IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION* 21601?

(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)

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:

PHIL SMITH	582 NEW SALEM RD. STATESVILLE	704-872-0223	704-450-8495
Applicant Name	Mailing Address	Home Phone #	Alternate Phone # CELL
JAMES STALEY	405 TRUMPET BRANCH RD, OLIN	704-539-5256	704-682-4184
Owner Name	Mailing Address	Home Phone #	Alternate Phone # CELL

4. Property Information:

409 TRUMPET BRANCH RD, OLIN	—	
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: TAKE JENNINGS RD. NORTH TO TRUMPET BRANCH RD. LEFT ON TRUMPET BRANCH RD. TAKE TRUMPET 3/4 MILE TO 405 TRUMPET. SITE IS BEHIND AND WEST OF POOL HOUSE.

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 2
If Expansion, Current Number of Bedrooms ___

- ( ) Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- (✓) Basement w/Plumbing? PARTIA
- ( ) 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 ____ *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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: _____ 12/13/15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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, JAMES STALEY, am the legal owner(s) of the property located at 409 TRUMPET BRANCH RD, OLIN, NC 28660, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) PHIL SMITH BUILDERS PHIL SMITH, 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.

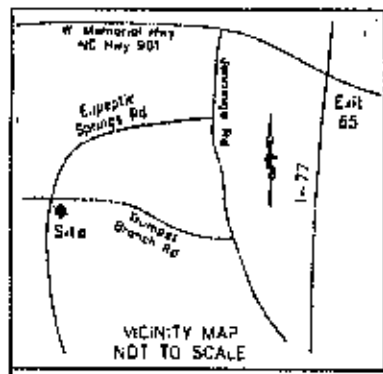
James R. Staley 12-14-15 _____ 12/14/15

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



VICINITY MAP
NOT TO SCALE

KNOW ALL MEN BY THESE PRESENTS, THAT I (WE) HEREBY CERTIFY THAT I AM (WE ARE) THE OWNER(S) OF THE PROPERTY SHOWN AND DESCRIBED HEREON AND THAT I (WE) HEREBY ACKNOWLEDGE THIS PLAT AND ALLOTMENT TO BE MY FREE ACT AND DEED

DATE ____________ OWNER ____________

DATE ____________ OWNER ____________

NORTH CAROLINA, ____________ COUNTY

I, ____________ CERTIFY THAT

____________ PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICIAL STAMP OR SEAL THIS _____ DAY OF ____________ 2016

____________ NOTARY PUBLIC

MY COMMISSION EXPIRES ____________

CURVE	RADIUS	ARC LENGTH	CHORD LENGTH	CHORD BEARING
C1	1477.85'	97.73'	97.71'	N00°11'22"E

LINE	BEARING	DISTANCE
L1	N01°42'17"W	18.78'

STATE OF NORTH CAROLINA, IREDELL COUNTY

I, ____________ REVIEW OFFICER OF IREDELL COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING

DATE ____________ REVIEW OFFICER ____________

THE TRACTS WITHIN THE CARLENE W. & JAMES R. STALEY, JR PROPERTY, TO THE BEST OF MY KNOWLEDGE, DO NOT LIE WITHIN A WATER SUPPLY WATERSHED DESIGNATED BY THE ENVIRONMENTAL MANAGEMENT COMMISSION AS APPEARS ON THE WATERSHED PROTECTION MAP OF IREDELL COUNTY

DATE ____________ SUBDIVISION ADMINISTRATOR ____________

I HEREBY CERTIFY THAT THIS PLAT FOR RECORDATION IS AN EXCEPTION TO THE SUBDIVISION ORDINANCE OF IREDELL COUNTY, NORTH CAROLINA

SUBDIVISION ADMINISTRATOR ____________ DATE ____________
IREDELL COUNTY, NORTH CAROLINA

I, JIMMY N. FAIRES, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION, DEED DESCRIPTION AND/OR MAP BOOK SEE PAGE NOTE #2; THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK N/A PAGE N/A; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; THAT THIS PLAT CREATES A SUBDIVISION OF LAND WITHIN A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND; THAT THIS PLAT IS OF ANOTHER CATEGORY, SUCH AS THE RECOMBINATION OF EXISTING PARCELS, A COURT-ORDERED SURVEY OR OTHER EXCEPTION TO THE DEFINITION OF SUBDIVISION; AND THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS ____ DAY OF ____________ 2016

