IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 301231

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

PIN # 4788156490 . 2314

APPLICANT/OWNER: John Gilbert III APPLICANT ADDRESS: 2314 old Mocksville Rd Statesville 28625

SITE ADDRESS: 2314 old Mocksville Rd, Statesville NC 28625 PHONE: 704 902-0468 ALT. PHONE 704-902-4939

SITE DIRECTIONS: I40 take old Mocksville Rd N about 8.5 miles. Property on R SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: - SECTION: - LOT #: - LOT AREA: 34 Acre DESIGN FLOW: 480gpd L.T.A.R.: .2

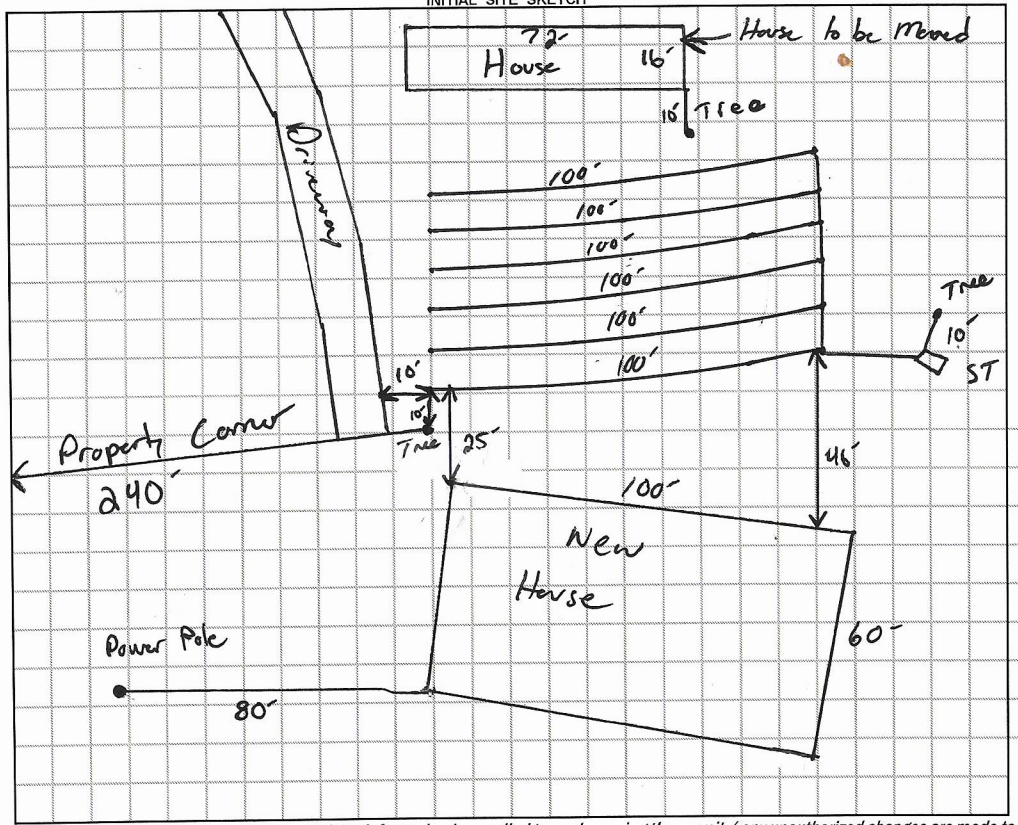
Septic Tank	1000 (gal)	STB	Date	☐ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT	Date	System Description:	25% Reduction			☐ Business	No. Persons 8
Pump Make		Model	Serial #	Repair System Description:	25% Reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines 6	Linear Ft 600 -	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(~~Low side~~)	Max 36	Gravel Depth -	☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions: Existing System Functioning properly at time of inspection.

Single Wide Must be Removed before CO

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 50'

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: [signature] Date: 10/1/19 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] Date: 9-27-19

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 SEP 2 6 2019

301231

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

Paid $250.00

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: (PRINT CLEARLY)

Applicant Name: Ryan T. Noble Address: 14752 Cool Springs Rd Cleveland NC Zip: 27013
Applicant Email: rnbigbear@aol.com Phone: 336-909-2785 Alt. Phone: 704-278-1182
Owner Name: John & Anna Gilbert Address: 2314 old Mocksville Rd, Statesville Zip: 28625
Owner Email: N/A Phone: (704) 962-0468 Alt. Phone: (704) 902-4939

Property Information:

Street Address: 2314 Old Mocksville Road Statesville, NC 28625
Subdivision Name: N/A Section/Phase: N/A Lot Number: N/A
Driving Directions: I-40 East to Old Mocksville Rd Exit, Left off Ramp, Go ~6-7 miles on Old Mocksville Rd. Cross Yadkin River and go ~ ½ mile, Property on Rt.

