IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 238129

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

PIN # 4779181488

APPLICANT/OWNER: Kevin Cooper APPLICANT ADDRESS: 617 Hoover St Asheboro NC 27203

SITE ADDRESS: 121 Darlene Lane Harmony NC 28634 PHONE: 919-902-3638 ALT. PHONE 919-482-2613

SITE DIRECTIONS: Hwy 21 to Bel Aire Drive 1st street on Right Turn Right Lot on Left SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Harmony Meadows SECTION: 1 LOT # 5 LOT AREA: 1.381 Acres DESIGN FLOW: 240 L.T.A.R.: EXT

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

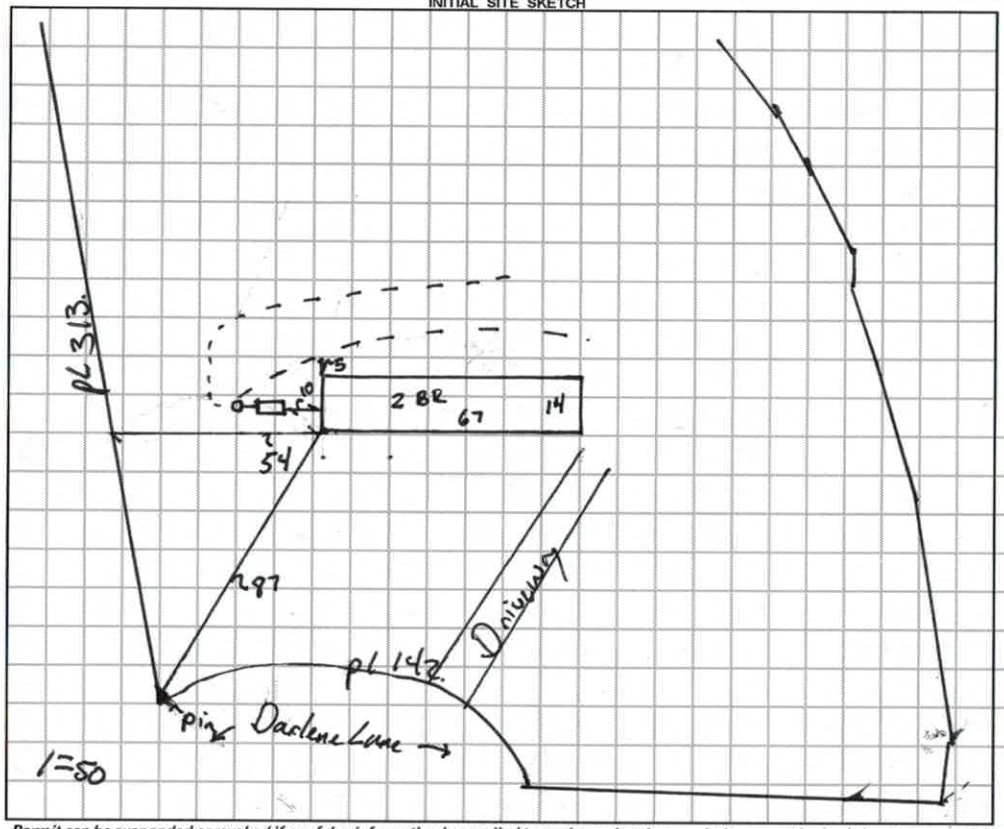
☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Existing
Repair System Description:
Maintenance Agreement Required: ☐ YES ☐ NO
☐ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 2
☐ Business No. Persons 4
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply
☐ Private
☒ Public
☐ Community

Comments / Conditions:

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: Kevin Cooper Date: 8/24/2018 Installed by: ____

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

AUTHORIZATION TO CONSTRUCT by: ____ Date: ____ Existing System Inspected by: Benjamin A Burn Date: 8/29/2018

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.

RECEIVED AUG 1 7 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $250.00 # 238129

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)

Applicant Name: Kevin Cooper Address: 617 Hoover St Asheboro N.C Zip: 27203
Applicant Email: Kevin@RentStackHouse.com Phone: 919-902-3388 Alt. Phone: _____
Owner Name: Jones Estate Address: 2310 S. Miami Blvd Durham N.C Zip: 27703
Owner Email: Sylvia@rentstackhouse.com Phone: 919-482-2613 Alt. Phone: _____

Property Information:

Street Address: 121 Darlene Lane Harmony
Subdivision Name: Harmony Meadows Section/Phase: _____ Lot Number: 5
Driving Directions: From Hwy 21 turn into Bel Aire Dr. 1st Street on Right Turn Right Last Lot on Left at End of Rd.

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence Maximum Number of Bedrooms: 2 KC ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 4 KC ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement without Plumbing
( ) 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: _____

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: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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. 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: Kevin Cooper 8/16/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

No permit in DB

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*) _____

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, Jason Freed, am the legal owner(s) of the property located at 121 Darlene Lane, identified as PIN (Parcel Identification Number) 4779181488, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)**

Kevin Cooper, _____, 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.

_____ 7/13/18

Signature of Owner(s) 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

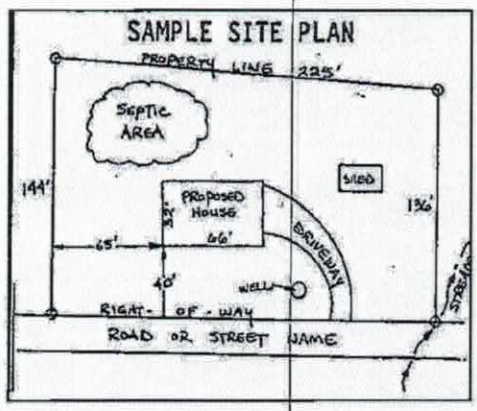
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- ( ) Preferred driveway location
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) North arrow, or other sufficient indicator of direction

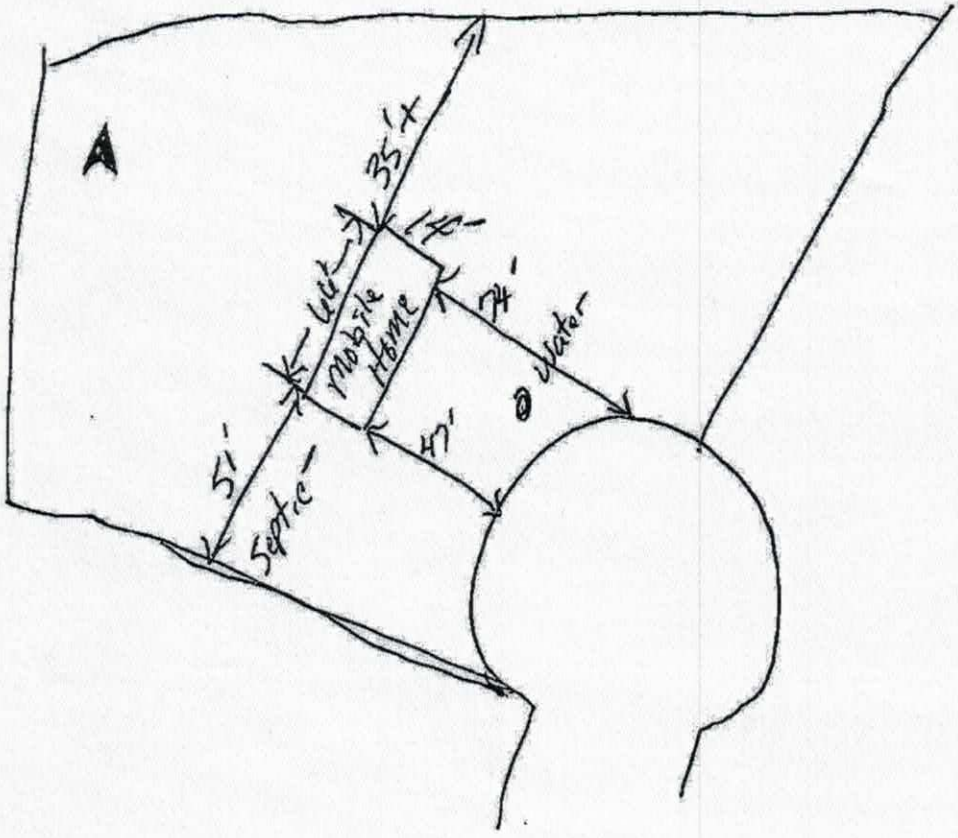


Circle N/A on the following if appropriate:

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



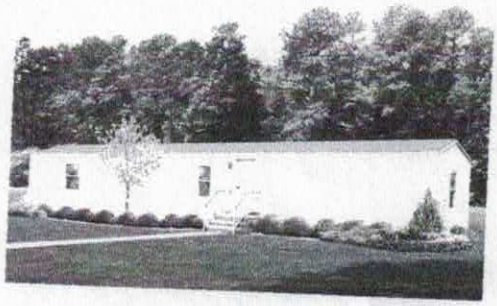
Signature: Kim Cozzo

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

DATE 8/16/2018

HOMES

stackHouse Properties LLC
121 Darlene Ln.
Harmony N.C.



TRU14663A

902 sq ft // 2 beds // 2 baths

Acknowledgement Of
Plans Submittal ONLY!
Kevin Cooper Date 8-22-2018
Benjamin A Date 9/24/18.

67





The home series and floor plans shown all have starting prices within the price range indicated. Your local Home Center can quote you specific prices and terms of purchase for specific homes. TRU Homes invests in continuous product and process improvement. All home series, floor plans, specifications, dimensions, features, materials, availability, and starting prices shown are artist's renderings or estimates and are subject to change without notice or obligation. Dimensions are nominal and length and width measurements are from exterior wall to exterior wall. Starting prices include the home only, plus typical delivery and installation. Starting prices do not include other costs such as taxes, title fees, insurance premiums, filing or recording fees, land or improvements to the land, optional home features, optional delivery or installation services, wheels and axles, community or homeowner association fees, or any other items not shown on your Retailer Closing Agreement and related documents (your RCA). Your RCA will show the details of your purchase. 2011 TRU Homes. All rights reserved.

