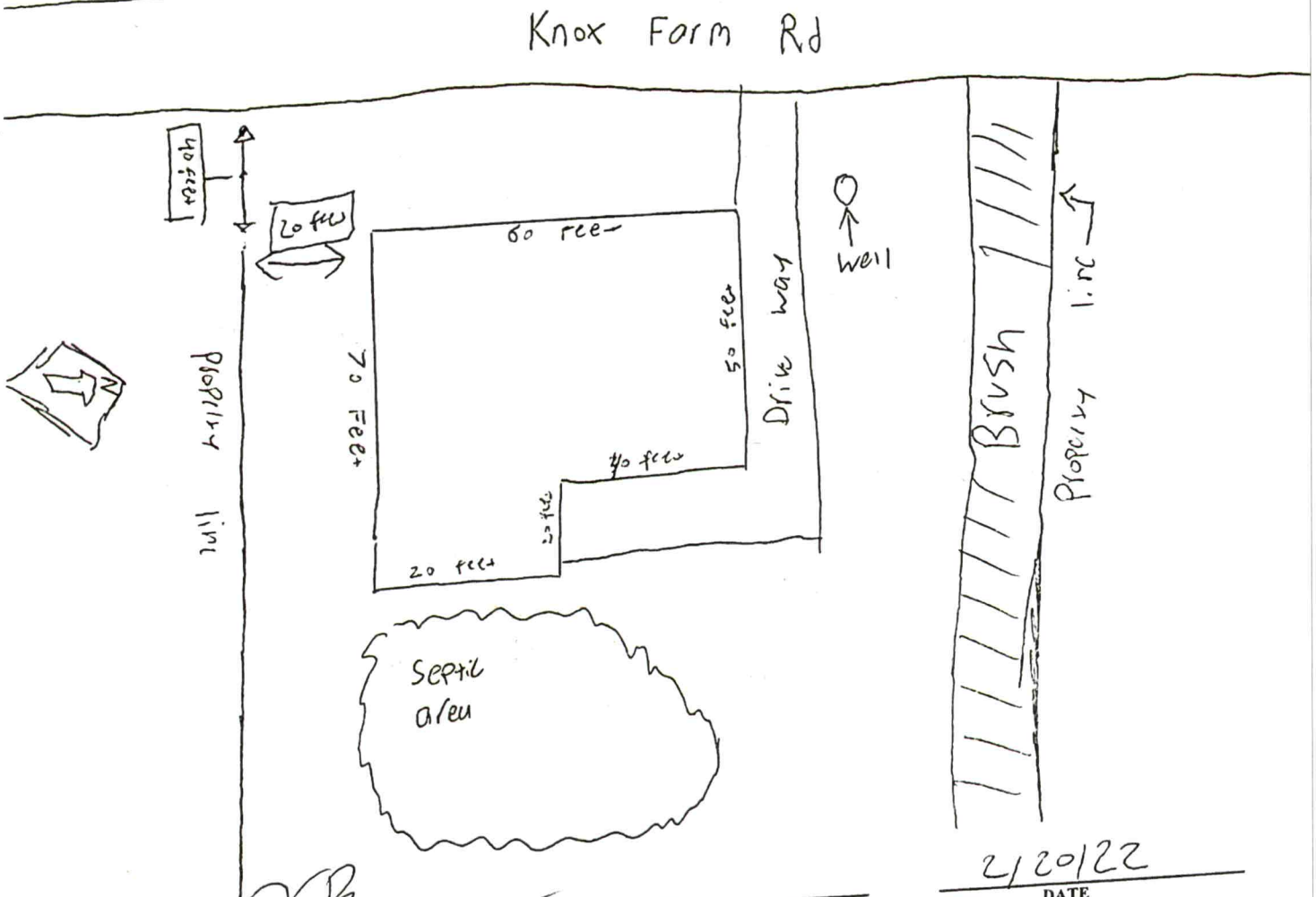
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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