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: 2916 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 (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?

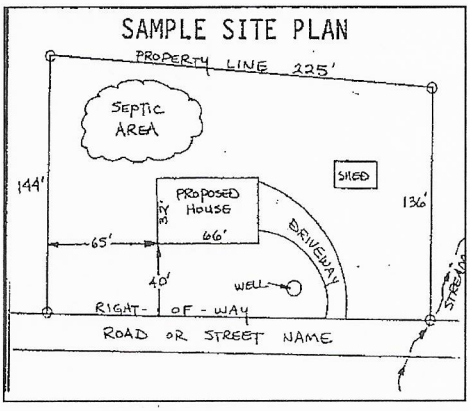
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: _____ 9/24/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

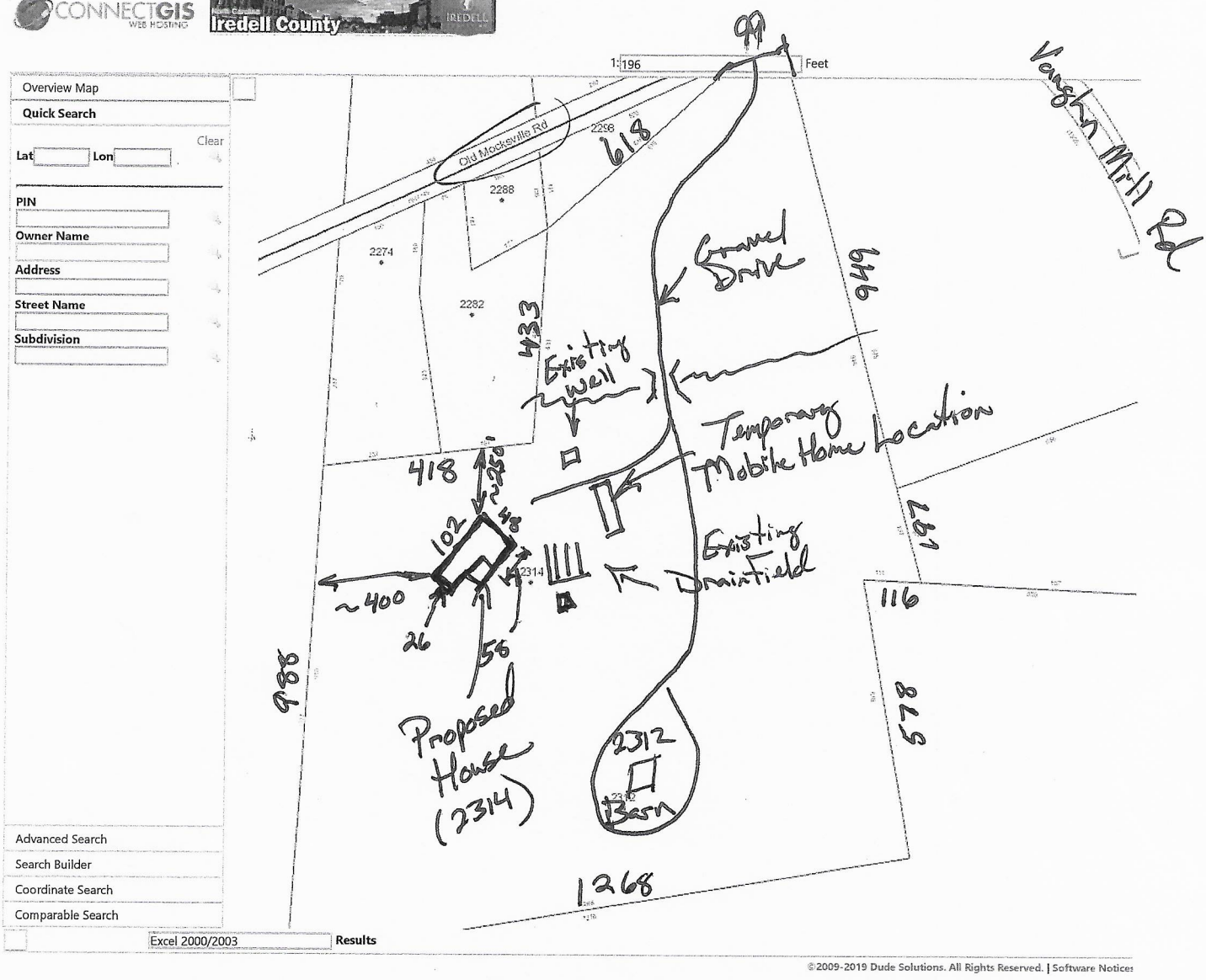
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