IREDELL COUNTY

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

APPLICATION NUMBER
238129
Issue Date: 08/16/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4779181488.000	121 DARLENE LANE, HARMONY, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HARMONY MEADOWS LLC	Applicant: STACKHOUSE MANAGEMENT
Address: 3480 JIM JOHNSON RD	Address: 121 DARLENE LANE
CONCORD, NC 28027	HARMONY, NC 28634
Phone:	Phone:

Use Requested	Zone Code
MH REPLACE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone	
1.381	35.00	35.00	15.00	15.00	NOT		X

Remarks:

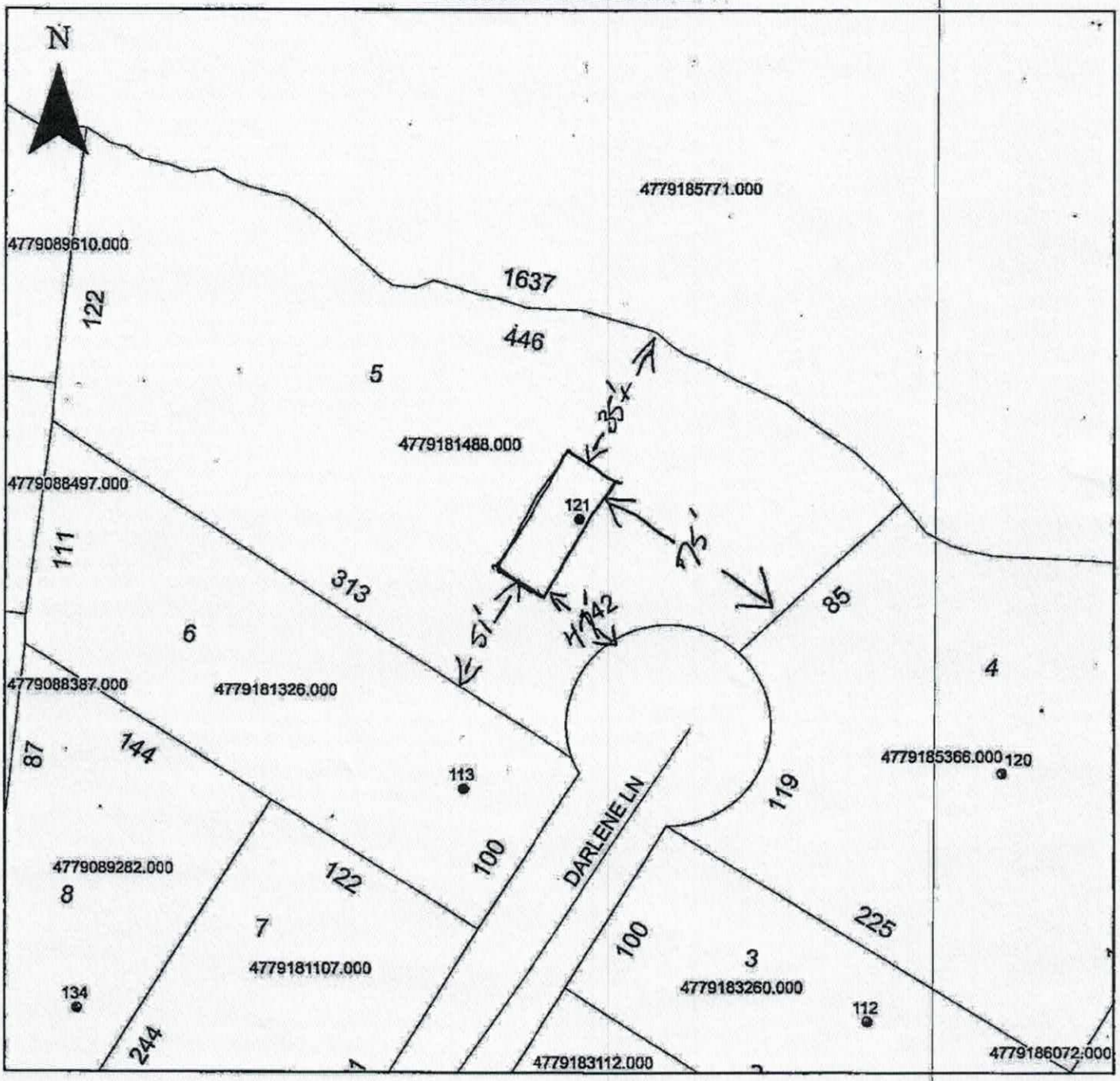
Must meet requirement R10 of the LDC. Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation; Must have approved steps at all other secondary entrances 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	149243	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 121 Darlene

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.

X Kevin Cooper
Applicant

X 8/16/2018
Date