212506 #250

# IREDELL COUNTY HEALTH DEPARTMENT

*ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

**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:**

Applicant Name: B&T Construction Address: 159 Bobbitt Dr Cleveland NC Phone: 828-312-0373

Owner Name: Patti Cline Address: 186 Page Farm Rd Cleveland NC Phone: 704-807-6992

**Property Information:**

Street Address: 186 Page Farm Rd Cleveland NC 27013

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

Driving Directions: 64E Turn right on Page Farm Rd 3rd drive on right

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 2
Maximum Number of Occupants: 1
( ) Swimming Pool
(X) Other Addition/Structure: Sunroom

( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

**Water Supply:**

( ) 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:**

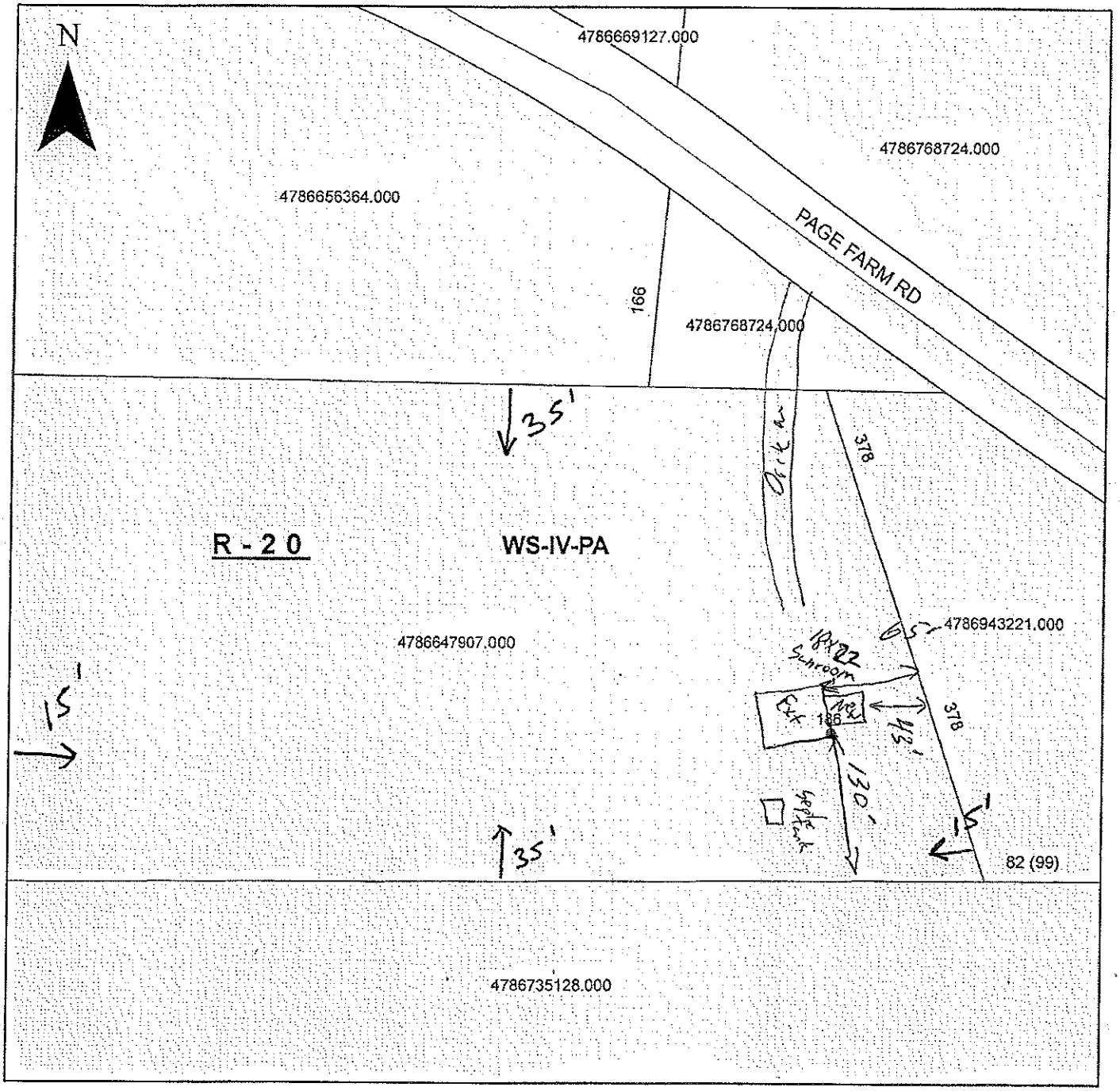
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

*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:** _____ 7-31-15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

7846

# ZONING DISCLAIMER




Property Address 186 Page Farm 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.

B&T Construction & Development

Applicant

7-31-15

Date

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

## 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, Patti P Cline, am the legal owner(s) of the property located at 186 Page Farm Rd Cleveland NC 27013, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) B&T Construction & Development Inc. Joshua L Teague, 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.

Patti Page Cline 7-31-25 — 7/31/2025

Signature of Owner(s) Date Signature of Witness Date

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 HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH** ☑ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

**IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT** or **OPERATION PERMIT / EXISTING SYSTEM INSPECTION**

PERMIT # 173008 PIN # 4786647907 DATE 6-18-12

OWNER Patti Cline APPLICANT: Same PHONE: Home/Cell # 704-877-8020 Business # N/A

SITE ADDRESS 186 Page Farm Rd. OWNER / APPLICANT ADDRESS 186 Page Farm Rd. Cleveland NC 27013

SITE DIRECTIONS Mocksville Hwy to Page Farm Rd.

SUBDIVISION N/A BLOCK / SECTION N/A LOT # N/A LOT AREA 10 acres DESIGN FLOW 1000gpd L.T.A.R. 0.25

Septic Tank 1000 Gallons: STB 760 Date 2-1-12

Pump Tank ____ Gallons: PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

No. Nitrification Fields: 1 No. Lines 1 Linear Feet 133'

Trench Width 36" Max. Trench Bottom Depth 56" Gravel Depth 12"

☑ New System ☐ Repair ☐ Expansion System Type I (II) III IV V VI

System Description: Conventional - gravity

Repair System Description: Conventional gravity

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms

☐ Business No. Persons 4

☑ Other Barn No. Employees

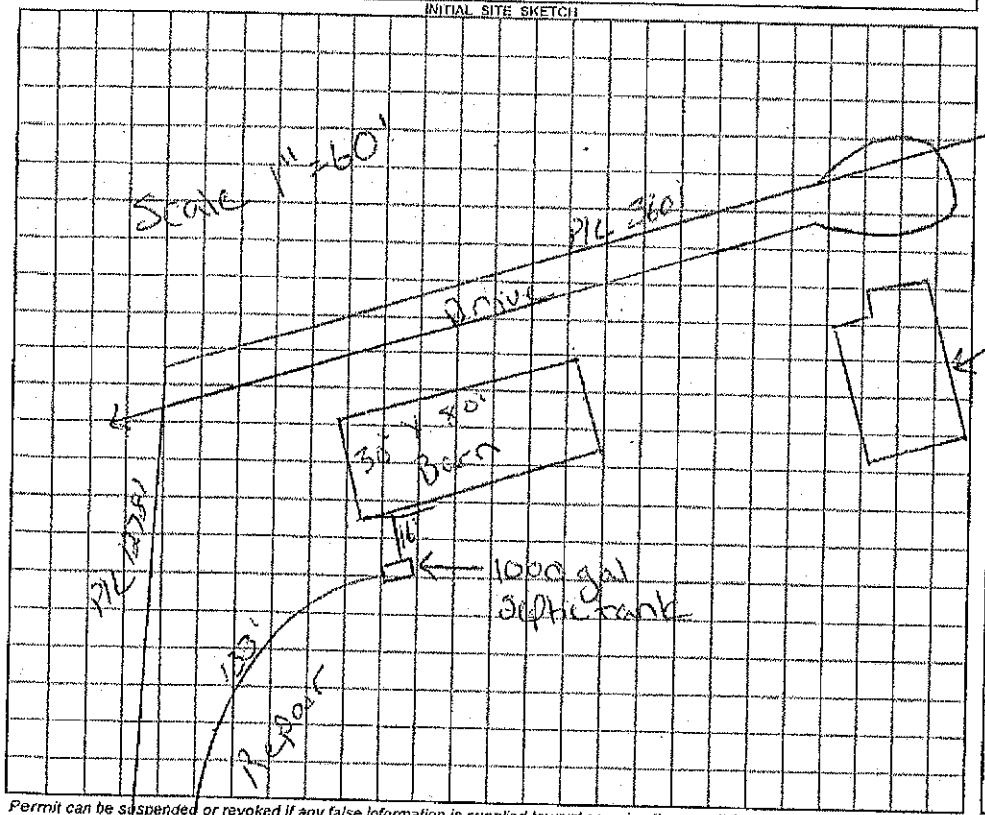
☐ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install conventional system on contour. An accepted system may also be installed

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.*

☐ *IMPROVEMENT PERMIT with plat valid without expiration.* ☑ *IMPROVEMENT PERMIT with plat valid without expiration, site plan valid 60 mo.* ☑ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Bill Cline Date 6-18-12 Installed by: Albea Grading

IMPROVEMENT PERMIT by: Justin Henderson REHS Date 6-18-12 OPERATION PERMIT by: ____ REHS Date 6-27-12

AUTHORIZATION TO CONSTRUCT by: Justin Henderson REHS Date 6-18-12 Existing System Inspected by: ____ REHS Date ____

***YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION***

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant