ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 3207760

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

PIN # 4784 -- 35 -- 1934

APPLICANT/OWNER: Jennifer Seuss APPLICANT ADDRESS: 109 Shamrock Dr Salisbury NC

SITE ADDRESS: 162 Seuss Ct, Statesville NC PHONE: 603-234-3212 ALT. PHONE

SITE DIRECTIONS: (E) Hwy 70 → (L) Salisbury → (R) Elmwood → (R) Longview → (L) Seuss SAP CONTROLLED: ☐ YES ☒ NO

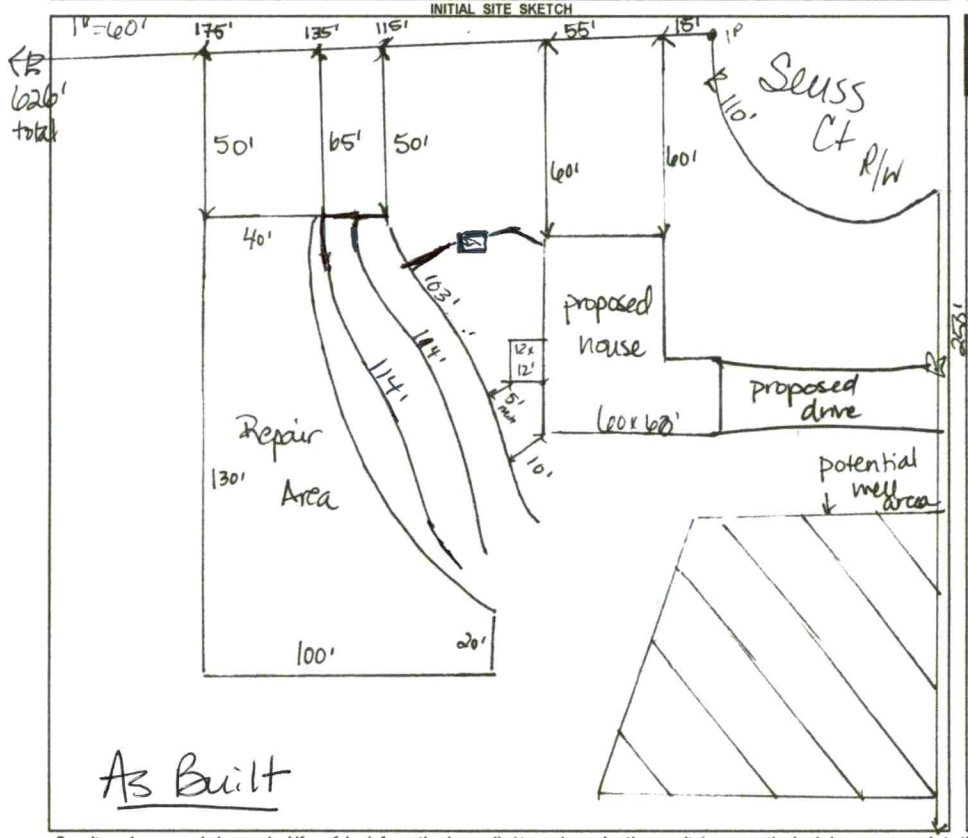
SUBDIVISION: Seuss SECTION: LOT # 2 LOT AREA: 5.194 ac DESIGN FLOW: 360 gpd L.T.A.R.: 0.275

Septic Tank	1000	(gal)	STB 1012	Date 8-22-22	☒ 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:	25% Reduction			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft: 328'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	30"	Gravel Depth N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Do not pave, grade, drive, park, or bury utilities in drainfield. Install on contour, divert all drainage from drainfield.

103

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.

331' installed

Installed as shown @ left.

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: JS Date: 2/17/22 Installed by: JW Construction

IMPROVEMENT PERMIT by: D. Mebery Date: 2/13/22 OPERATION PERMIT by: D. Mebery Date: 10/28/22

AUTHORIZATION TO CONSTRUCT by: D. Mebery Date: 2/14/22 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	10/28/22	DW
Tanks Checked	10/28/22	DW
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? _____	

ICHD - ENVIRONMENTAL HEALTH DIVISION

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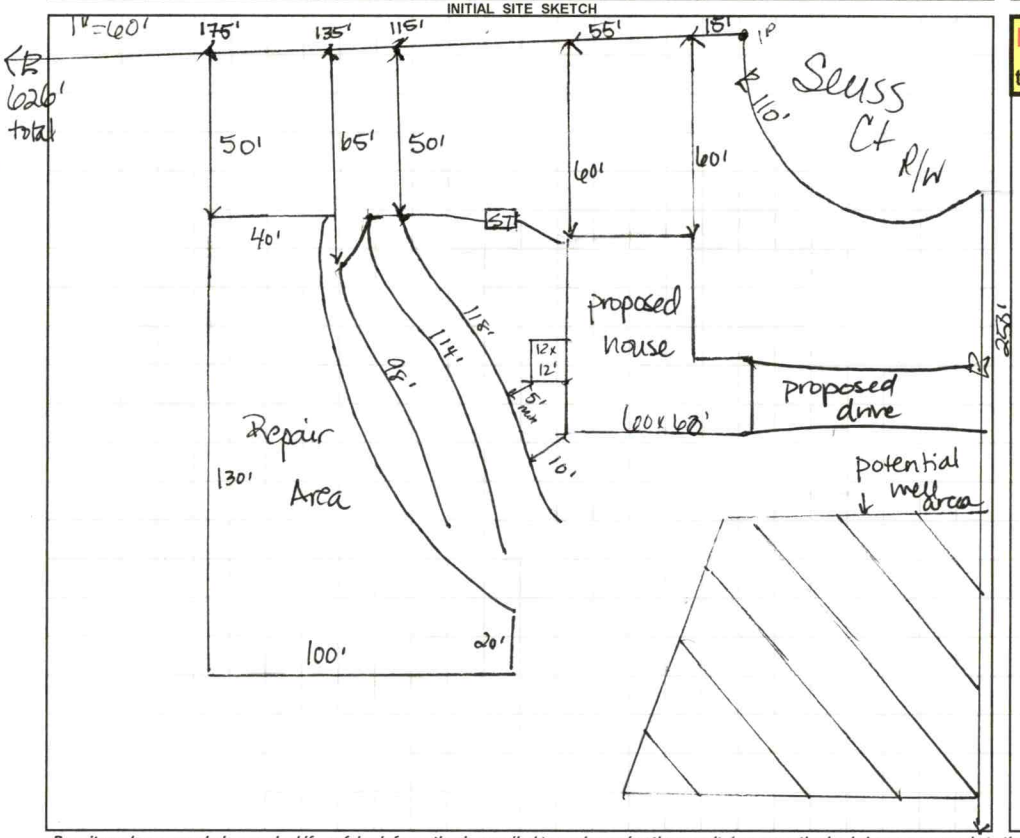
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Owner / Applicant Signature: JS Date: 2/17/22 Installed by:

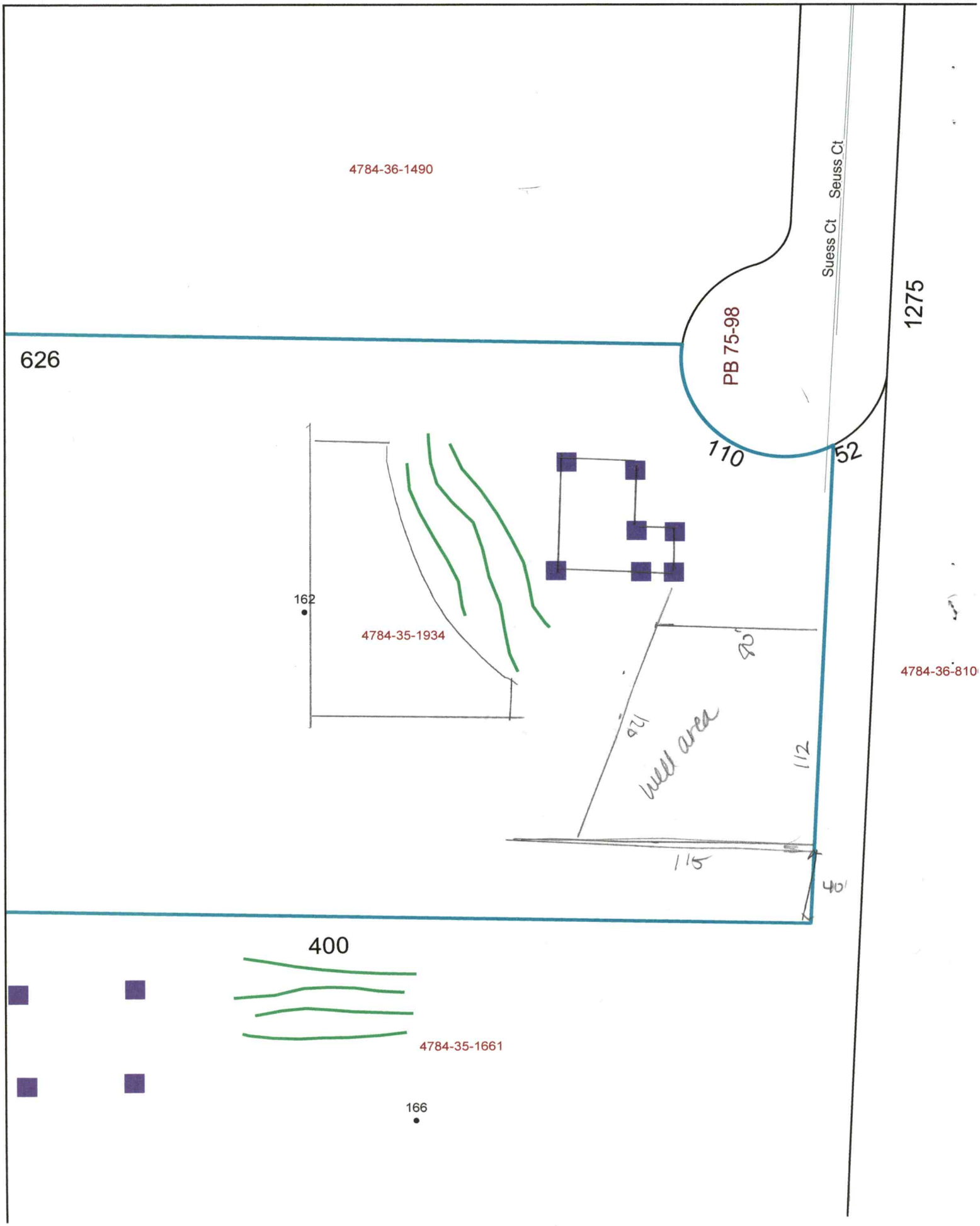
IMPROVEMENT PERMIT by: D. Mebery Date: 2/13/22 OPERATION PERMIT by: Date:

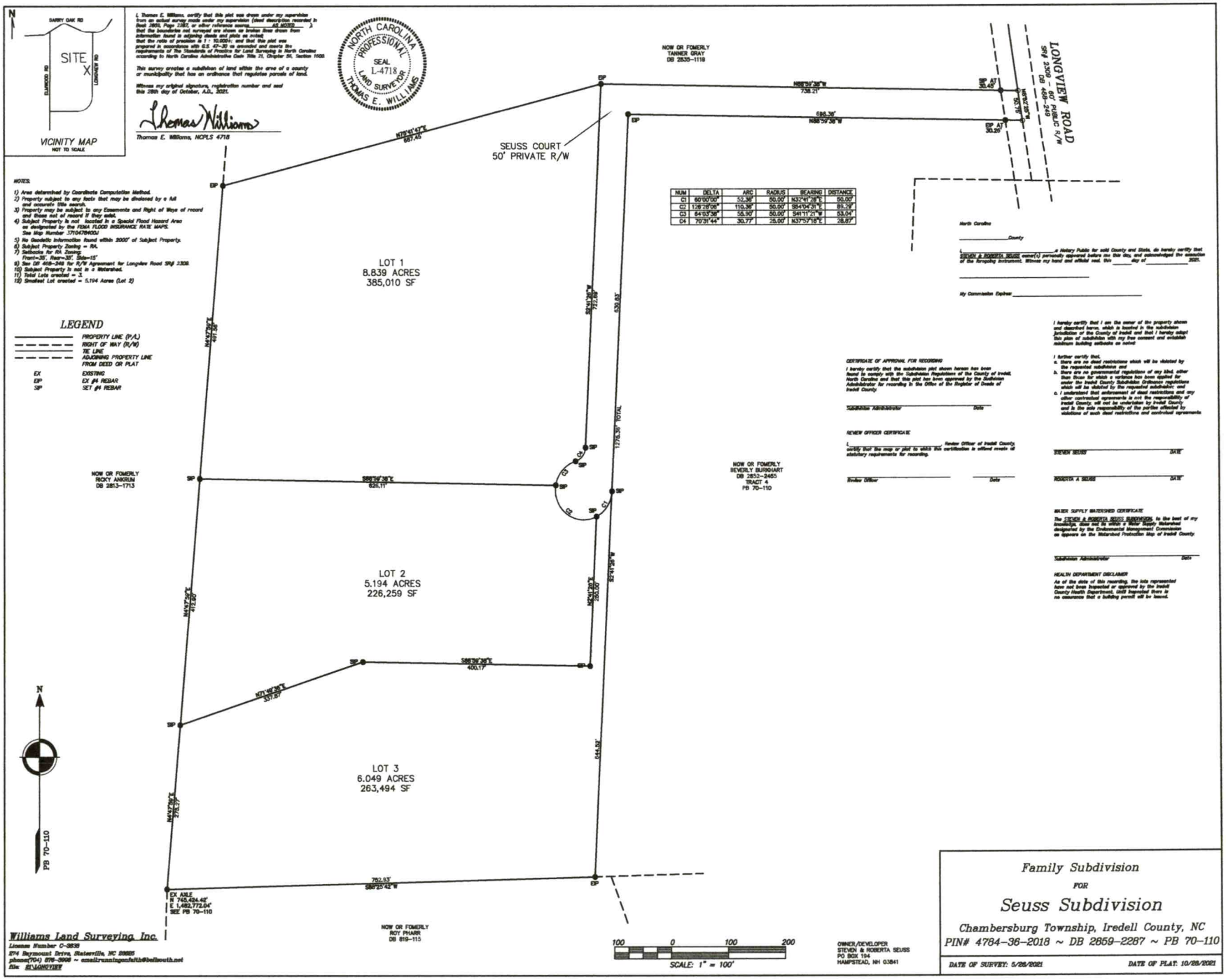
AUTHORIZATION TO CONSTRUCT by: D. Mebery Date: 2/14/22 Existing System Inspected by: Date:

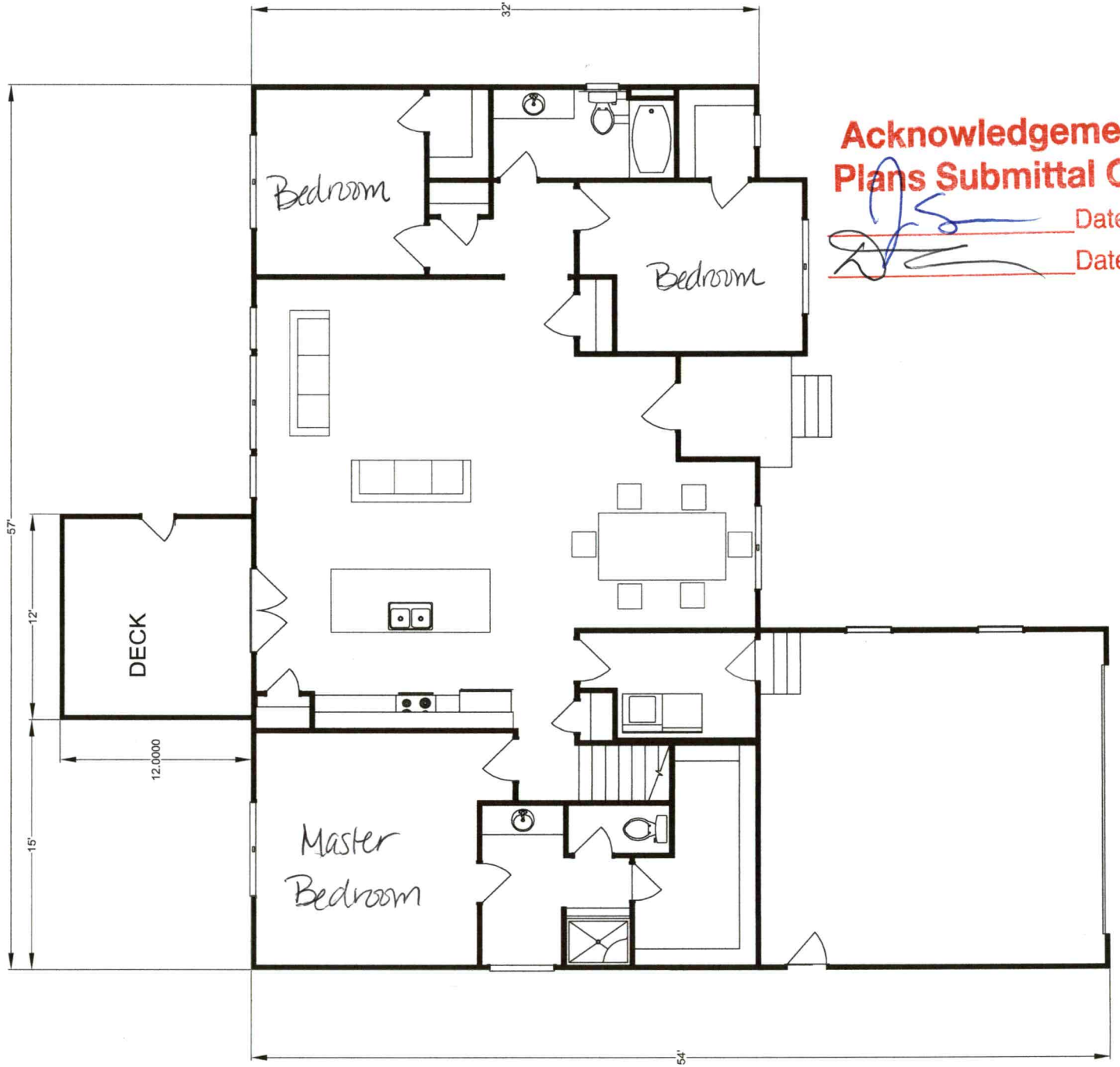
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Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

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? _____	


4784-36-1490
Suess Ct
Seuss Ct
1275
PB 75-98
626
110
52
162
4784-35-1934
4784-36-810
well area
112
115
40'
400
4784-35-1661
166


VICINITY MAP
NOT TO SCALE
SITE
BARRY OAK RD
ELMWOOD RD
LONGVIEW RD
I, Thomas E. Williams, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 2659, Page 2287, or other reference source AS NOTED); that the boundaries not surveyed are shown as broken lines drawn from information found in adjoining deeds and plats as noted; that the ratio of precision is 1 : 10,000+; and that this plat was prepared in accordance with G.S. 47-30 as amended and meets the requirements of The Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1600.
This survey creates a subdivision of land within the area of a county or municipality that has an ordinance that regulates parcels of land.
Witness my original signature, registration number and seal this 28th day of October, A.D., 2021.
Thomas E. Williams, NCPLS 4718
NORTH CAROLINA PROFESSIONAL SEAL L-4718 LAND SURVEYOR THOMAS E. WILLIAMS
NOTES:
1) Area determined by Coordinate Computation Method.
2) Property subject to any facts that may be disclosed by a full and accurate title search.
3) Property may be subject to any Easements and Right of Ways of record and those not of record if they exist.
4) Subject Property is not located in a Special Flood Hazard Area as designated by the FEMA FLOOD INSURANCE RATE MAPS. See Map Number 3710478400J
5) No Geodetic Information found within 2000' of Subject Property.
6) Subject Property Zoning = R4.
7) Setbacks for R4 Zoning:
Front=30' Rear=30' Side=15'
8) See DB 468-249 for R/W Agreement for Longview Road SR# 2308.
10) Subject Property is not in a Watershed.
11) Total Lots created = 3.
12) Smallest Lot created = 5.194 Acres (Lot 2)
LEGEND
PROPERTY LINE (P/L)
RIGHT OF WAY (R/W)
TIE LINE
ADJOINING PROPERTY LINE FROM DEED OR PLAT
EX EXISTING
EIP EX #4 REBAR
SIP SET #4 REBAR
SEUSS COURT
50' PRIVATE R/W
LONGVIEW ROAD
SR# 2308 - 60' PUBLIC R/W
DB 468-249
NOW OR FORMERLY
TANNER GRAY
DB 2830-1118
NOW OR FOMERLY
RICKY ANKRUM
DB 2813-1713
NOW OR FOMERLY
BEVERLY BURKHART
DB 2852-2465
TRACT 4
PB 70-110
NOW OR FOMERLY
ROY PHARR
DB 819-115
LOT 1
8.839 ACRES
385,010 SF
LOT 2
5.194 ACRES
226,259 SF
LOT 3
6.049 ACRES
263,494 SF
N12°41'47"E 887.45
S88°39'38"E 738.21
S88°39'38"W 696.36
S88°39'38"E 626.11'
S88°39'38"E 400.17'
N12°41'47"E 887.45
N04°17'29"E 447.58'
N04°17'29"E 412.80'
N04°17'29"E 178.27'
N12°48'38"E 357.87'
S88°39'38"E 752.93'
S88°27'42"W
S2°41'29"W 1376.39' TOTAL
S2°41'29"W 630.83'
S2°41'29"W 280.00'
S2°41'29"W 644.56'
EX AXLE
N 745,424.45'
E 1,482,772.04'
SEE PB 70-110
PB 70-110
CURVE TABLE
NUM | DELTA | ARC | RADIUS | BEARING | DISTANCE
C1 | 60°00'00" | 52.36' | 50.00' | N32°41'28"E | 50.00'
C2 | 108°28'06" | 110.36' | 50.00' | S84°04'31"E | 94.79'
C3 | 64°03'38" | 55.90' | 50.00' | S41°11'21"W | 53.04'
C4 | 70°31'44" | 30.77' | 25.00' | N37°57'18"E | 28.87'
North Carolina
County
I, _____, a Notary Public for said County and State, do hereby certify that STEVEN A ROBERTA SEUSS owner(s) personally appeared before me this day, and acknowledged the execution of the foregoing instrument. Witness my hand and official seal, this _____ day of _____, 2021.
My Commission Expires: _____
CERTIFICATE OF APPROVAL FOR RECORDING
I hereby certify that the subdivision plat shown hereon has been found to comply with the Subdivision Regulations of the County of Iredell, North Carolina and that this plat has been approved by the Subdivision Administrator for recording in the Office of the Register of Deeds of Iredell County.
Subdivision Administrator Date
REVIEW OFFICER CERTIFICATE
I, _____, Review Officer of Iredell County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.
Review Officer Date
I hereby certify that I am the owner of the property shown and described hereon, which is located in the subdivision jurisdiction of the County of Iredell and that I hereby adopt this plan of subdivision with my free consent and establish minimum building setbacks as noted.
I further certify that,
a. There are no deed restrictions which will be violated by the requested subdivision; and
b. There are no governmental regulations of any kind, other than those for which a variance has been applied for under the Iredell County Subdivision Ordinance regulations which will be violated by the requested subdivision; and
c. I understand that enforcement of deed restrictions and any other contractual agreements is not the responsibility of Iredell County, will not be undertaken by Iredell County, and is the sole responsibility of the parties affected by violations of such deed restrictions and contractual agreements.
STEVEN SEUSS DATE
ROBERTA A SEUSS DATE
WATER SUPPLY WATERSHED CERTIFICATE
The STEVEN A ROBERTA SEUSS SUBDIVISION, to the best of my knowledge, does not lie within a Water Supply Watershed designated by the Environmental Management Commission as appears on the Watershed Protection Map of Iredell County.
Subdivision Administrator Date
HEALTH DEPARTMENT DISCLAIMER
As of the date of this recording, the lots represented have not been inspected or approved by the Iredell County Health Department. Until inspected there is no assurance that a building permit will be issued.
N
100 0 100 200
SCALE: 1" = 100'
OWNER/DEVELOPER
STEVEN & ROBERTA SEUSS
PO BOX 194
HAMPSTEAD, NH 03841
Williams Land Surveying, Inc.
License Number C-3839
874 Baymount Drive, Statesville, NC 28625
phone(704) 878-2868 ~ emailrunningonfaith@bellsouth.net
file: SEUSSDIVISION
Family Subdivision
FOR
Seuss Subdivision
Chambersburg Township, Iredell County, NC
PIN# 4784-36-2018 ~ DB 2659-2287 ~ PB 70-110
DATE OF SURVEY: 5/26/2021
DATE OF PLAT: 10/28/2021



Acknowledgement Of Plans Submittal ONLY!

