EDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ✓ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Joshua Shoemaker	711 Zeb Rd Union Grove NC 28689	704-592-2252	704-657-7427
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Joshua Shoemaker	711 Zeb Rd Union Grove NC 28689	704-592-2252	704-657-7427

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
711 Zeb Rd Union Grove NC 28689		

Driving Directions: Head northwest on NC-115/N Center St toward 1st Ave For 20 miles. Turn right onto Zeb Rd destination will be on your right .3 miles

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ___
( ) Other ___

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

( ) New Well (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* (✓) EXISTING SYSTEM installed 1991 *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___

8. 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. industry) 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.

9. Signature: ___
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11-20-2015
DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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:

X **Property Line measurements are clearly identified...** ✓ **All proposed structures are indicated...**

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

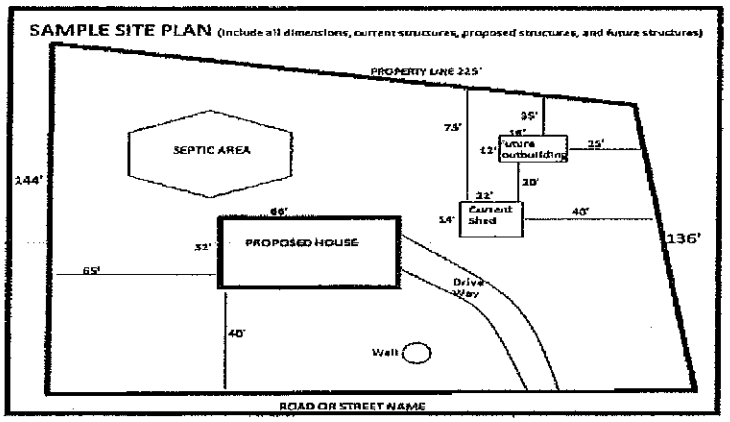
___ **Front and side setbacks from property line...** ✓ **Preferred driveway location and configuration, preferred well location...**

N/A **Area you prefer your septic system to be placed...** ✓ **North arrow, or other sufficient indicator of direction...**

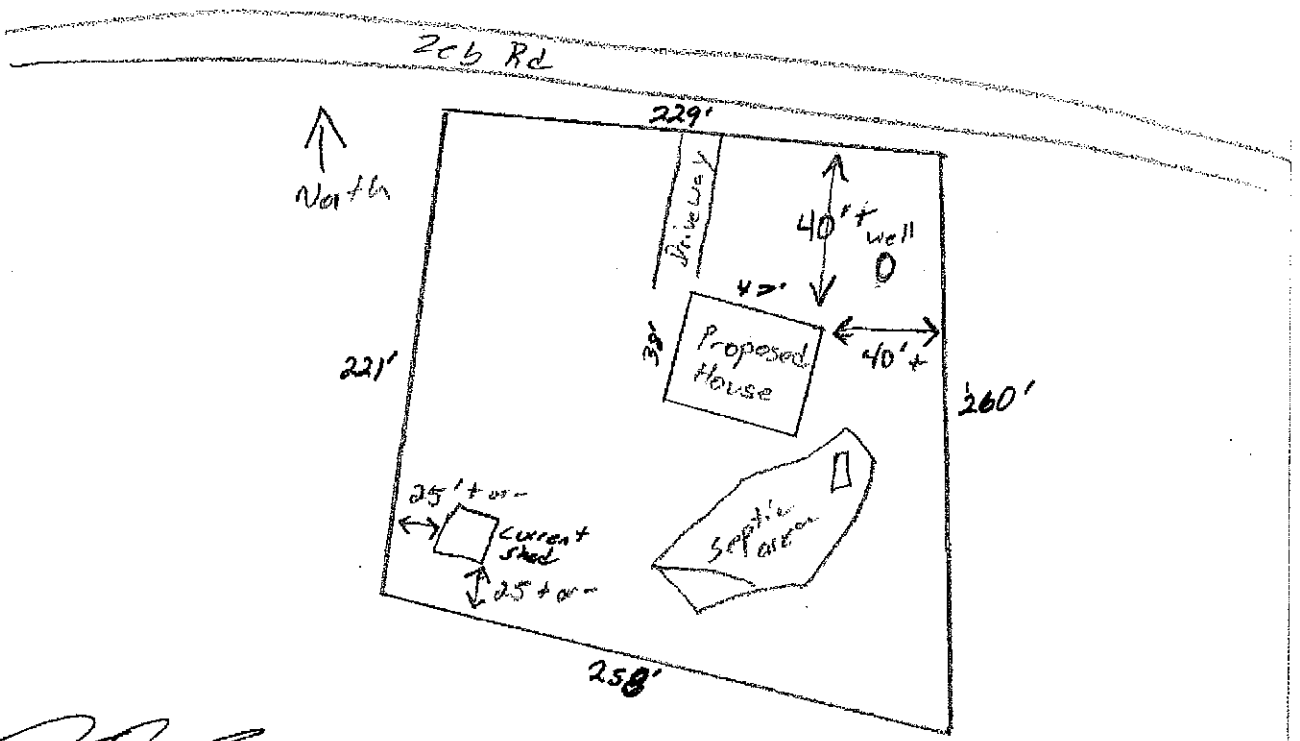
Circle N/A on the following if appropriate:

N/A **Location of septic systems and wells within 100' of your property... N/A**

N/A **Location of easements and rights of ways on your property... N/A** N/A **Location of any designated wetlands on the property... N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: _____ 11-20-15

REQUIRED **property owner or owner's legal representative signature.** **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, Joshua Shoemaker, am the legal owner(s) of the property located at 711 Zeb Rd Union Grove NC 28689, identified as PIN (Parcel Identification Number) 4824039929, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Sedgewick Homes LLC, _____, 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.

	11-20-15	Ada Barger	11-20-15
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

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

APPLICATION NUMBER
215071
Issue Date: 11/23/2015

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4824039929.000	711 ZEB ROAD, UNION GROVE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SHOEMAKER JOSHUA LEE	Applicant: SHOEMAKER JOSHUA LEE
Address: 711 ZEB RD UNION GROVE, NC 28689	Address: 711 ZEB RD UNION GROVE, NC 28689
Phone:	Phone:

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.460	35.00	35.00	15.00	15.00	BOWH	X

Remarks:

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	54573	TOTAL FEES:	$ 77.25

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

13283
OWNER OR CONTRACTOR F. HOMER WILLIAMS DATE 8/28/91 PERMIT NO. 9-A-7-A-26

PHONE: Business _____ Home _____

LOCATION NC 115 N, TR ZEB RD, 1ST HOUSE ON (R)

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

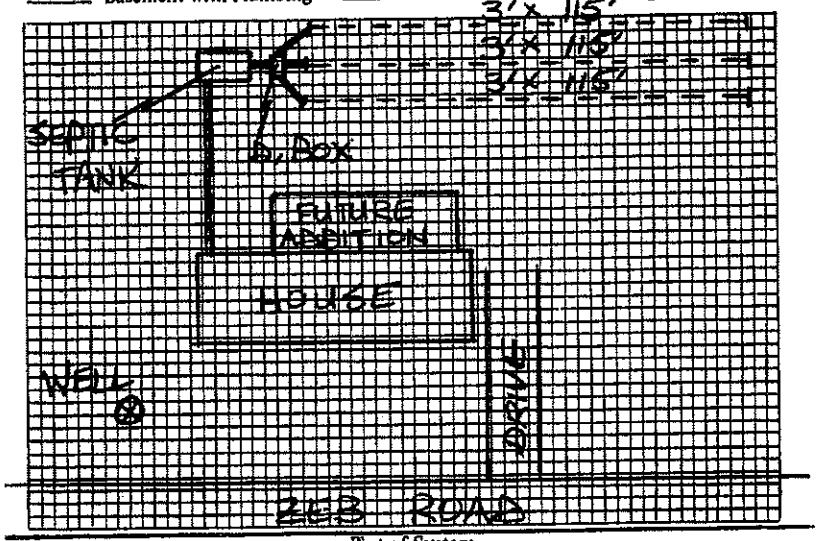
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Lot Area 1.459 AC

Character & Porosity of Soil PS
Percolation Rate 35 GPD / FT2
Topography 4-6% 23
Depth to Water Table 24'
Rock or other impervious formations NONE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 1035 Linear Ft. 345
Depth of Stone in Lines 12"

Water Supply: Individual (✓) WELL
Public ( )

Installed by TOM HARTNESS, RICHARD MARTIN

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 8/28/91

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

IMINARY PLANS

L NOTES:

- EILING HEIGHT TO BE 9'-1 1/2"
- EXTERIOR DOOR HEADER HEIGHT TO BE 6'-11" UNLESS NOTED OTHERWISE
- ONS ARE O.H. GARAGE DOOR, GARAGE ENTRY DOOR.)
- SHOWERS ARE TO HAVE NAILERS AT FLANGE.
- BING FIXTURES SHOWN ARE REPRESENTATIVE OF SIZE AND LOCATION ONLY.
- TYLE & BRAND OF FIXTURES MAY VARY PER BUILDING LOCATION.
- HED WALLS REPRESENT INTERIOR LOAD BEARING WALLS TYP.
- ED WALLS REPRESENT PARTIAL HEIGHT WALLS.
- WALL WILL BE PER PLAN. EX.
- HELF HEIGHT ABOVE FLOOR WILL BE:
- INGLE = 42"/84" FOR DOUBLE TYP.

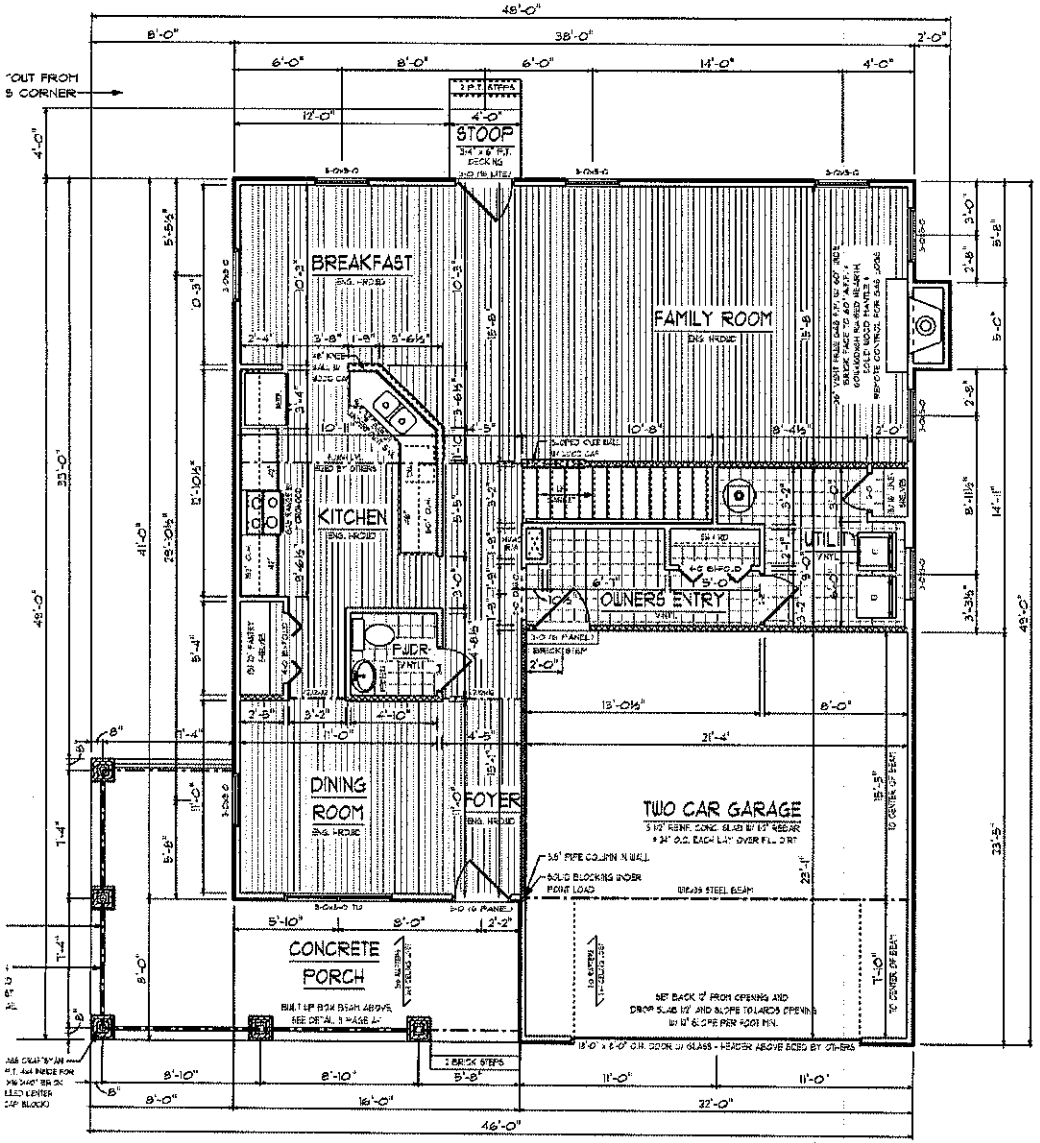
Acknowledgement Of Plans Submittal ONLY!