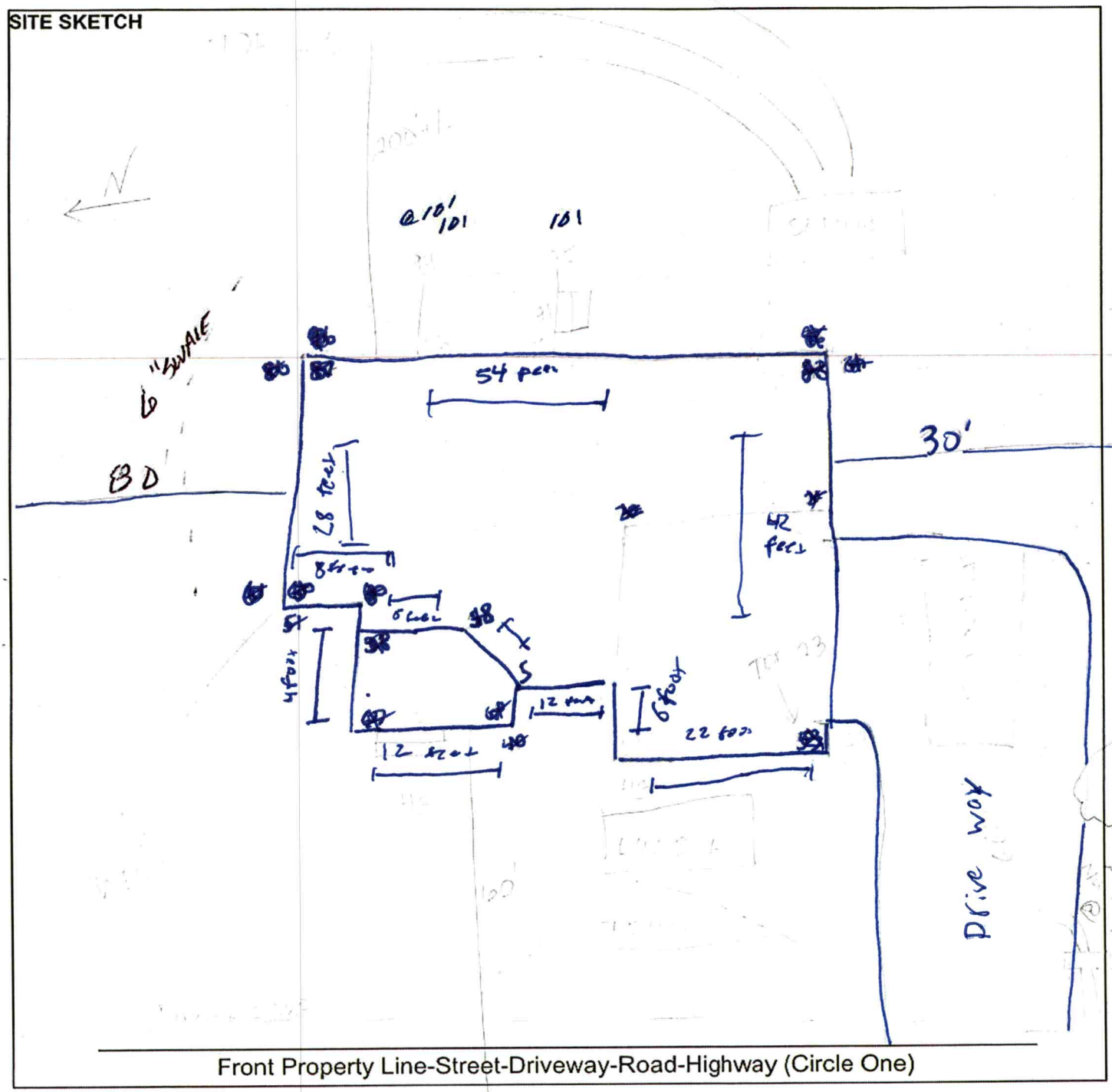
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2/20/22
DATE

SITE SKETCH



Front Property Line-Street-Driveway-Road-Highway (Circle One)

Owner(s) hereby agree(s) that all of the above information is correct.

