IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 237897

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

PIN # 4778189002

APPLICANT/OWNER: Melesio Mendez APPLICANT ADDRESS: 320 Fieldstone Circle Statesville

SITE ADDRESS: 106 Harmony Blend Dr. Harmony PHONE: 704-500-5982 ALT. PHONE —

SITE DIRECTIONS: 21 N → R on Chief Thomas → R on Harmony Blend → on right SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Eastern Acres SECTION: 2 LOT # 1 LOT AREA: 1.57 ac DESIGN FLOW: ext L.T.A.R.: ext.

Septic Tank ____ (gal) STB ____ Date ____
Pump Tank ____ (gal) PT ____ Date ____
Pump Make ____ Model ____ Serial # ____
Nitrification Fields ____ # Lines ____ Linear Ft ____
Trench Width ____ Trench Bottom Depth(Low side) ____ Gravel Depth ____

existing

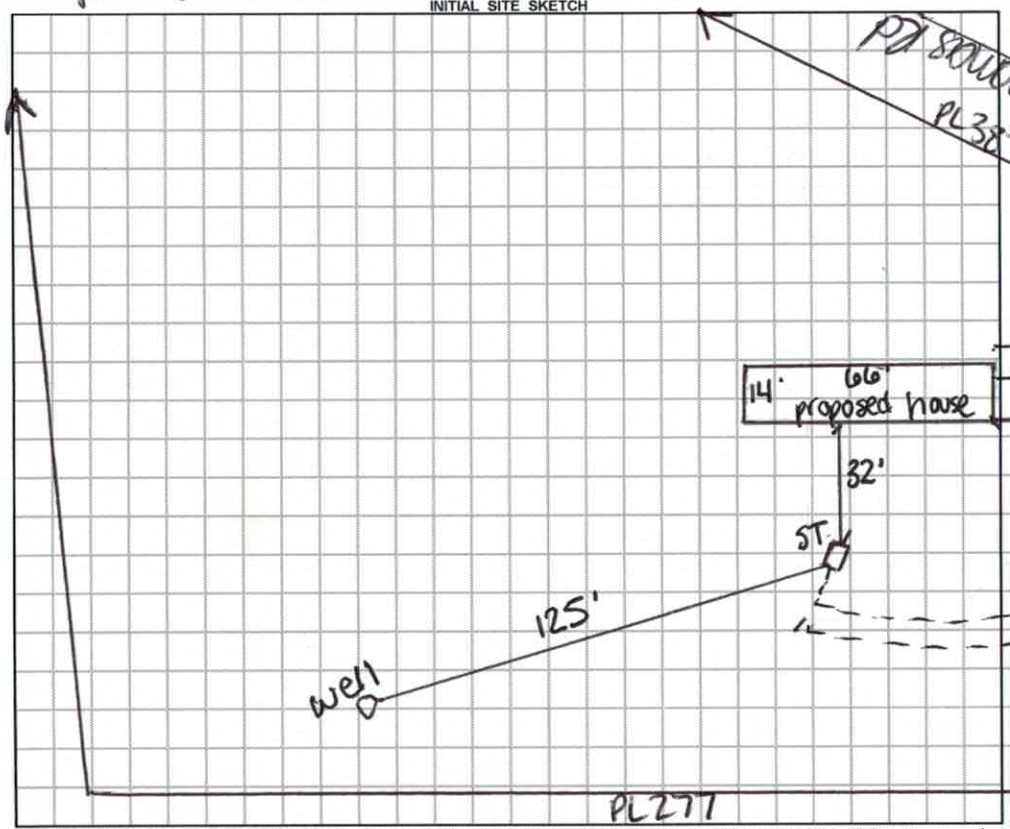
☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: existing
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 2 No. Persons 4 No. Employees ____ ☒ Crawl Space
Water Supply: ☒ Private ☐ Public ☐ Community
☐ Basement w/o plumbing