Date 2/17/22

Date 2/14/22

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Jennifer Seuss
APPLICATION DATE: 8/27/21
ADDRESS: 109 Shamrock Dr, Salisbury NC
DATE EVALUATED: 9/16/21
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 5.194
LOCATION OF SITE: 135 Seuss Ct, Statesville
PROPERTY RECORDED: NO
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 10%	0-14	SCL SBK	SSSP-FR-SEXP	some Mn throughout, N/A	48"	N/A	N/A	PS 0.275
		14-37	C SBK/ABK	↓					
		37-48	CL-SBK	↓					
2	LS 5%	0-22	SCL-SBK/comp	SSSP-FR/FI SEXP	some Mn, evidence of tillage @ top	48"	N/A	N/A	PS 0.275
		22-34	C-SBK	SSSP-FR-SEXP					
		34-48	CL-SBK	↓					
3	LS 10%	0-9	C-SBK/comp	SSSP-FI/FR SEXP	N/A	48"	N/A	N/A	PS 0.3
		9-35	C-SBK	SSSP-FR-SEXP					
		35-48	CL-SBK	"					
4	LS 8%	0-6	SCL-SBK	SSSP-FR-SEXP	N/A some Sap incl, mica	48"	N/A	N/A	PS 0.3
		6-24	C-SBK	↓					
		24-48	CL-SBK	↓					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	328'	328'
System Type(s)	25%	25%
Site LTAR	0.275	0.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Wiebery
OTHER(S) PRESENT: J. Seuss

COMMENTS:

Updated February 2014

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.

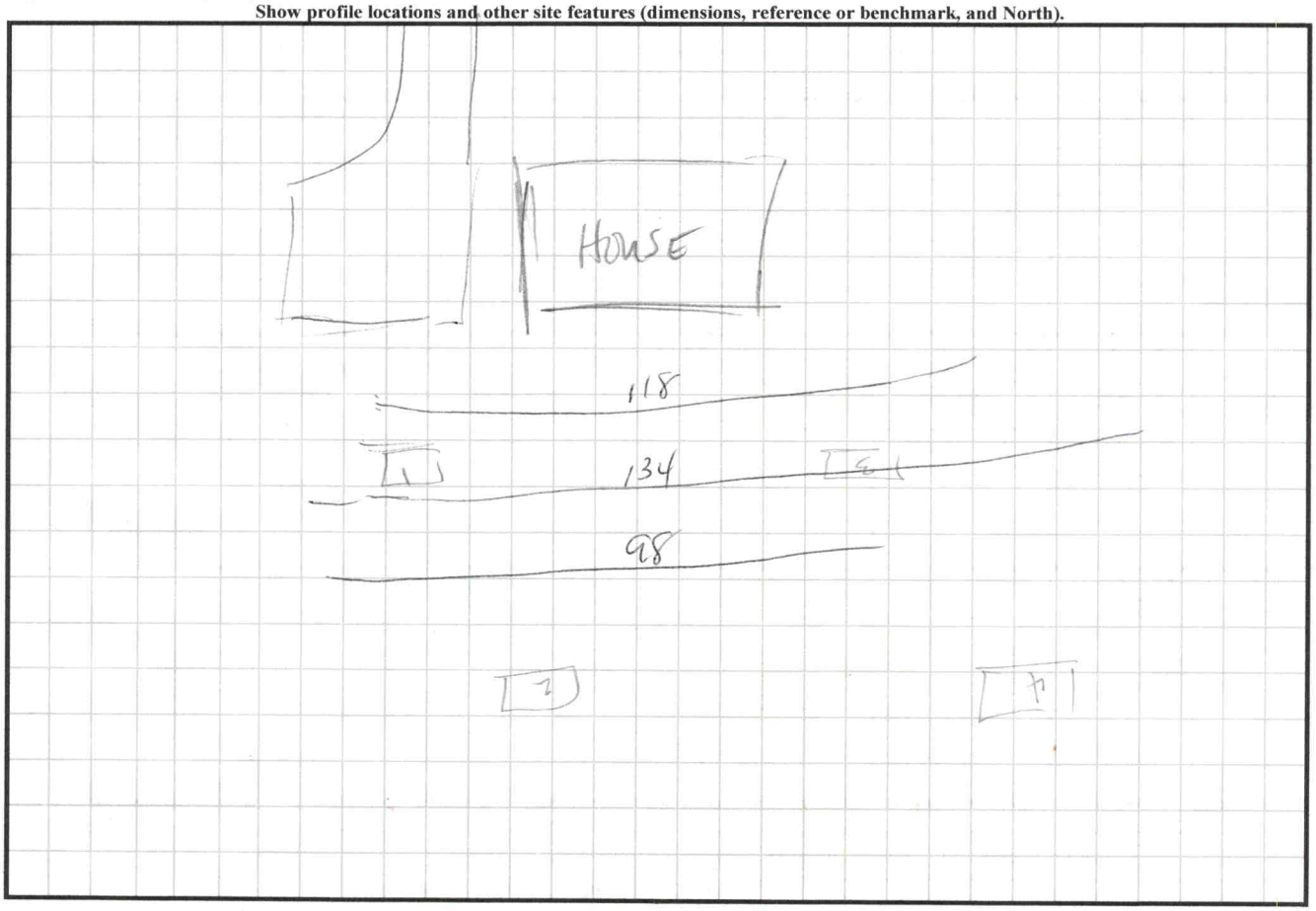
NOTES

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/ft^2

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



10:30 9/14

RECEIVED AUG 27 2021

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP- 320760 $500.00

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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) (Seiss)

Applicant Name: Jennifer Seuss Address: 109 Shamrock dr Salisbury, NC Zip: 28144
Applicant Email: Jennifersseuss627@Gmail.com Phone: (603) 234-3212 Alt. Phone: _____
Owner Name: Jennifer Seuss Address: 109 Shamrock Dr Salisbury, NC Zip: 28144
Owner Email: Jennifer Seuss 627@Gmail.com Phone: (603) 234-3212 Alt. Phone: _____

Property Information:

Street Address: 135 Seuss Ct.

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: Longview Rd, to Seuss Ct, left at Culdesac

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: 4
( ) 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: 2000 Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: 4

(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: _____
(X) 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.

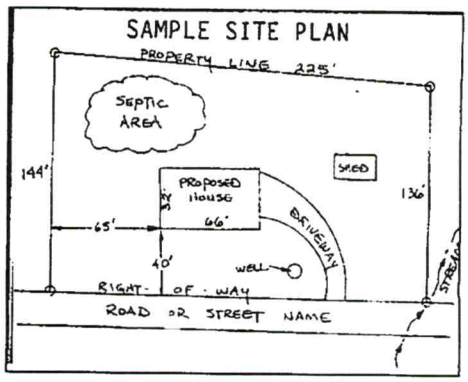
Signature: _____ 8/24/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT 3207160

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:

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

Attached

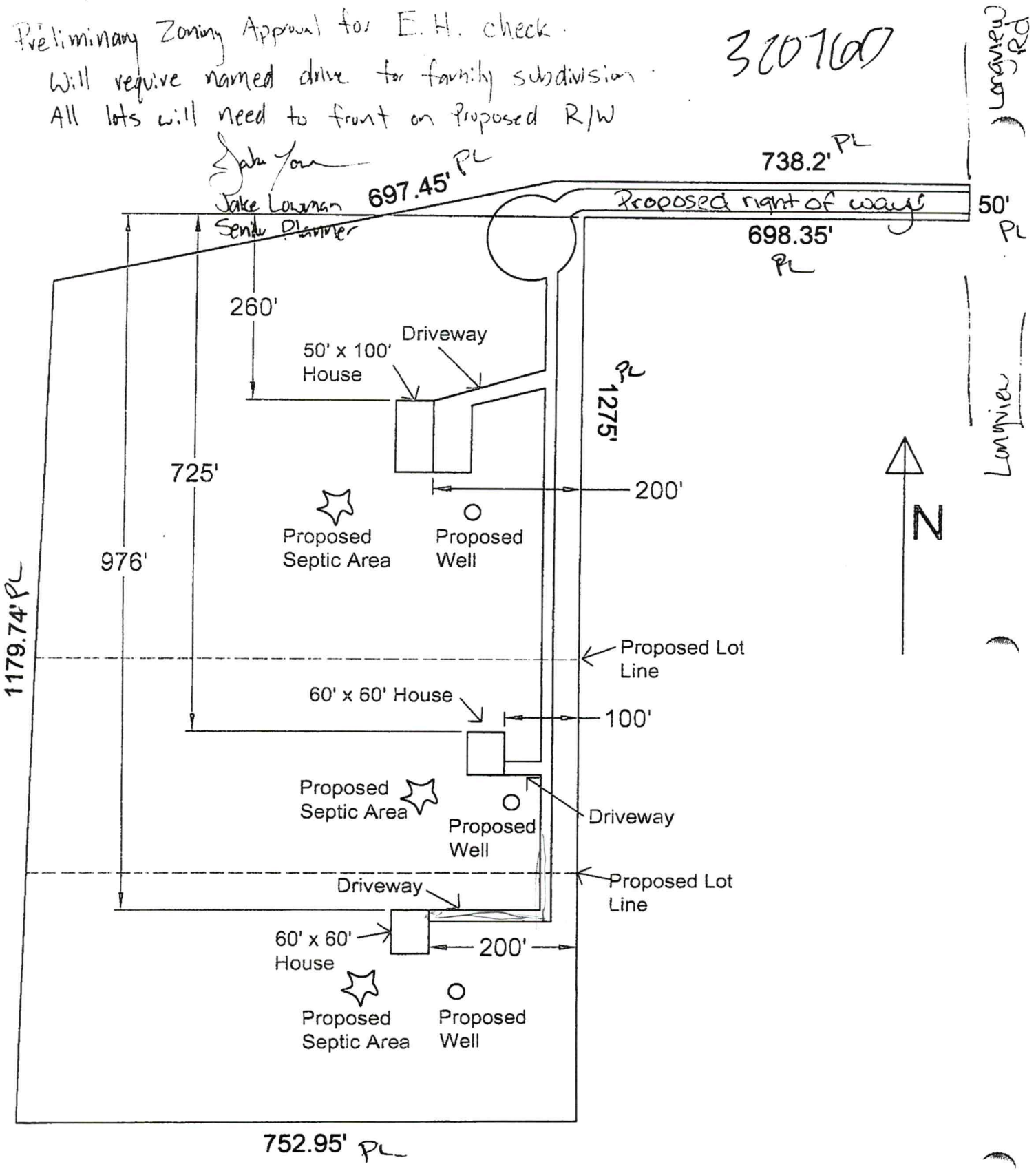
Signature: _____ 8/24/21

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

Preliminary Zoning Approval for E.H. check.
Will require named drive for family subdivision.
All lots will need to front on Proposed R/W

320760

Jake Lowman
Senior Planner



DigiSign Verified: C7BBC4C7-4911-4705-839F-BDC8788BCF49

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, STEPHEN C PERRY, am the legal owner(s) of the property located at 21.79 ACRES TRACT 5C LONGVIEW ROAD, STATESVILLE NC 28625, identified as PIN (Parcel Identification Number) 4784362018, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Steven Seuss, 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.

Stephen C Perry
Signature of Owner(s)

8.21.2021
Date

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

320769

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.
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☐ **2.** I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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.