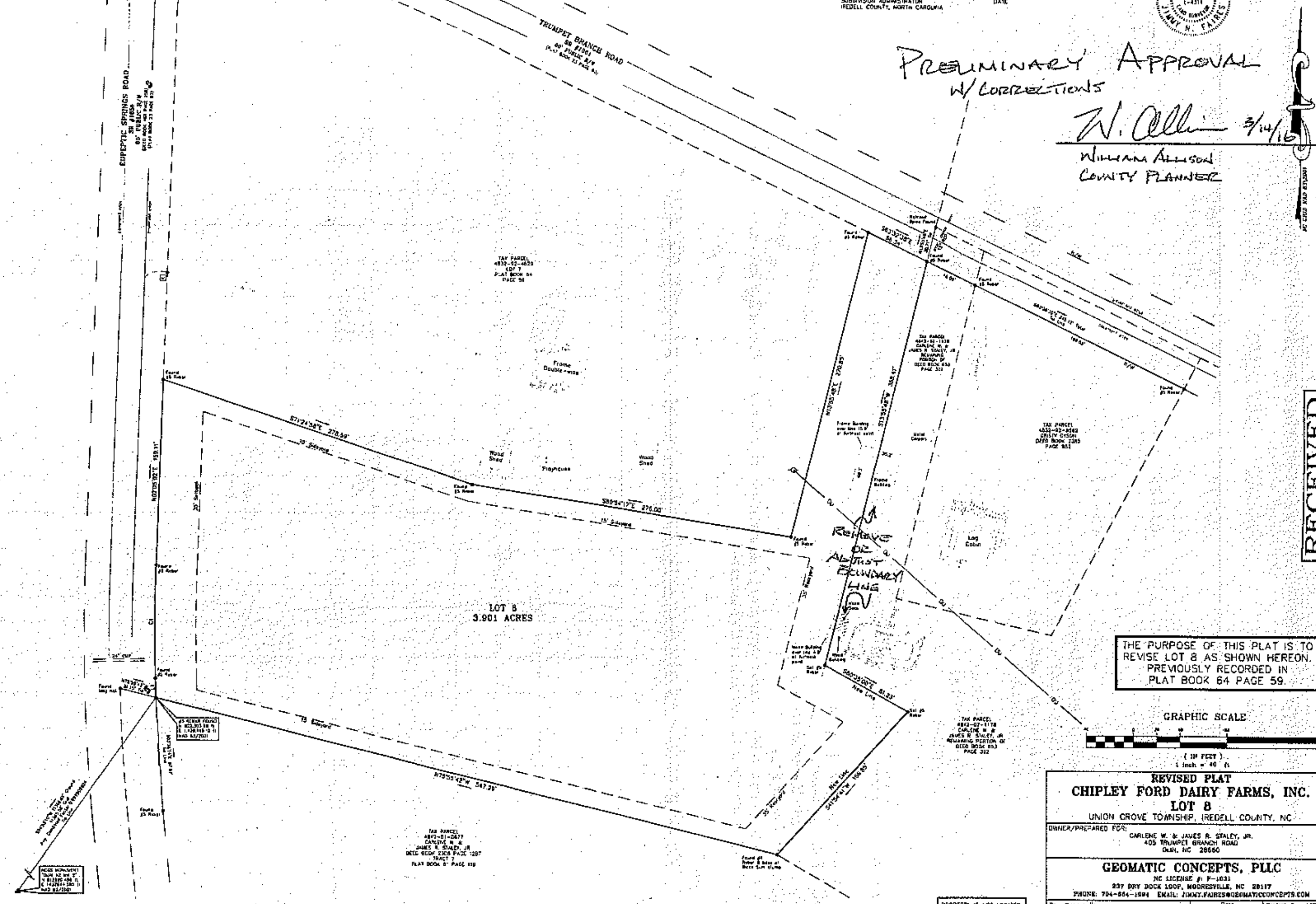
PRELIMINARY

JIMMY N. FAIRES, PLS
LICENSE NUMBER: L-4311

NORTH CAROLINA PROFESSIONAL SEAL L-4311 LAND SURVEYOR JIMMY N. FAIRES

Preliminary Approval
w/ Corrections
W. Allison 3/14/16
William Allison
County Planner

RECEIVED
MAR 1 0 REC'D
BY: WA



THE PURPOSE OF THIS PLAT IS TO REVISE LOT 8 AS SHOWN HEREON. PREVIOUSLY RECORDED IN PLAT BOOK 64 PAGE 59.

