Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 176508ZO

Printed: 1/4/2013

Master #: 176508

Associated Permits:
176508ZO Zoning

Applicant

Name: ALLEN C & HAZEL Z SIMMONS
Address: 108 WATER SKI DR
STATESVILLE, NC 28677

Phone: 704-871-8347

Parcel

Parcel Number: 4774198149.000
Address: 116 Salem Meadow Dr.
Statesville, NC 28625
Subdivision: Salem Meadows

Zoning: R-20
Township: 1300
Area: .44
Lot(s): 22

Directions to Parcel: 64E, turn right New Salem, turn left Salem Meadow, 1st house on right

Owners

Name: ALLEN C & HAZEL Z SIMMONS
Address: 108 WATER SKI DR
STATESVILLE, NC 28677

Phone: 704-871-8347
Cellular: 704-878-3157

Contractors

Fees and Receipts:

Number	Description	Amount
FEE-272569-07	Environmental Health - Existing System	$150.00
	Total Fees:	**$150.00**
REC-141429-07		$150.00
	Total Receipts:	**$150.00**

Conditions

Date: **Status:** **Code:**

4113

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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)

1. APPLICATION FOR: ___ Improvement Permit ___ Authorization To Construct ___ BOTH ✓ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
H. Ann Simmons	108 Water Ski Dr. Statesville NC	704-871-8347	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Allen + Hazel Simmons	Same as above		704-878-3157 work

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
116 Salem Meadow Dr	Salem Meadow	116

Driving Directions: East on Hwy 64 (Mocksville Hwy) Right on New Salem Rd go about 9/10 mile and turn left 2nd House (blue)

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to part of
(✓) Other Need to replace (repair) area

Maximum Number of Bedrooms ___
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (✓) Other Public Water County

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) Existing system--installed in Attached YEAR

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

8. 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. industry) 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.

9. Signature: Hazel Ann Simmons — 1/14/13
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

$ PAID Cash - 150.00 1-4-13 @