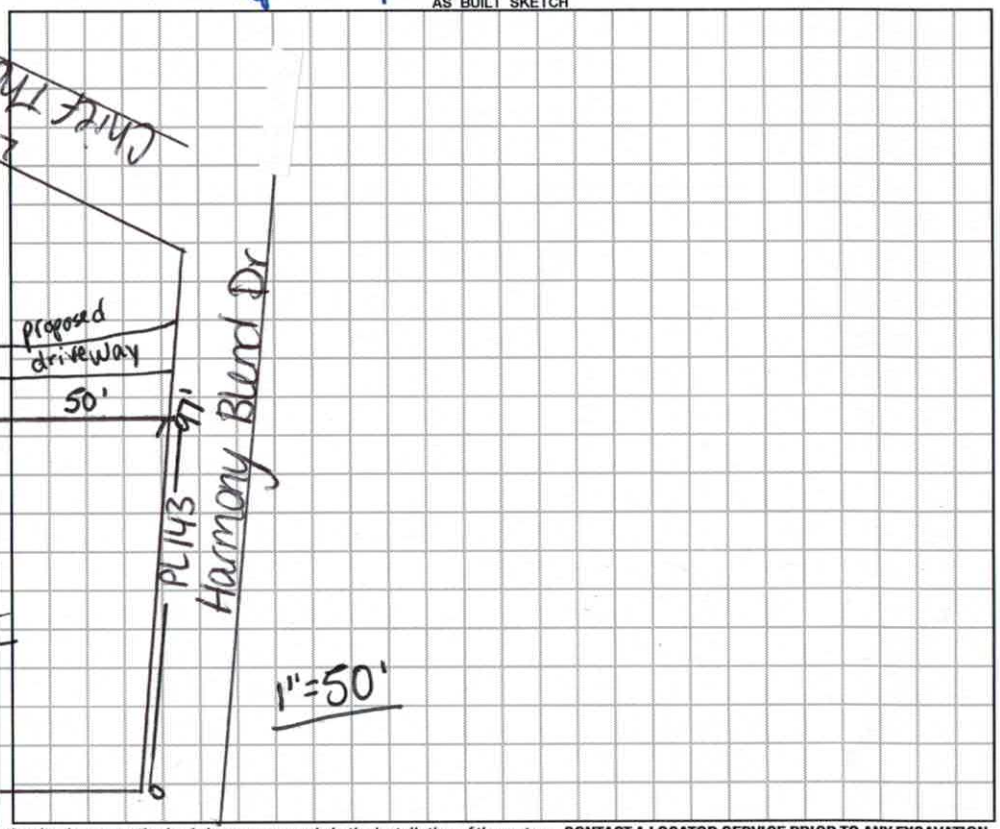
Comments / Conditions: Maintain minimum 5' setback from any part of system. Do not drive/park/pave septic area.

No more than 4 persons should be living in the house → more than 4 will require an expansion to the septic system