Signature _____ Date 4/14/22

Signature _____ Date 5/12/22

Superintendent's Signature _____ Date 4/14/22

SEDGEWICK HOMES

Springhaven

Oak Elevation



Maple Elevation



Poplar Elevation



Spruce Elevation

About

This 1,500 square foot, three bedroom, two bath ranch, includes a two car garage. The Master suite has a large walk-in closet and separate soaking tub. The large family room, just off the foyer, is warm and welcoming as it looks back on the kitchen with its optional eat in island. This homes efficient footprint works great for smaller lots.

- 1,500 Living Area
- Bedrooms: 3
- Bathrooms: 2
- Two Car Garage

Contact Us:

877.358.9199

www.sedgewickhomes.com









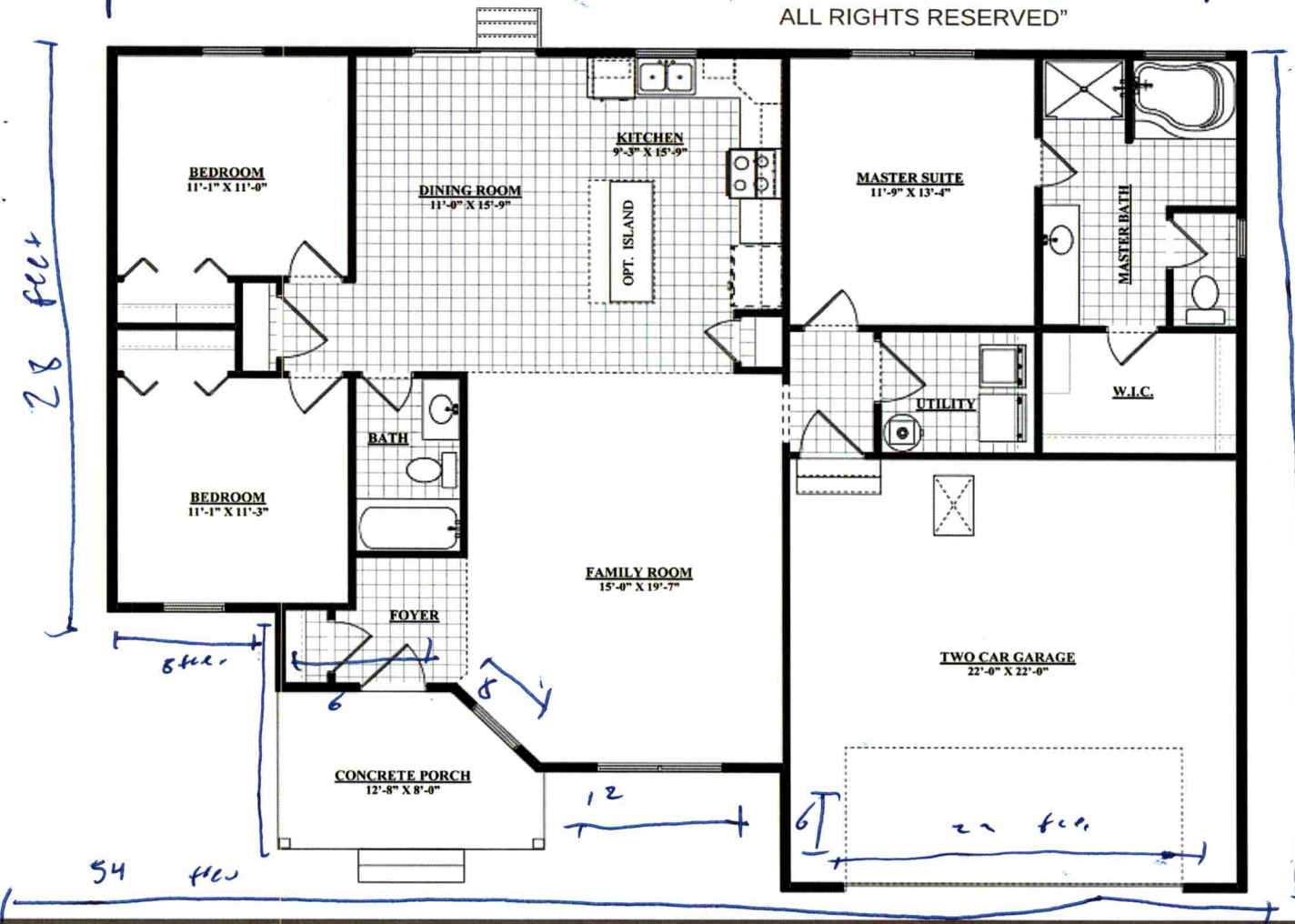
Plans Submittal ONLY!