Please see attached

Signature: _____ _____

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

RECEIVED SEP 2 6 2019



Site Plan

John & Anna Gilbert
2314 Old Mocksville Rd
Statesville, NC 28625

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) [signature]

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, JOHN N. GILBERT III, am the legal owner(s) of the property located at 2314 OLD MOCKSVILLE RD, STATESVILLE, NC, identified as PIN (Parcel Identification Number) 4788156490, located in Iredell County, North Carolina.

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

RYAN T. NOBLE, RYAN NOBLE CONSTRUCTION, 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.

[signature]
Signature of Owner(s)

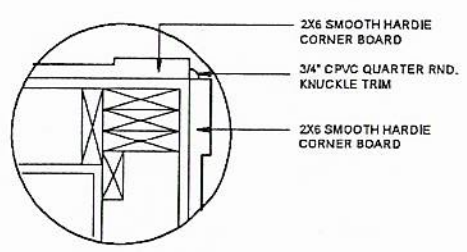
28 FEB 19
Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

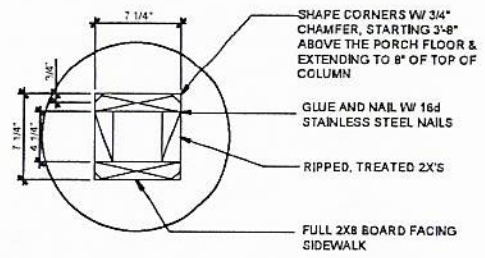
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

ROOM FINISH SCHEDULE

ROOM NO.	BASE BD.	WALLS	WALL FINISH	CLG.	CLG. FINISH	CLG. TRIM	FLOOR	FLR. FINISH	REMARKS
101	1X10	1x8 T&G Pine, or Gypsum Board	Painted	1X6 T&G Pine	Painted	2 1/4" Cove on 1x10	White Oak	Champagne	Authentic Reclaimed Flooring
102	1X10	1x8 T&G Pine	Painted	1X6 T&G Pine	Painted	1x8 Pine	White Oak	Champagne	Authentic Reclaimed Flooring
103	1X10	Gypsum Bd.	Painted	Gypsum Bd.	Painted	1x8 Pine	White Oak	Champagne	Authentic Reclaimed Flooring
104	1X10	Gypsum Bd.	Painted	1X6 T&G Pine	Painted	1x8 Pine	Tile		Tile wall finish to 3'-6" aff
105	1X10	1X8 vertical Pine	Painted	Exposed joists	1x6 T&G above	-	White Oak	Champagne	Authentic Reclaimed Flooring
106	1X10	1X8 vertical Pine	Painted	1X6 T&G Pine	Painted	1x8 Pine	White Oak	Champagne	Authentic Reclaimed Flooring
107	1X10	1X6 Pecky Cypress (vert)	Filled & washed	1X6 T&G Pine	Painted	3/4 x 6-1/2 Pine	White Oak	Champagne	Authentic Reclaimed Flooring
SECOND FLOOR									
108	1X8	Gypsum Bd.	Painted	Gypsum Bd.	Painted	1X6	White Oak	Champagne	Authentic Reclaimed Flooring
109	1X8	Gypsum Bd.	Painted	Gypsum Bd.	Painted	1x8 Pine	Tile		Tile wall finish to 4'-6" aff

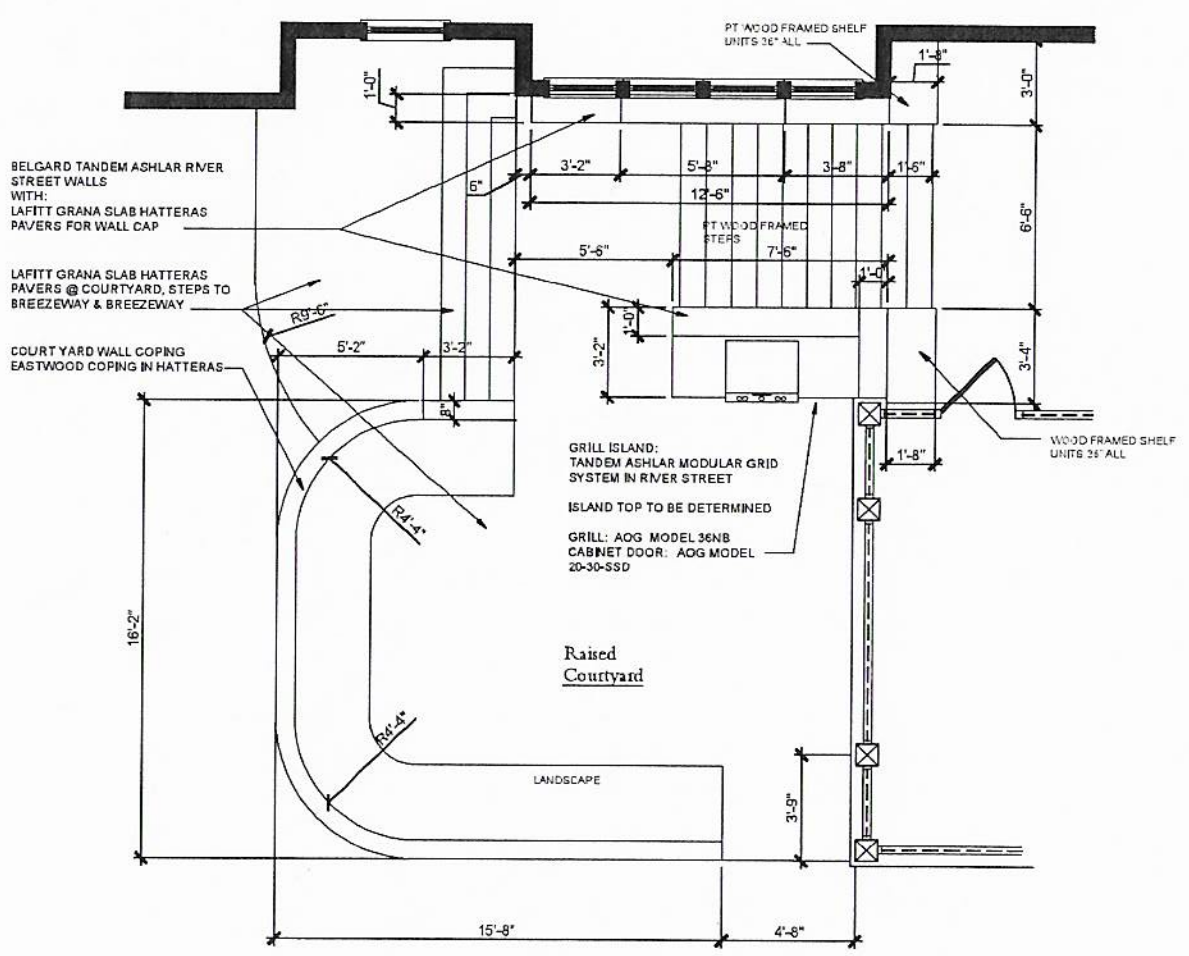


3 / A2.0 CORNER DETAIL
NO SCALE

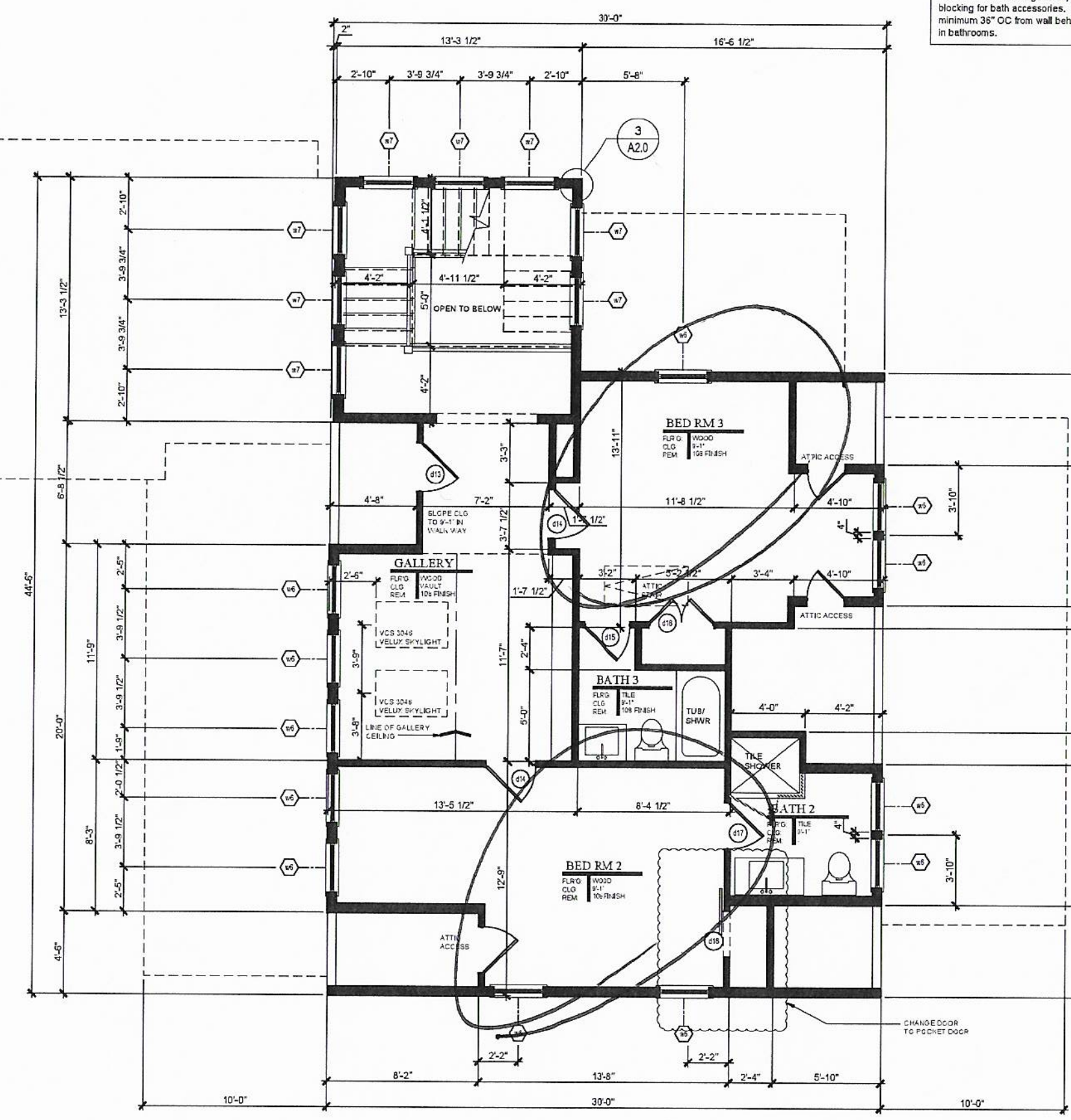


2 / A2.0 8X8 COLUMN DETAIL
NO SCALE

Acknowledgement Of
Plans Submittal ONLY!
________ Date ______
________ Date 10/1/19



1 / A2.1 COURTYARD PLAN
1/4" = 1'-0"



2 / A2.1 SECOND FLOOR PLAN
1/4" = 1'-0"
0 1 2 4 8

FINISH NOTES

1. Wallboard board shall be mold, mildew & moisture resistant, screw-attached 1/2" fire resistant gypsum board conforming to ASTM C36-64.

1. Ceiling board shall be mold, mildew & moisture resistant, screw-attached 5/8" fire resistant gypsum board conforming to ASTM C36-64.

2. Wallboard @ damp areas shall be equal to screw-attached 1/2" moisture resistant gypsum board @ all areas exposed to high humidity levels such as bathrooms.

3. Sheetrock accessories shall be equal to USG. All exposed corners and gypsum board edges shall have appropriate metal accessories. Sheetrock joint treatment materials shall conform to ASTM C476-64. Tape all joints and apply 3 coats of joint compound. Sand between coats and after the final finish coat.

4. All joints should be sound, clean, dry and free of contaminants. Caulking or sealant should be applied in accordance with spec data sheets and manufacturer's specific recommendations. Caulking and sealant shall me installed so that finish surface is smooth, even and regular.

5. Sealant shall be installed at exterior or damp interior joints between dissimilar materials as required. Prime all substrates with primer as recommended by manufacturer of sealant. Apply sealant from the bottom up.

BATH ACCESSORIES NOTES

Bath accessories are generally not shown anywhere on the plans, builder to allow blocking for bath accessories. Supply and install toilet paper holder 24" OC AFF and minimum 36" OC from wall behind toilet. Install 18" or 24" towel bars as possible in bathrooms.

SHEET: A2.1

PROJECT:
COASTAL LIVING IDEA HOUSE 2018
SL-1986
TNH-LC-52A

Building codes can vary for different geographical locations and these plans may not comply with the codes governing the purchaser's building site. Therefore, it is the purchaser's responsibility to consult with the proper construction professionals to ascertain the suitability of these plans for that site and, if necessary, make any changes or verifications required. All changes shall be the responsibility of the purchaser and the purchaser's construction advisors.

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RESIDENTIAL DESIGNERS
17 MARKET No. 2, BEAUFORT, SOUTH CAROLINA 29906
INFO@MOSERDESIGNGROUP.COM
PHONE (843) 379-5630

DATE: OCT. 24, 2017

FINISH NOTES

1. Wallboard board shall be mold, mildew & moisture resistant, screw-attached 1/2" fire resistant gypsum board conforming to ASTM C36-64.

1. Ceiling board shall be mold, mildew & moisture resistant, screw-attached 5/8" fire resistant gypsum board conforming to ASTM C36-64.

2. Wallboard @ damp areas shall be equal to screw-attached 1/2" moisture resistant gypsum board @ all areas exposed to high humidity levels such as bathrooms,

3. Sheetrock accessories shall be equal to USG. All exposed corners and gypsum board edges shall have appropriate metal accessories. Sheetrock joint treatment materials shall conform to ASTM C475-64. Tape all joints and apply 3 coats of joint compound. Sand between coats and after the final finish coat.

4. All joints should be sound, clean, dry and free of contaminants. Caulking or sealant should be applied in accordance with spec data sheets and manufacturer's specific recommendations. Caulking and sealant shall me installed so that finish surface is smooth, even and regular.

5. Sealant shall be installed at exterior or damp interior joints between dissimilar materials as required. Prime all substrates with primer as recommended by manufacturer of sealant. Apply sealant from the bottom up.

BATH ACCESSORIES NOTES

Bath accessories are generally not shown anywhere on the plans, builder to allow blocking for bath accessories. Supply and install toilet paper holder 24" OC AFF and minimum 36" OC from wall behind toilet. Install 18" or 24" towel bars as possible in bathrooms.

WINDOW SCHEDULE

Unit ID	Manufacturer Number	Quantity	Frame Width	Frame Height	TYPE	Header Height	MANUF	REMARKS
FIRST FLOOR								
w1	CUDH-NG 2834 E	11	2'-9 1/4"	6'-3 1/2"	DBL HUNG	8'-6"	MARVIN WINDOWS	
w2	CUDH-NG 2434 E	4	2'-5 1/4"	6'-3 1/2"	DBL HUNG	8'-6"	MARVIN WINDOWS	
w3	CUDH-NG 2430	2	2'-5 1/4"	5'-7 1/2"	DBL HUNG	8'-6"	MARVIN WINDOWS	
w4	CUDH-NG 2428	8	2'-5 1/4"	5'-3 1/2"	DBL HUNG	8'-6"	MARVIN WINDOWS	Set powder room w4 header @ 6'-8" aff
w5	CUDH-NG 2028	3	2'-1 1/4"	5'-3 1/2"	DBL HUNG	8'-6"	MARVIN WINDOWS	
SECOND FLOOR								
w6	CUDH-NG 2830 E	12	2'-9 1/4"	5'-7 1/2	DBL HUNG	8'-2 3/4"	MARVIN WINDOWS	
w7	CUDH-NG 2834 E	8	2'-9 1/4"	6'-3 1/2"	DBL HUNG	8'-2 3/4"	MARVIN WINDOWS	