CUSTOMER SIGNATURE

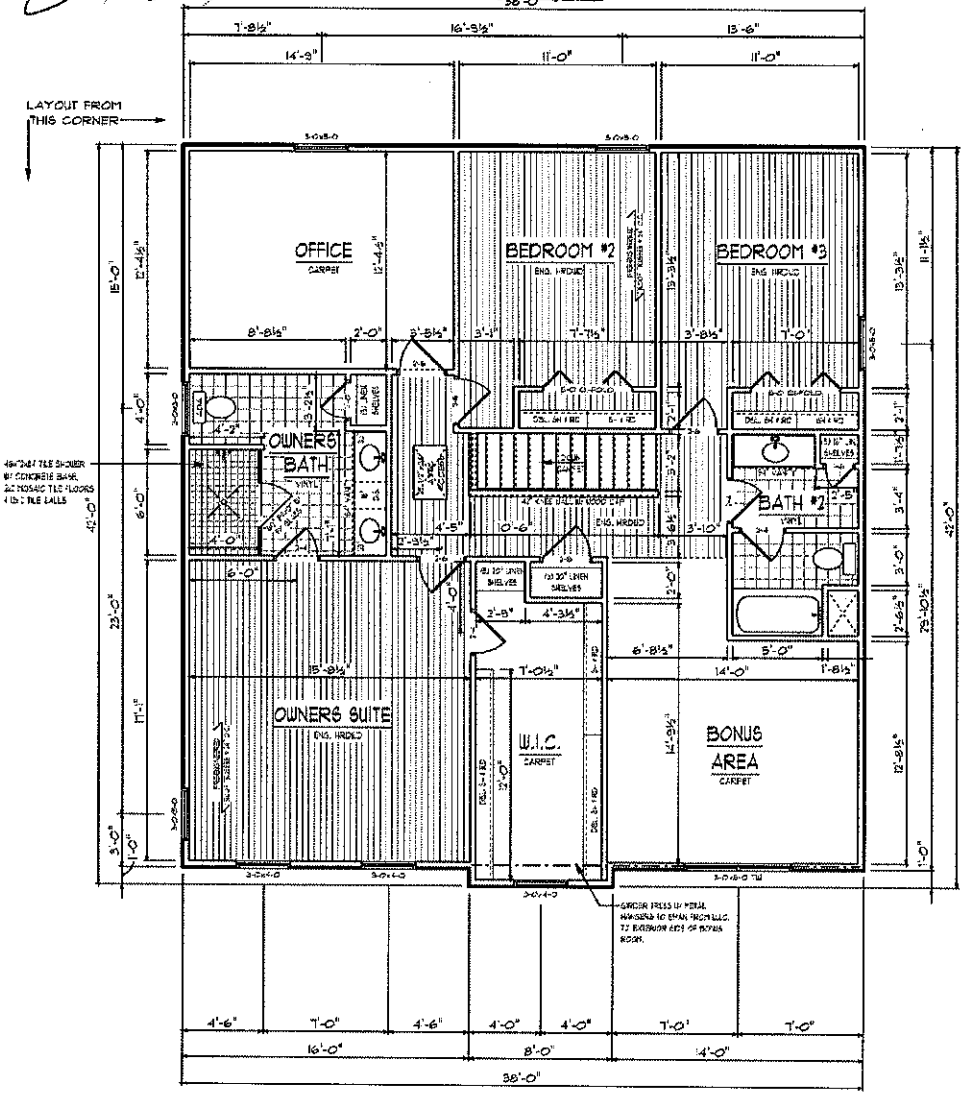
CUSTOMER SIGNATURE

Date

Date 12/18/15



1 A-3 FIRST FLOOR PLAN
SCALE: 1/8"=1'-0"



2 A-3 SECOND FLOOR PLAN
SCALE: 1/8"=1'-0"

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REVISED: 8.25.2015

SEDGEWICK HOMES PROUDLY PRESENTS THE ROCKWOOD POPLAR TO: