#214545 $250

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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 _X_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 #
Jennifer J. Hurt	130 Oak Forest DR Statesville	704-873-4916	*704-253-0575

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Jennifer J. Hurt	130 Oak Forest Dr Statesville	704-873-4916	704-253-0575

4. Property Information:

130 Oak Forest Dr Statesville _____ _____

Street Address | Subdivision Name | Section/Phase and Lot Number

Driving Directions: Hwy 64 East. Right on Barry Oak Rd. 1st Left onto Oak Forest DR, house is 1st on Right

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

- (✓) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- (X) Repair To Failing Septic System due to _____
- ( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 3
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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* (✓) EXISTING SYSTEM installed 1989 *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?

To The Best of Your Ability: ( ) 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: Jennifer J. Hurt 10/27/15

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

69869

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

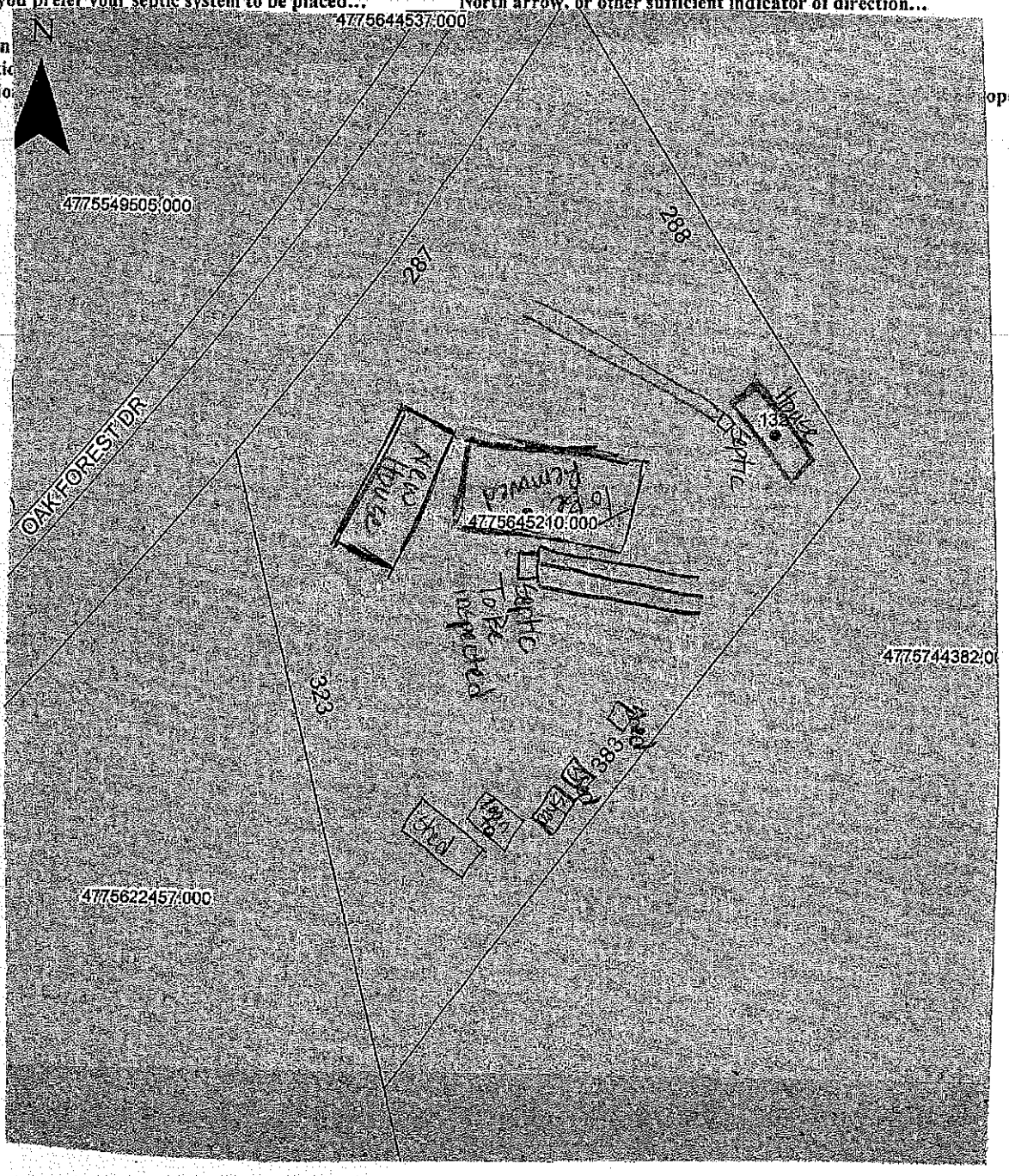
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ Area you prefer your septic system to be placed... **_____ North arrow, or other sufficient indicator of direction...**

Circle N/A on

_____ Locatio

_____ Locatio **operty... N/A**



Signature: Jennifer J. Hunt

REQUIRED **property owner or owner's legal representative signature.**

10/28/15

DATE

NOTE: This home may require wall bracing tie-downs depending on wind/seismic design. Please refer to the permit set for tie-down loads and locations if applicable. Some areas of the exterior wall sheathing may be shipped loose to allow access for tie-down installation. All tie-down designs are by others.

31'12 28

2,435

130 Oak Forest

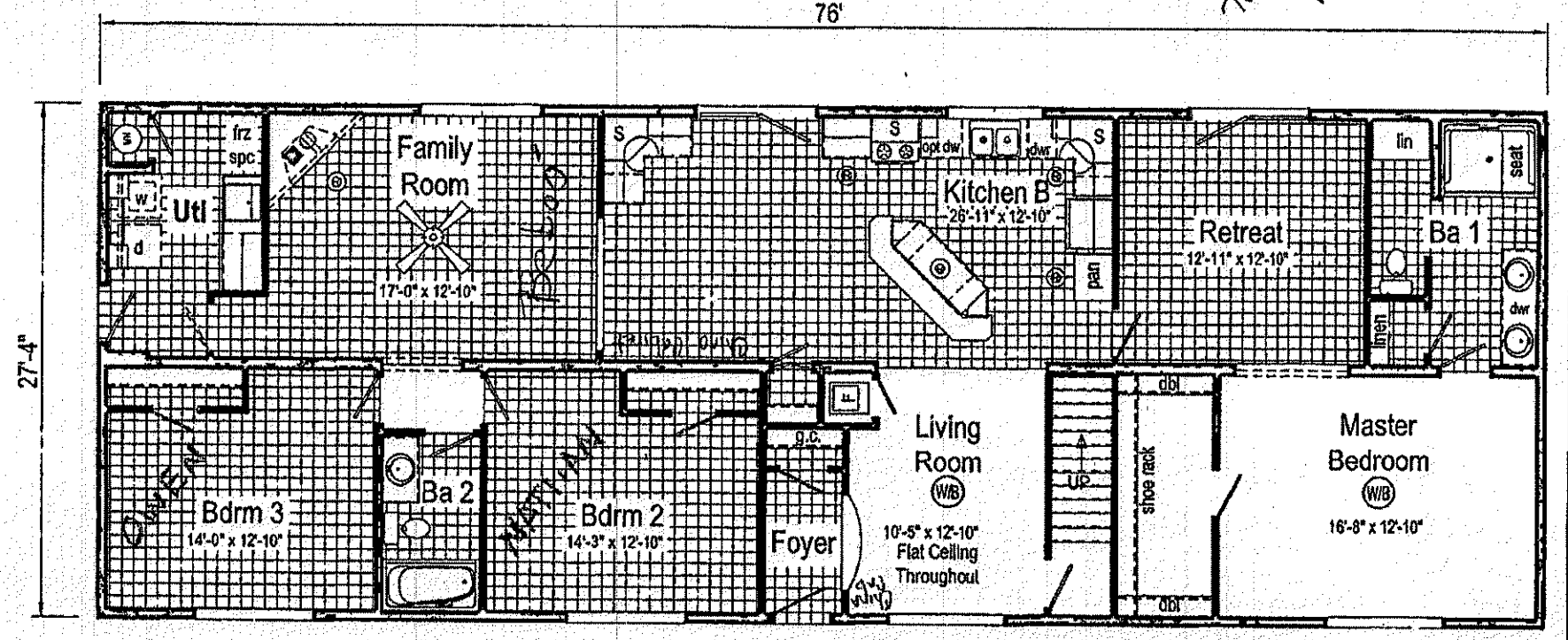
SZ-AH-135

Microwave 30"

DW Door 24" 24 1/2"

Ref 36 W 70 inches H

Range 30"



Jennifer Hurt 10/29/15

Justin Henderson

SZ-AH-135 2876 Approx. 2077 Sq. Ft.

Builder: Commodore Homes of Virginia	Callout: 2876	Revisions Date / Number	Scale: 1/8" = 1'-0"	Date: 10/26/2015	Cust: Hurt	Model/Eng. No.: SZ-AH-135
Title: Literature			Drawn By: JLR	Reference: NA	Dir: Select Homes	Pg: LIT
					S/N:	

IREDELL COUNTY

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

APPLICATION NUMBER
214545
Issue Date: 10/28/2015

ZONING PERMIT

FILE COPY

Parcel Number	Street Address	Jurisdiction
4775645210.000	130 OAK FOREST DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HURT JENNIFER JENKINS	Applicant: HURT JENNIFER JENKINS
Address: 130 OAK FOREST DR STATESVILLE, NC 28625	Address: 130 OAK FOREST DR STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
REPLACING MOBILE HOME WITH MODULAR IN DIFFERENT LOCATION.	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.000	35.00	35.00	15.00	15.00	NOT	X

Remarks:

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.

mpb

Applicant: Jennifer Hurt Date: 10/28/15

Permit Number	52729	TOTAL FEES:	$ 77.25