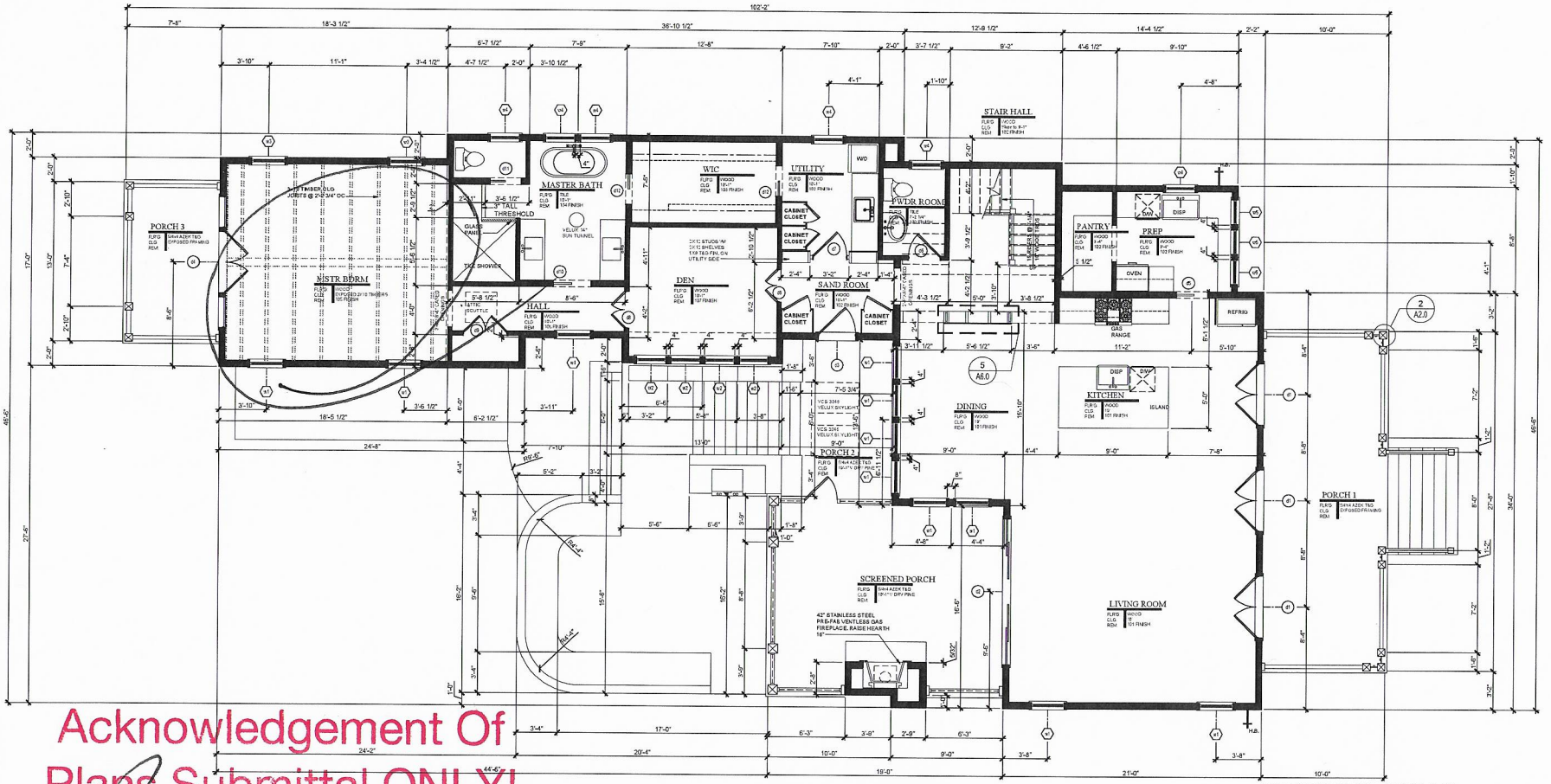
Note, All windows to have:
2 1/4" deep historical sill
2 over 2 Simulated Divided Light pattern w/ 7/8 muntins & 3/4" shadow bar.

Note:
Consult Manufacturer for Rough Opening sizes
See elevations for shutter allocations

ALL UNIT SIZES ARE BASED ON WINDSOR LEGEND SERIES. CONSULT WINDOW MFG. FOR ROUGH OPENINGS.
ACTUAL MANUFACTURER TO BE DETERMINED BY THE OWNER.
SUBSTITUTE LIKE SIZES IF ALTERNATE MANUFACTURER IS SELECTED
ALL UNITS SHALL HAVE "THICKENED SILL EXTENSION" ADDED BY MFG.