INITIAL SITE SKETCH



AS BUILT SKETCH



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.*

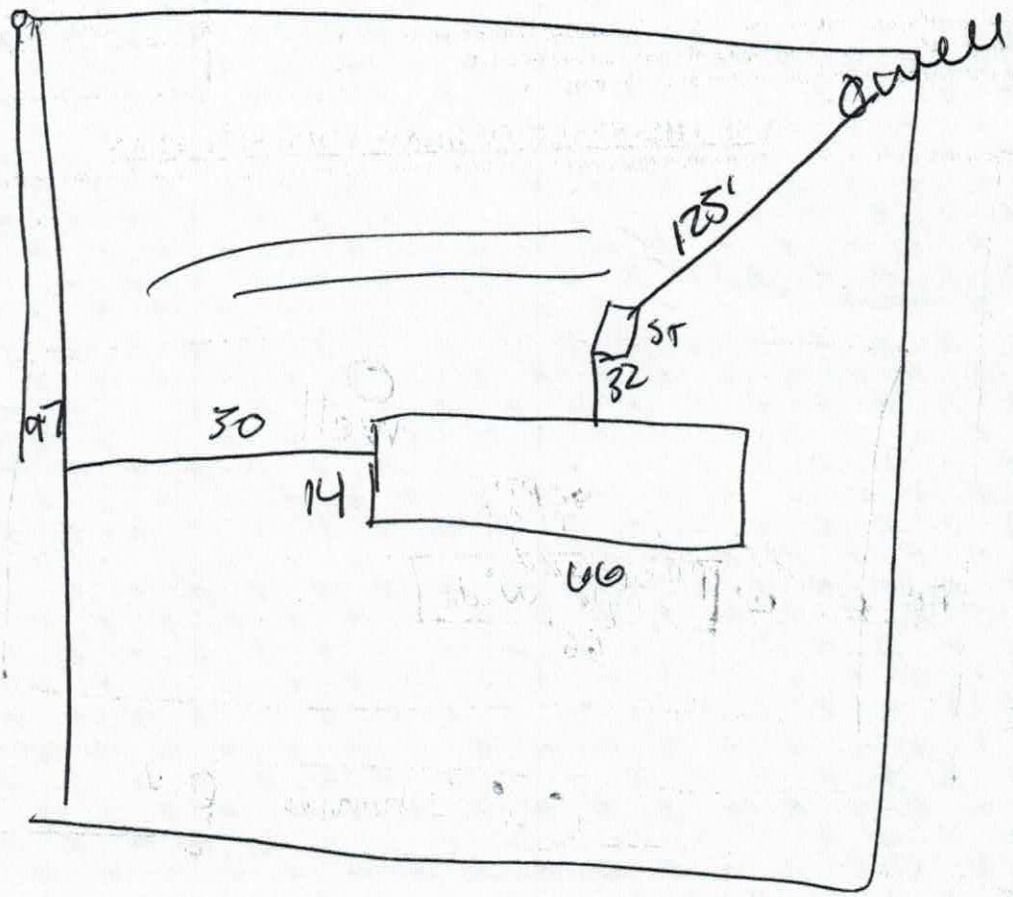
Owner / Applicant Signature: Melesio Mendez Date: 9-11-18 Installed by: ____

IMPROVEMENT PERMIT by: ____ Date: ____ OPERATION PERMIT by: ____ Date: ____

AUTHORIZATION TO CONSTRUCT by: ____ Date: ____ Existing System Inspected by: Carla C. Cave Date: 9/11/18

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

check neighbors permit



RECEIVED AUG 7 - 2018

Expansion Paid $500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

237897

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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) 704-500-5982

Applicant Name: Melesa S Mendez Address: 320 Fieldstone circle statesville Zip: 28677
Applicant Email: _____ Phone: (704) 876 5293 Alt. Phone: _____
Owner Name: Melesa S Mendez Address: 320 Fieldstone circle statesville Zip: 28677
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information: 106 Harmony Blend
Street Address: 468 ~~Chittenden~~ Rd Harmony N.C 28634
Subdivision Name: Eastern Acres Section/Phase: _____ Lot Number: 1
Driving Directions: 3 min off 21 N.

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: 5
( ) 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: _____
( ) New Well (X) 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 (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: Melesa S Mendez 8-7-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

No permit in DB

-4 in Mooresville

Ronda Hart

From: Chrystal Sloan
Sent: Monday, August 13, 2018 10:35 AM
To: Adrienne Shea; Ronda Hart; Heath Snow; Mark Baker
Subject: PERMIT 237897/106 HARMONY BLEND DR.
Attachments: scannedImage (138).pdf

The customer had his address changed from 468 Chief Thomas Rd to 106 Harmony Blend Dr. The original application was submitted 8-7-18.

Thanks,

Chrystal Sloan
Permitting Specialist
Iredell County Central Permitting
Iredell County Development Services
704-878-3113 Ext. 5305
chrystal.sloan@co.iredell.nc.us

Click to let us know about your experience

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, Melesio S Mendez, am the legal owner(s) of the property located at 468 Chiffhomas Rd. Harmony NC 28634, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

Melesio S Mendez _____
Signature of Owner(s) Date

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.