GRAPHIC SCALE
(IN FEET)
1 inch = 40 ft.

SURVEYOR NOTES:

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS, RESTRICTIVE COVENANTS AND/OR RIGHTS-OF-WAY OF RECORD.
2) BOUNDARY INFORMATION BASED ON DEED BOOK 875 PAGE 860 AND PLAT BOOK 23 PAGE 83 AS RECORDED IN THE IREDELL COUNTY REGISTER OF DEEDS
3) PROPERTY IS ZONED: RA-R
MINIMUM BUILDING SETBACKS ARE AS FOLLOWS
FRONT - 35'
REAR - 35'
SIDE - 15'
CORNER - 25'
4) AREA BY COORDINATE METHOD.
5) ALL "FOUND" PROPERTY CORNERS ARE FLUSH WITH THE GROUND UNLESS OTHERWISE NOTED. POINTS NOT LABELED "FOUND" OR "SET" ARE COMPUTED POINTS ONLY.
6) TOTAL AREA THIS PLAT 8.434 ACRES
7) TOTAL NUMBER OF LOTS CREATED THIS PLAT: 2
8) THIS PROPERTY LIES IN FLOOD ZONE "X" AS SHOWN ON FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) FLOOD INSURANCE RATE MAP (FIRM) COMMUNITY PANEL 3710484200J & 3710483200J WITH AN EFFECTIVE DATE OF MARCH 16, 2006
9) THIS PLAT CREATES A SUBDIVISION OF LAND WITHIN A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND
10) THE LOCATION OF UTILITIES AS SHOWN HEREON, WHETHER PUBLIC OR PRIVATE, ARE BASED ON THE LOCATION OF VISIBLE ABOVE GROUND APPURTENANCES ONLY. OTHER UTILITIES WHICH WERE NOT OBSERVED AND NOT SHOWN HERON MAY EXIST. IT IS THE OWNERS/TENANTS RESPONSIBILITY TO VERIFY THE LOCATION PRIOR TO COMMENCEMENT OF ANY CONSTRUCTION. GEOMATIC CONCEPTS, PLLC CANNOT ASSUME RESPONSIBILITY FOR MISIDENTIFICATION OR OMISSION OF UNDERGROUND UTILITIES
11) COORDINATE VALUES AS SHOWN HEREON ARE GRID (US SURVEY FOOT) AND BASED ON THE NORTH CAROLINA STATE PLANE COORDINATE SYSTEM NAD 83/2001. THE AVERAGE COMBINED FACTOR USED FOR THE PROJECT WAS 0.99989694. THE COORDINATES FOR NCGS MONUMENT "OLIN AZ MK 2" IS AN OBSERVED VALUES.
12) THE PURPOSE OF THIS PLAT IS TO REVISE LOT 8 AS SHOWN HEREON. THIS IS A REVISION OF PLAT BOOK 64 PAGE 58

PROPERTY IS NOT LOCATED WITHIN 1/2 MILE OF A DESIGNATED FARMLAND PRESERVATION DISTRICT

REVISED PLAT
CHIPLEY FORD DAIRY FARMS, INC.
LOT 8
UNION GROVE TOWNSHIP, IREDELL COUNTY, NC

OWNER/PREPARED FOR:
CARLENE W. & JAMES R. STALEY, JR.
405 TRUMPET BRANCH ROAD
OLIN, NC 28660

GEOMATIC CONCEPTS, PLLC
NC LICENSE #: P-1031
237 DRY DOCK LOOP, MOORESVILLE, NC 28117
PHONE: 704-664-1994 EMAIL: JIMMY.FAIRES@GEOMATICCONCEPTS.COM

Tax Parcel #s: 4832-92-4461 & Portion of 4842-02-1178	Date: MARCH 10, 2016	Project #: 14003
	Drawn By: JNF/GHL	Field Book #: 16
File: 14003-Eupeptic-Springs-Recombo-2016.dwg	Checked By: JNF	Scale: 1" = 40'