DOOR SCHEDULE

DR ID	Width	Height	Quantity	Material	Panels	Glazing	# of leaves	Operation	Transom Height	Transom Glass	Header Ht.	Hardware	Remarks
FIRST FLOOR													
d1	3'-0"	6'-8"	3	Marvin	1 Flat	2/3 4 lite	2	French	1'-5 1/2"	2 lite	8'-6"	Entry	3" mull Direct Set Transom
d2	12'-0"	8'-0"	1	Marvin	1 Flat	Full lite	4	Sliding	-	-	8'-2 1/2"	Entry	
d3	3'-0"	6'-8"	1	Marvin	1 Flat	2/3 4 lite	1	Swing	1'-5 1/2"	2 lite	8'-6"	Entry	3" transom mull w/ side lights
d4	10'-0"	6'-8"	1	Marvin	1 Flat	Full lite	4	French	-	-	8'-6"	Entry	OXXO
d5	2'-6"	6'-8"	1	Solid Core	-	-	1	Pocket	1'-5 1/2"	2 lite	8'-6"	Passage	
d6	2'-6"	6'-8"	1	Solid Core	2 Flat	-	1	Swing	1'-5 1/2"	1 lite	8'-6"	Passage	3" transom mull
d7	2'-6"	6'-8"	1	Solid Core	2 Flat	-	1	Swing	1'-5 1/2"	1 lite	8'-6"	Passage	3" transom mull
d8	2'-8"	6'-8"	2	Solid Core	2 Flat	-	2	French	1'-5 1/2"	1 lite	8'-6"	Passage	3" transom mull
d9	3'-5"	6'-8"	1	Solid Core	2 Flat	-	2	French	1'-5 1/2"	False Panel	8'-6"	Closet	3" transom mull
d10	3'-0"	6'-8"	1	Solid Core	2 Flat	-	1	Pocket	1'-5 1/2"	1 lite	8'-6"	Passage	2x6 wall framing
d11	2'-6"	6'-8"	1	Solid Core	2 Flat	-	1	Pocket	1'-5 1/2"	1 lite	8'-6"	Passage	2x6 wall framing
d12	2'-6"	6'-8"	2	Solid Core	2 Flat	-	1	Pocket	1'-5 1/2"	1 lite	8'-6"	Passage	2x6 wall framing
SECOND FLOOR													
d13	2'-8"	7'-0"	1	Solid Core	2 Flat	-	1	Swing			7'-2"	Attic access	
d14	2'-8"	7'-0"	2	Solid Core	2 Flat	-	1	Swing	-	-	7'-2"	Passage	
d15	2'-6"	7'-0"	1	Solid Core	2 Flat	-	1	Swing	-	-	7'-2"	Passage	
d16	3'-6"	7'-0"	1	Solid Core	2 Flat	-	2	French	-	-	7'-2"	Closet	
d17	2'-6"	7'-0"	1	Solid Core	2 Flat	-	1	Swing	-	-	7'-2"	Passage	
d18	3'-0"	7'-0"	1	Solid Core	2 Flat	-	1	Sliding	-	-	7'-2"	Closet	2'-6" c.o. w/ barn door hardware
GARAGE													
d1	3'-0"	6'-8"	2	Marvin	1 Flat	1/2 4 lite	1	Swing			6'-10 1/2"	Entry	



1 A2.0 FIRST FLOOR PLAN
1/4" = 1'-0"

BUILDING AREAS

FIRST FLOOR HTD	2085 SQ FT
SECOND FLOOR HTD	831 SQ FT
TOTAL HTD	2916 SQ FT

Acknowledgement Of Plans Submittal ONLY!

Date 10/1/19

Date

DATE: OCT. 24, 2017

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MOSER DESIGN GROUP, INC.
RESIDENTIAL DESIGNERS
17 MARKET No. 2, BEAUFORT, SOUTH CAROLINA 29906
INFO@MOSERDESIGNGROUP.COM
PHONE (843) 379-9530

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PROJECT:
COASTAL LIVING IDEA HOUSE 2018
SL-1986
TNH-LC-52A

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SHEET: A2.0

IREDELL COUNTY · NC

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

APPLICATION NUMBER
301231 Issue Date: 09/26/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4788156490.000	2314 OLD MOCKSVILLE RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: GILBERT JOHN N III+ANNA R	Name: GILBERT JOHN N III+ANNA R
Address:	Address: 2314 OLD MOCKSVILLE RD
	STATESVILLE , NC 28625
Phone:	Phone: (704)902-0468

FILE COPY

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
34.119	35	35	15	15	N/A	YES

Remarks
SFD
MUST REMAIN 50FT OFF THE STREAM AND AS LONG AS USE SAME PATH COMING IN AND BUILD CLOSE TO WHERE MOBILE HOME WAS PREVIOUSLY LOCATED IT WILL BE NOT PROBLEM PER KATHY WOLFE

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.

See Attached

Signature of Owner/Contractor

Date: 09/26/2019

Permit Number	000409	TOTAL FEES:	$77.25