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

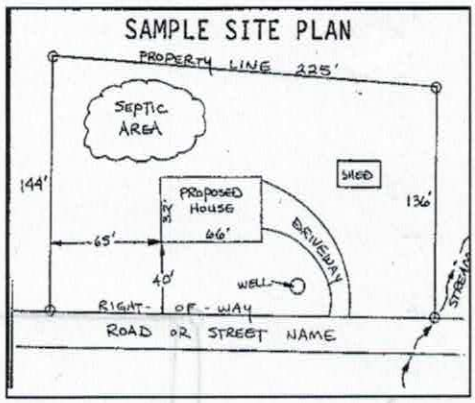
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

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

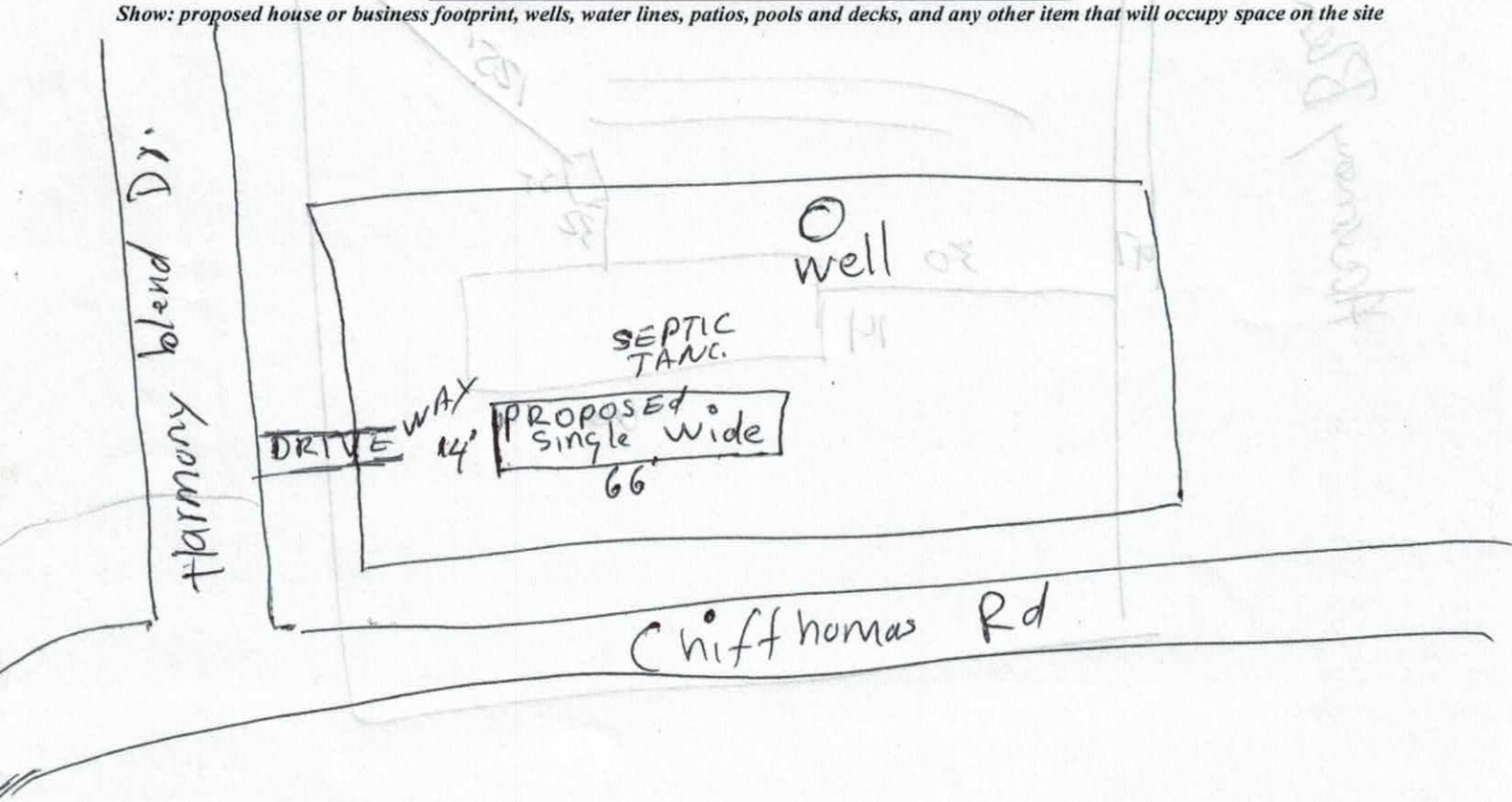


Circle N/A on the following if appropriate:

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: Meeca A. Mann

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

9-10-18

DATE

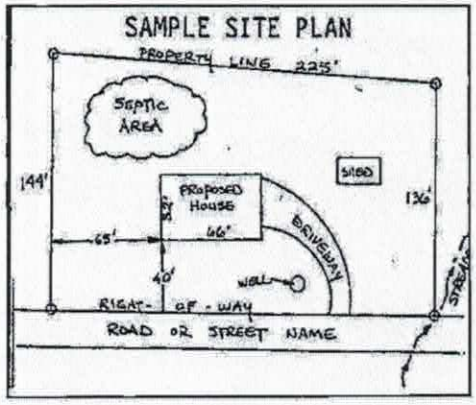
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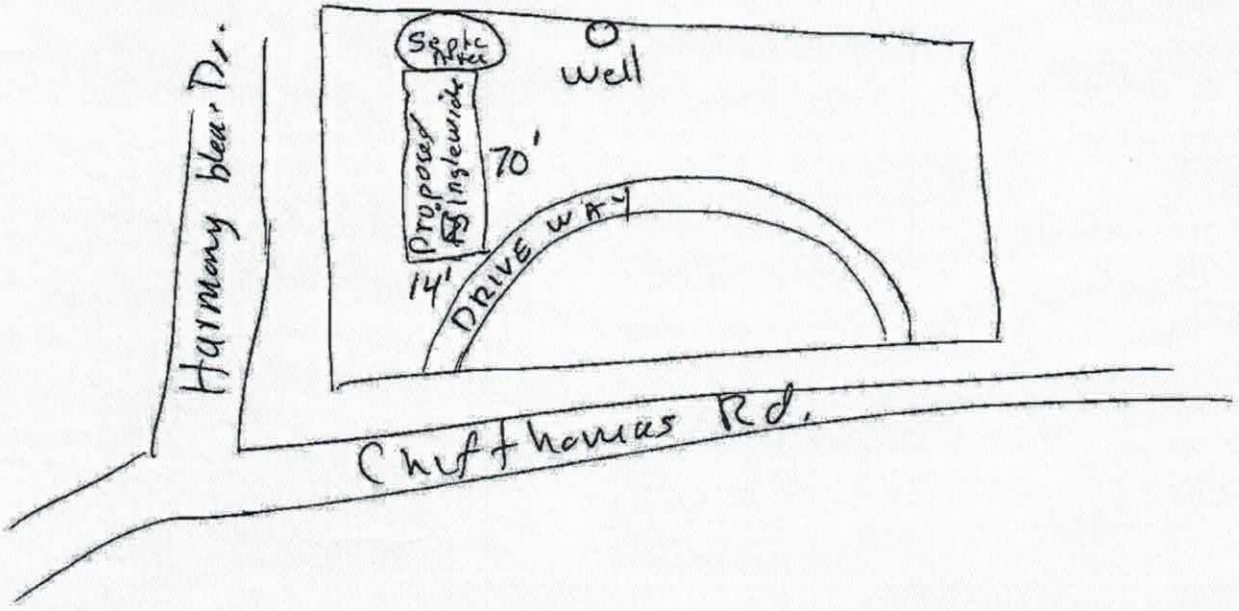


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Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



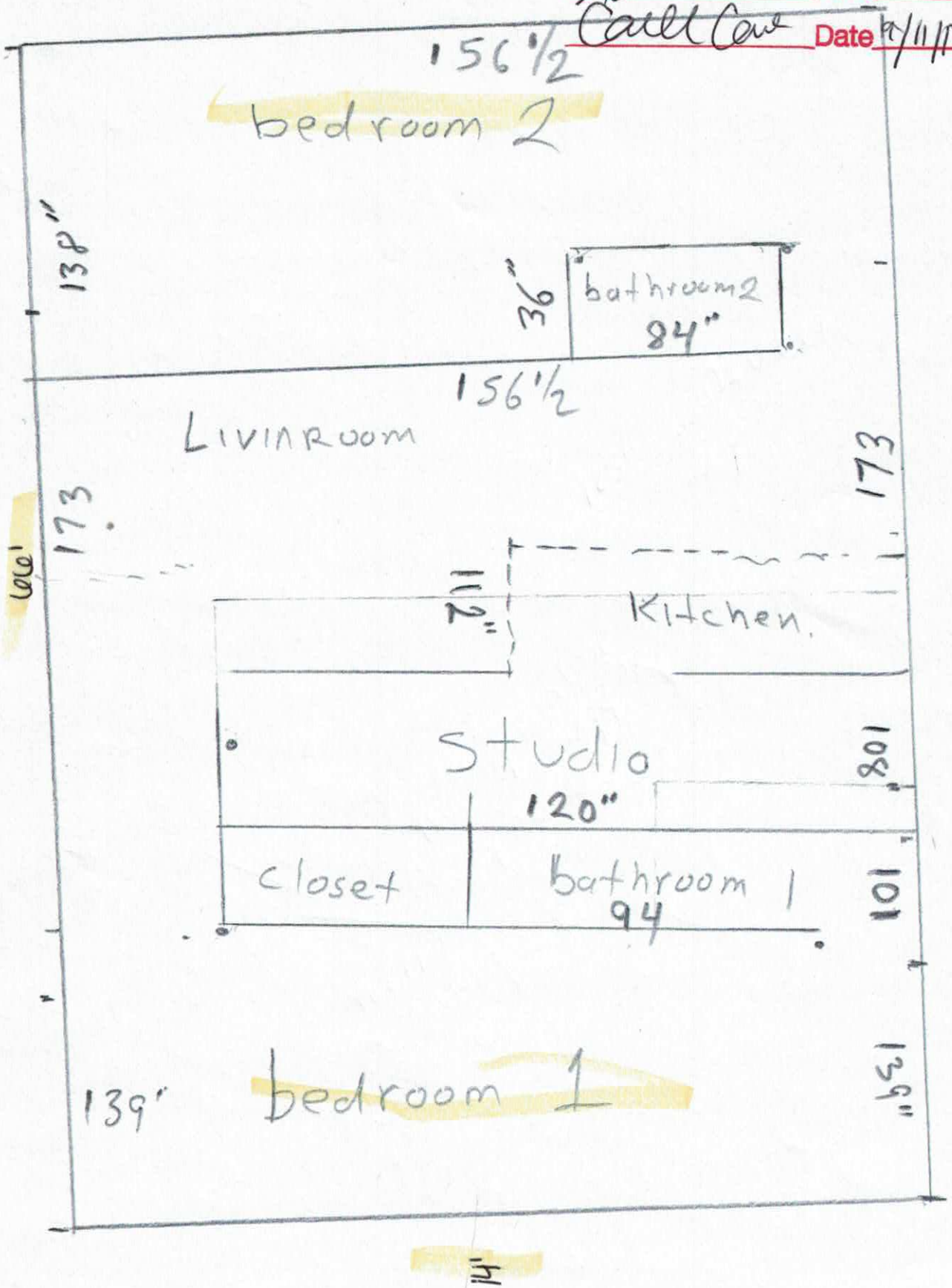
Signature: Melissa A. Meier

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

8-7-18

DATE

Acknowledgement Of
Plans Submittal ONLY!
X [signature] Date 9-07-18
[signature] Date 9/11/18



IREDELL COUNTY

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

APPLICATION NUMBER
237897
Issue Date: 08/07/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4778189002.000	468 CHIEF THOMAS ROAD, HARMONY, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MENDEZ MELESIO+CINDY MENDOZA S OLORIO	Applicant: MENDEZ MELESIO+CINDY M
Address: 320 FIELDSTONE CIRCLE	Address: 320 FIELDSTONE CIRCLE
STATESVILLE, NC 28677	STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
REPLACING BURNED HOME WITH SINGLE WIDE WHICH HAS MORE BEDROOMS SEE PB31 - PAGE 88 CONCERNING CORNER LOT	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.570	35.00	35.00	15.00	25.00	NOT	X

Remarks:

SEE PB 31 - PAGE 88 CONCERNING CORNER LOTS

REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must meet requirement R10 of the LDC. Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation; Must have approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original home must be removed before Certificate of Occupancy can be approved.