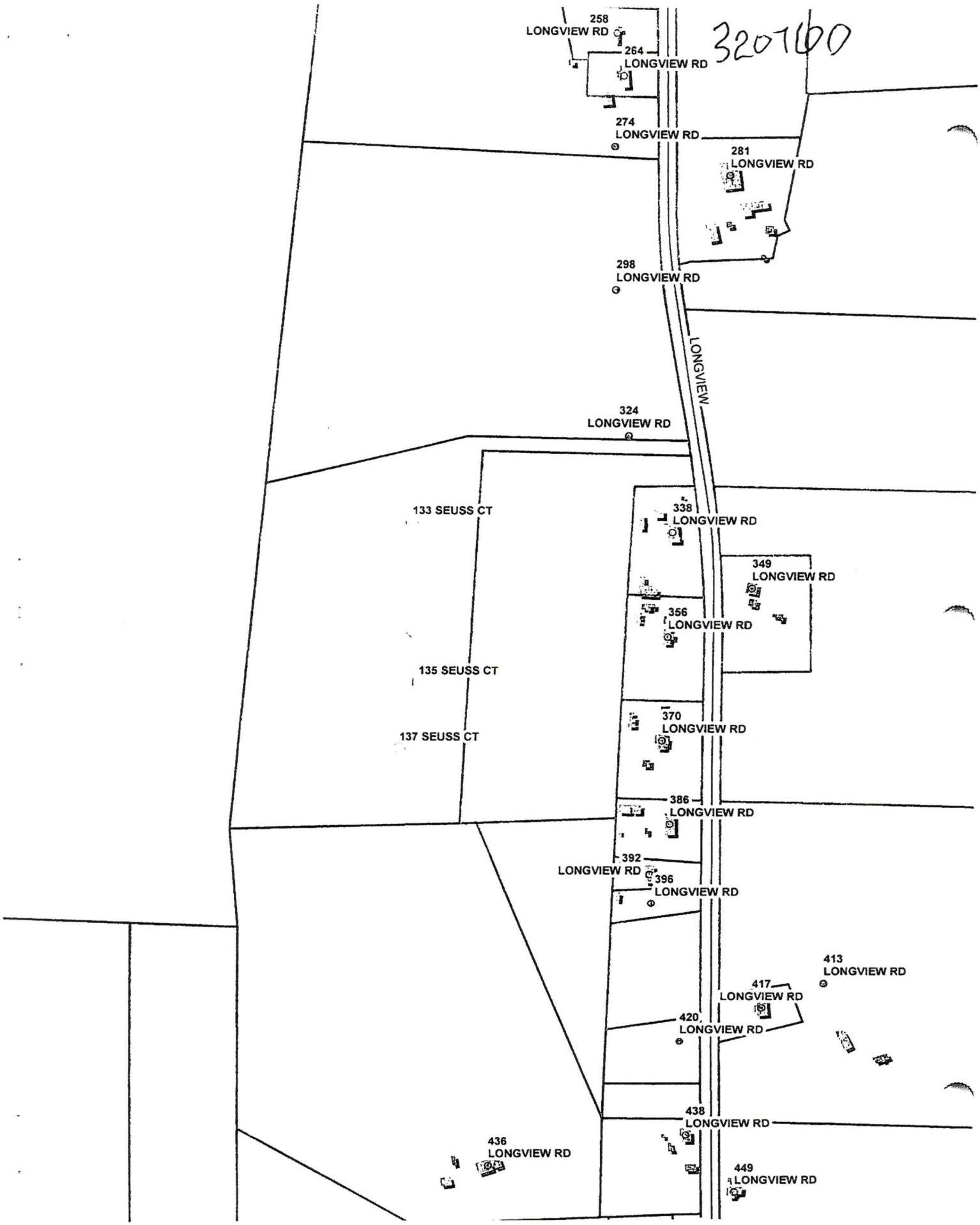
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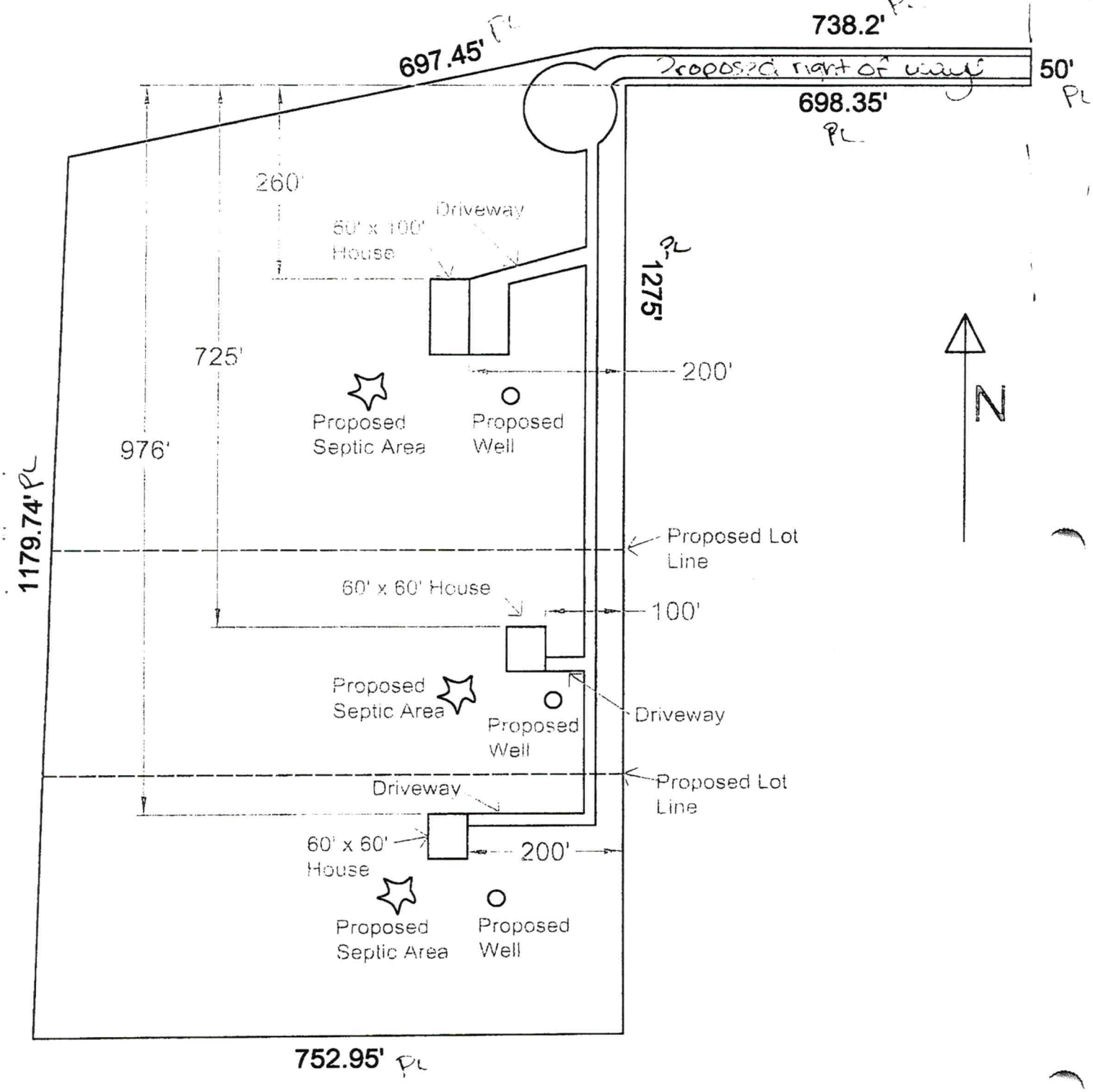
_____ _____
Signature of Owner(s) Date

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


320760
258 LONGVIEW RD
264 LONGVIEW RD
274 LONGVIEW RD
281 LONGVIEW RD
298 LONGVIEW RD
LONGVIEW
324 LONGVIEW RD
133 SEUSS CT
338 LONGVIEW RD
349 LONGVIEW RD
356 LONGVIEW RD
135 SEUSS CT
370 LONGVIEW RD
137 SEUSS CT
386 LONGVIEW RD
392 LONGVIEW RD
396 LONGVIEW RD
413 LONGVIEW RD
417 LONGVIEW RD
420 LONGVIEW RD
438 LONGVIEW RD
436 LONGVIEW RD
449 LONGVIEW RD

3207160


697.45' PL
738.2' PL
Proposed right of way
50'
698.35' PL
260'
60' x 100' House
Driveway
1275' PL
725'
200'
Proposed Septic Area
Proposed Well
976'
1179.74' PL
N
Proposed Lot Line
60' x 60' House
100'
Proposed Septic Area
Proposed Well
Driveway
Proposed Lot Line
Driveway
60' x 60' House
200'
Proposed Septic Area
Proposed Well
752.95' PL

IREDELL COUNTY · NC

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

APPLICATION NUMBER
320760 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4784362018.000	135 Seuss Ct	Iredell County

Owner Information	Applicant Information
Name: PERRY STEPHEN C+JENNIFER Address: Phone:	Name: STEVEN SEUSS Address: Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
21.795	35	35	15	15		NO

Remarks
SFD 135 SEUSS CT

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.

Signature of Owner/Contractor

Date: 08/24/2021

Permit Number	320760	TOTAL FEES:	$77.25

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)928-2025

320760

Residential Zoning Permit Application

What are you building? (Please check) *No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.

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)
No

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 3 and stories? 1

Please describe project (Details, Purpose, or Use): Home

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 2000

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 Jennifer Seuss Phone # (603)234-3212

Owner's Current Address 109 Shamrock Dr Salisbury, NC 28144

Property Information

Property Address 135 Seuss Ct. Parcel # 4784-36-2018

Subdivision: ___ Lot___ Zoning: ___ Watershed: Y/N Flood Plain: Y/N Township: ___

Directions to property (from a MAIN ROAD) turn off Longview to Culdesac, turn left

Application Information

Applicant's Name or Company Jennifer Seuss Applicant's Phone # (603) 234-3212

Applicant's Address 109 Shamrock Dr, Salisbury NC 28144

Company, Representative's Name and Title ___

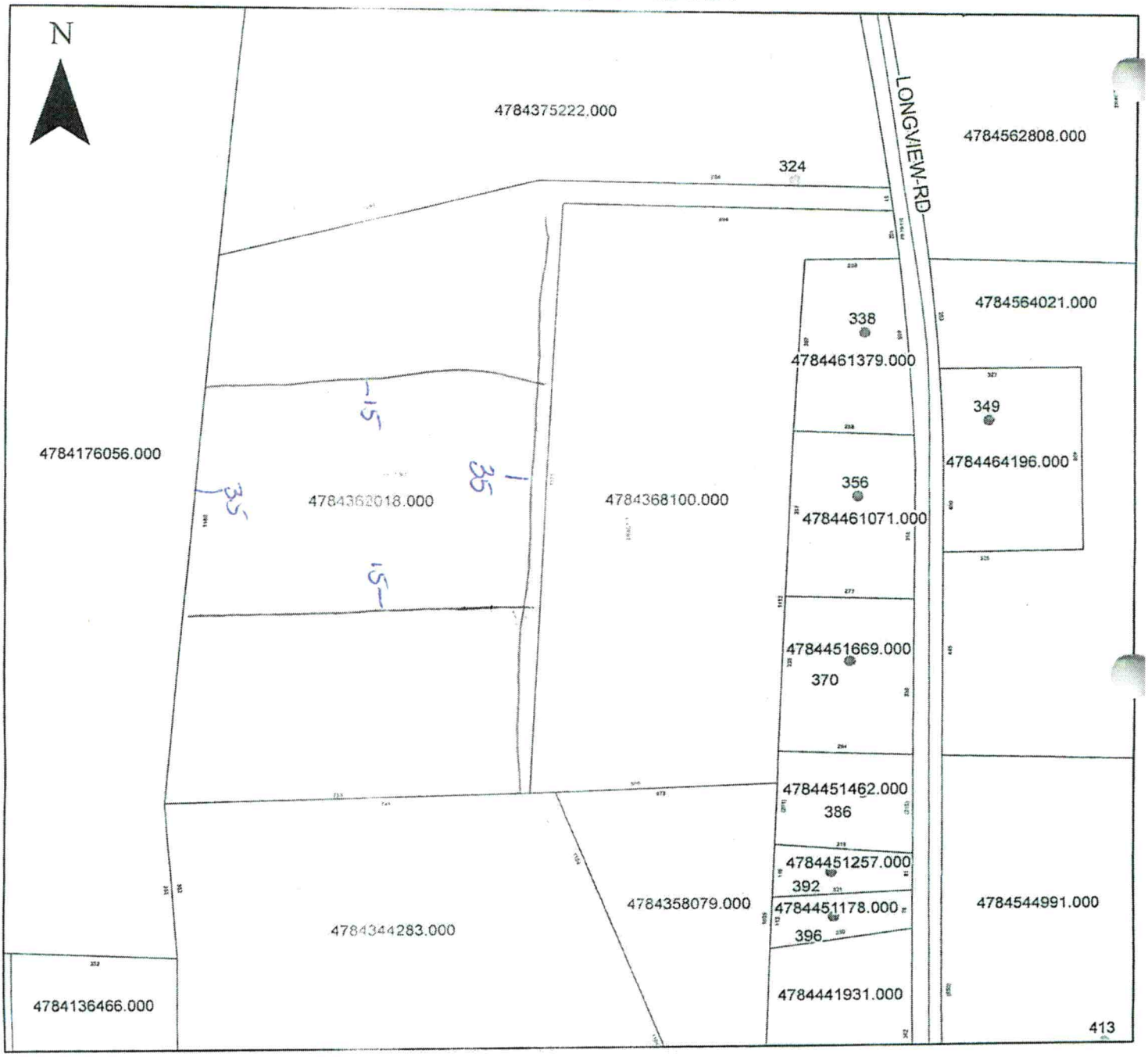
APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS 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 [signature] DATE 8/24/21

ACRES 21.795
Iredell RA floor: NO

ZONING DISCLAIMER

320760



Property Address 135 Sauss Ct

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

8/24/21
Date