Date 5/12/22

Date 5/18/22

Poplar Elevation Floor Plan

© "COPYRIGHT SEDGEWICK HOMES LLC.
ALL RIGHTS RESERVED"



Please see sales agent for plan differences.

These drawings are for illustration purposes only. All dimensions are approximate and elevations may reflect optional features and colors. Square footage may vary by elevation.

BBB ACCREDITED BUSINESS

EQUAL HOUSING OPPORTUNITY

NAHB

DocuSign Envelope ID: AAA4FB90-791F-47D6-AC08-BCA9F46E0C10

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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*)** _____

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, Melissa Bonetti, am the legal owner(s) of the property located at 345 Knox Farm Rd. Statesville, NC 28677, identified as PIN (Parcel Identification Number) 4772-97-2366.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Kenneth R. Byers, Fred Tonsing III, 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.

DocuSigned by:
Melissa Bonetti
241D186647FD4EA...

Signature of Owner(s) — Date: 1/27/2022

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

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 ****

Y **Complete all Environmental Health forms**:

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

X **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.**

X **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**.

X **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.

Y **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 nonrefundable. 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** 2/17/22

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (1st 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

$77.25

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 X Modular___ 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)
N/A

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: Residence 3 bed 2 bath

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): Aprx 1550

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 Melissa Bonetti Phone # NA

Owner's Current Address 345 Knox Farm Rd, Statesville NC

Property Information

Property Address 345 Knox Farm Rd, Statesville Parcel # 4772-97-2366

Subdivision: — Lot:___ Zoning:___ Watershed: Y or N Flood Plain: Y or N Township:___

Directions to property (from a MAIN ROAD) Knox Farm Rd

Application Information

Applicant's Name or Company Kenneth Byers Applicant's Phone # 704-779-2987

Applicant's Address 210 S Main Kannapolis NC Apt 707 28081

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 _____ DATE 2/17/22

IREDELL COUNTY · NC

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

APPLICATION NUMBER
325875 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4772972366.000	345 KNOX FARM RD	

Owner Information	Applicant Information
Name: BONETTI RANDALL K	Name: Kenneth Byers
Address:	Address: 210 S Main
,	Kanapolis, NC 28061
Phone:	Phone: (704)777-2967

Use Requested	Zone Code

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	0	0	0	0		

Remarks
sfd/need disc Must meet both the 50-foot setback from the streambank and the 35-foot setback from the rear property line for any structure.

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: 02/18/2022

Signature of Owner/Contractor

Permit Number	325875	TOTAL FEES:	$77.25

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
WEB18805

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$803.85**
AP-325875 Address: 345 KNOX FARM RD APN: 4772972366.000			**$803.85**
BUILDING			$85.00
COMPLET BUILDING PERMIT FEE	104562-460000	0	$75.00
HOMEOWNER RECOVERY FEE-COUNTY	104562-460100	0	$1.00
HOMEOWNER RECOVERY FEE-STATE	104562-460110	0	$9.00
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
ELECTRICAL			$75.00
TEMPORARY POWER	104562-460000	0	$75.00
EROSION CONTROL			$61.80
RESIDENTIAL GRADING PERMIT	104563-460004	0	$60.00
TECH FEE GRADING	104563-460450	0	$1.80
TECHNOLOGY FEE			$4.80
TECH FEE TEMP POWER	104562-460450	0	$2.25
TECH FEE BUILDING	104562-460450	0	$2.55
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
TOTAL FEES PAID BY RECEIPT:WEB18805			**$803.85**

Date Paid: Tuesday, February 22, 2022

Paid By: Kenneth Byers

Cashier: EPRS

Pay Method: CREDIT 186227