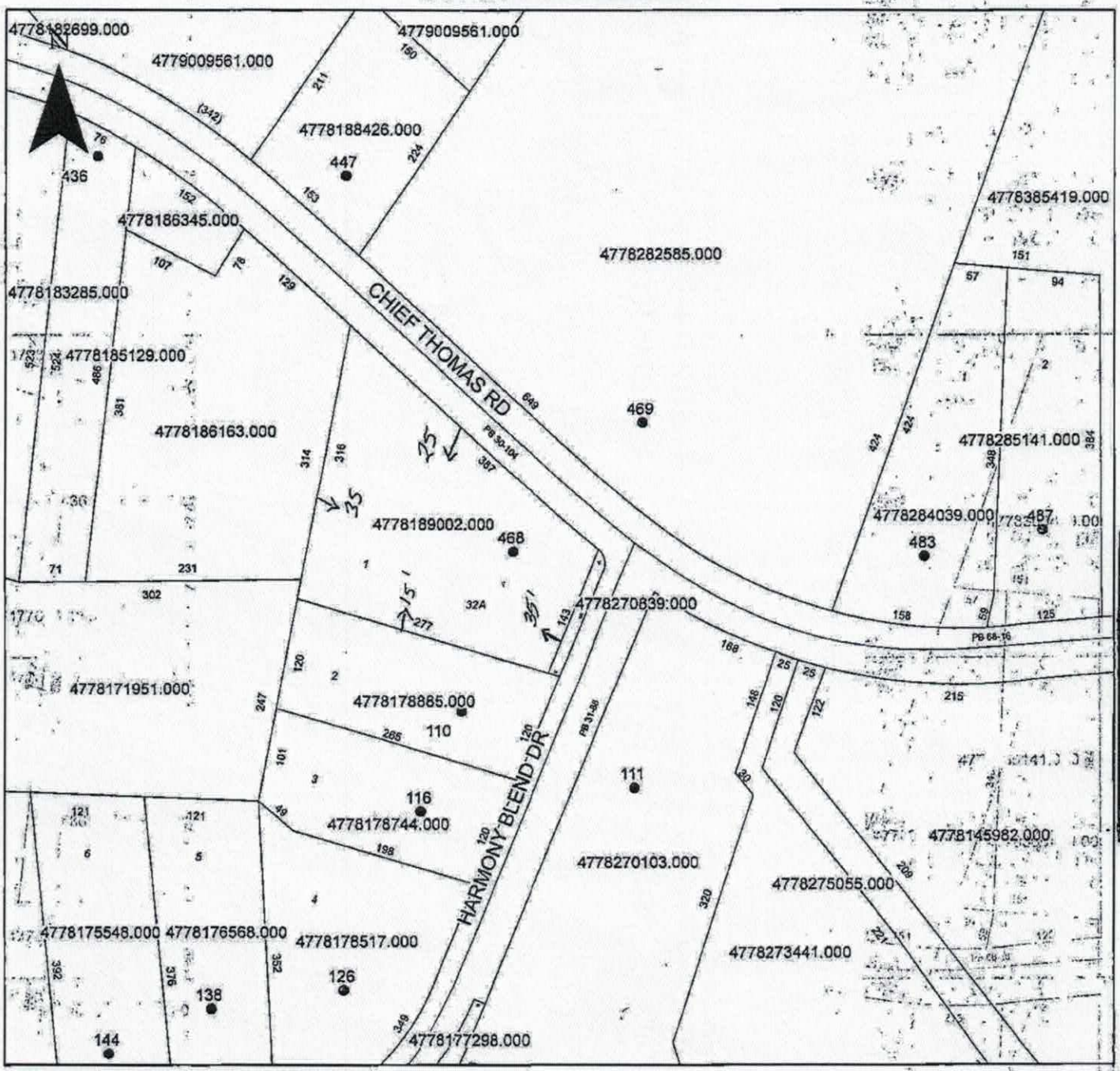
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	148299	TOTAL FEES:	$ 79.50

237897

ZONING DISCLAIMER



Property Address 468 Chief Thomas Rd.

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

8-7-18
Date