BLDR-2025-83719

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | (DB) Mooresville Office (704) 660-3625 | PERMIT # OSWP-2025-80325

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

PIN # 4861 -- 32 -- 5859

APPLICANT/OWNER: TODD ELLIS | APPLICANT ADDRESS: 271 COOPER FARM ROAD, STATESVILLE, N.C. 28625

SITE ADDRESS: 101 ALLEN HILLS WAY, OLIN, N.C. 28660 | PHONE: 704-902-0119 | ALT. PHONE 704-873-7373

SITE DIRECTIONS: (E) ON 901, (R) ON TABOR, (R) ON SPEAKS, (L) ON PADGET FARM, (L) ON WILLIES, (L) ON ALLENS HILL LOT ON (R) | SAP CONTROLLED: ☐ YES ☑ NO

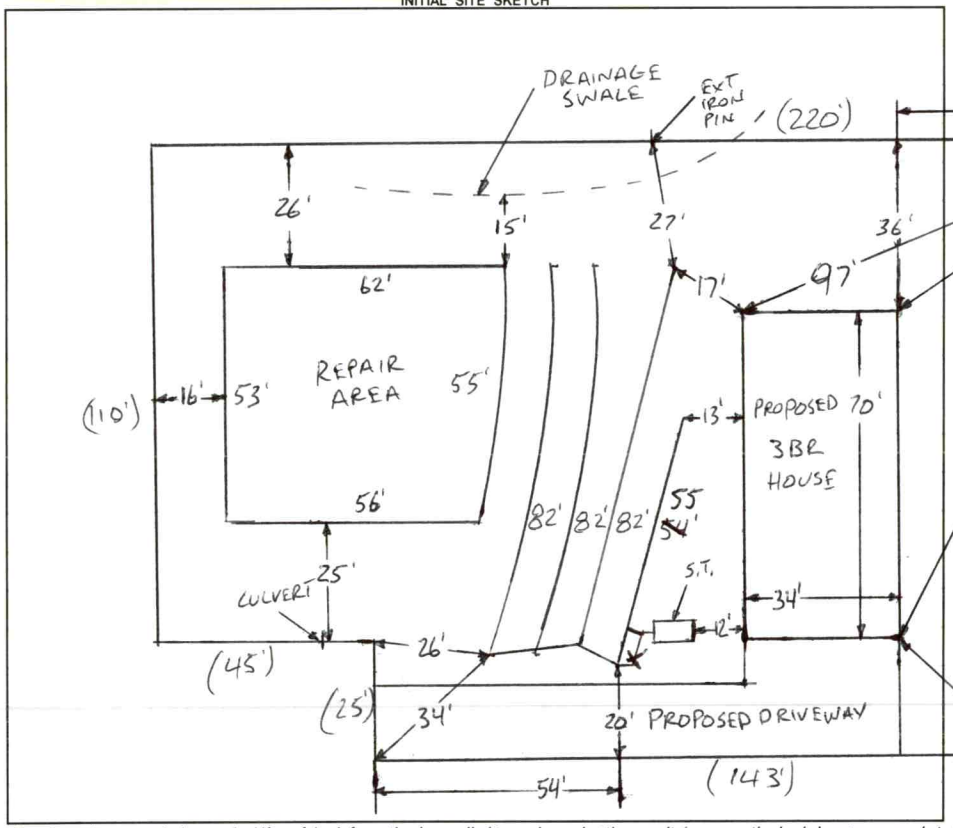
SUBDIVISION: PADGETT FARMS | SECTION: 3 | LOT # 29 | LOT AREA: 0.61 AC | DESIGN FLOW: 360GPD | L.T.A.R.: 0.3 (REPAIR 0.25)

Septic Tank	1000 (gal)	STB 760	Date	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	– (gal)	PT –	Date –	System Description:	25% REDUCTION			☐ Business	No. Persons 6
Pump Make	–	Model –	Serial # –	Repair System Description:	50% REDUCTION			☐ Other	No. Employees –
# Nitrification Fields	1	# Lines 4	Linear Ft 300FT	Maintenance Agreement Required:	☐ YES	☑ NO		☑ Slab	☐ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	30 IN	Gravel Depth –	☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT CUT OR BACKFILL OVER SYSTEM, DO NOT EXCEED A 36IN MAX TRENCH DEPTH, DO NOT SHALLOW UP.

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.

1IN = 40FT

S.T. = SEPTIC TANK

Installed as Drawn

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: 2-22-2023 Installed by: Andrew Daywalt

IMPROVEMENT PERMIT by: Bryant C. White Date: 2-15-2023 OPERATION PERMIT by: [signature] Date: 11/18/25

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 7-24-2025 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		
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? _____	

PERMIT SNAPSHOT REPORT OSWP-2025-80325 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	07/21/2025
Work Class:	EH Septic Permit	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	In Progress	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	White, Bryant	**Approval Expire Date:**	
Description:	A/C NEEDED				

Parcel:	4861325859.000	Main	**Address:**	101 Allen Hills Way Olin, NC 28660	Main

Zone: RA(Residential Agricultural District)

Property Owner	Applicant/Authorized Agent
Jaime Bueno, Jennifer Rodrigez Andrew Martinez 148 Bain Ln Mooresville, NC 28117 Home: (704) 929-9876 Business: (704) 929-9876 Mobile: (704) 929-9876	Jaime Bueno, Jennifer Rodrigez Andrew Martinez 148 Bain Ln Mooresville, NC 28117 Home: (704) 929-9876 Business: (704) 929-9876 Mobile: (704) 929-9876

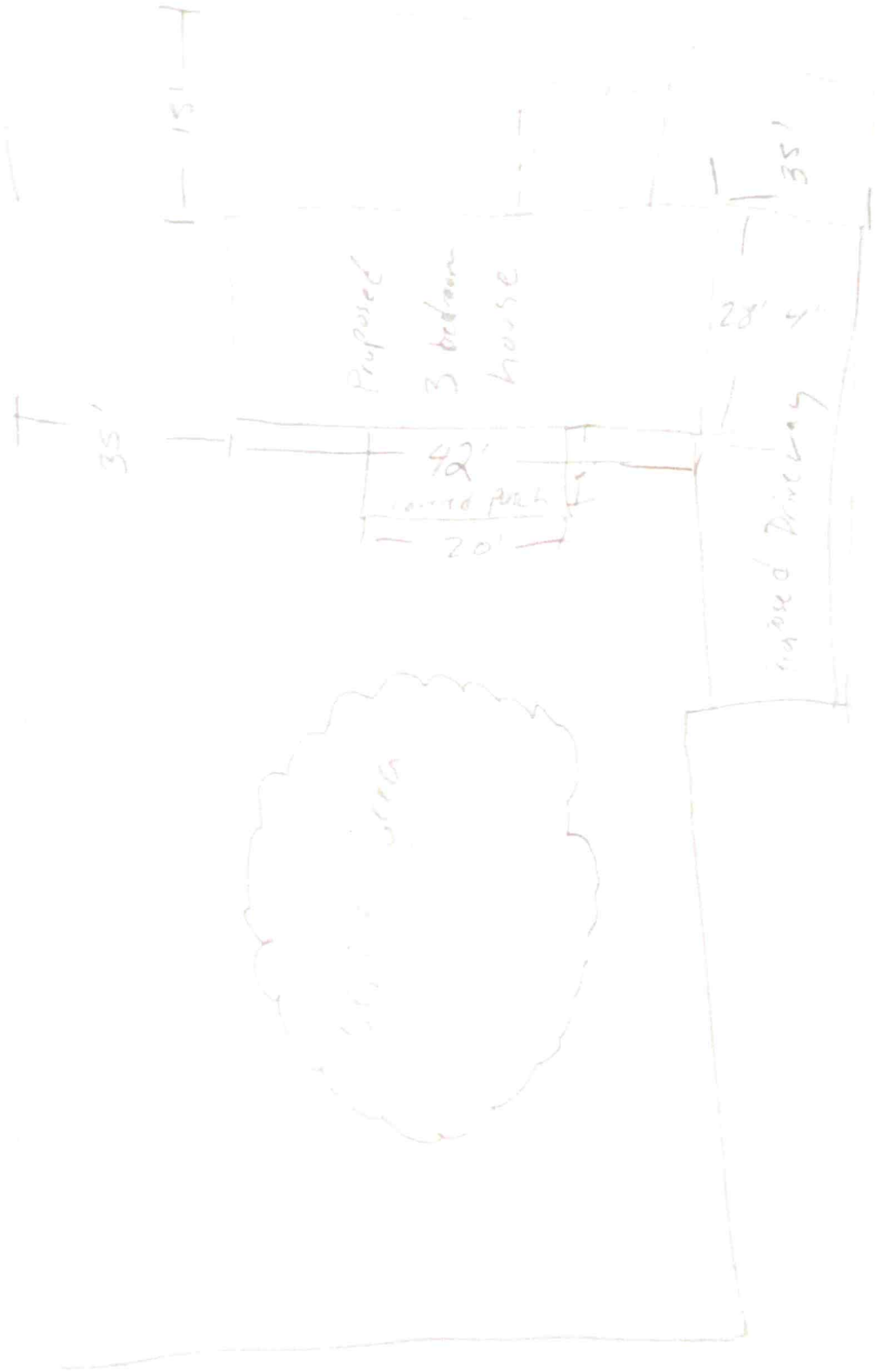
Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Authorization to Construct	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	Please see attached documents for specifics.
What are the proposed structures	New Single-Family Residence - Stick Built	Type of New Single-Family Residence	Stick Built	Maximum Number of Bedrooms	3
If other Addition/Structure, please explain	no other structures to be built.	Number of Occupants	6	Foundation Type	Concrete Slab Foundation
Residential/Business/Other	Residential	Water Supply	Municipal Water	Desired Septic System Type	Conventional (most common)
If other septic system type, please explain		Permit type(s)	Authorization to Construct	Additional Unique Setbacks Apply	No

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Jaime_Bueno_7/22/2025.jpg	07/21/2025 20:56	Andrew Martinez, Jaime Bueno, Jennifer Rodrigez		Uploaded via CSS
(101 ALLEN HILLS WAY_v1.pdf	07/22/2025 8:34	Andrew Martinez, Jaime Bueno, Jennifer Rodrigez	Available Online	
101 allen floor plan_v1.pdf	07/22/2025 8:34	Andrew Martinez, Jaime Bueno, Jennifer Rodrigez	Available Online	
101 Allen Hills Way Map 7-2-25_v1.pdf	07/22/2025 8:34	Andrew Martinez, Jaime Bueno, Jennifer Rodrigez	Available Online	
B1-Site Plan_v1.pdf	07/22/2025 8:34	Andrew Martinez, Jaime Bueno, Jennifer Rodrigez	Available Online	
C1-Authorize to Act as Agent_v1.pdf	07/22/2025 8:34	Andrew Martinez, Jaime Bueno, Jennifer Rodrigez	Available Online	

PERMIT SNAPSHOT REPORT (OSWP-2025-80325)

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		07/22/2025 8:34	07/22/2025 8:34
Confirm application complete v.1	Generic Action		07/22/2025 8:34
~~**Zoning Review v.1**~~			07/22/2025 8:34
~~Floodplain Admin Overview v.1~~	Task		07/22/2025 8:34
~~Iredell County Zoning Approval v.1~~	Task		07/22/2025 8:34
~~Issue Invoice v.1~~	Generic Action		07/22/2025 8:34
~~Fees Paid v.1~~	Generic Action		07/22/2025 8:34
~~**Fees v.1**~~			07/22/2025 8:34
~~Issue Invoice v.1~~	Generic Action		07/22/2025 8:34
~~Fees Paid v.1~~	Generic Action		07/22/2025 8:34
~~**Lot Readiness Verification v.1**~~			07/22/2025 8:34
~~OSWP Septic Preliminary Site Visit v.1~~	Inspection		07/22/2025 8:34
~~OSWP Site Evaluation v.1~~	Inspection		07/22/2025 8:34
Issue Improvement Permit v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Issue Permit v.1	Generic Action		
Permit Completion Process v.1			
Authorization to Construct Permit v.1	Create Sub Permit		
Issue Authorization to Construct v.1	Generic Action		


15'
35'
Proposed
3 bedroom
house
35'
28' 4"
42'
covered porch
20'
Proposed Driveway

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

Sheet 1 of 1
PROPERTY ID #: 4861-32-5857
COUNTY: Iredell

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

OWNER: TODD ELLIS
ADDRESS: 271 COOPER FARM ROAD, STATESVILLE, N.C. 28625
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 101 Allen Hills Way, Olin, NC, 28660
WATER SUPPLY: Private ✓Public Well Spring Other
EVALUATION METHOD: Auger Boring X Pit Cut
TYPE OF WASTEWATER: X Sewage Industrial Process Mixed

APPLICATION DATE 6-7-2022
DATE EVALUATED: 1-30-2023
PROPERTY SIZE: 0.61AC
PROPERTY RECORDED: YES

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 10%	0-9	FILL	MIXED	FEW Y/B 0-18" SAP INC THRU OUT MICA COMMON	52"+	NA	NA	PS .3 36" MAX
		9-24	C, ABK	FI, S, P, SEXP					
		24-52	CL, WABK	FR, SS, SP, SEXP					
2	LINEAR SIDE 10%	0-10	FILL	MIXED	FEW Y/B 0"-16" SAP INC THRU OUT MICA COMMON	55"+	NA	NA	PS .3 36 IN MAX
		10-26	C, ABK	FI, S, P, SEXP					
		26-55	CL, WABK	FR, SS, SP, SEXP					
3	TOE/ FOOT 3%	0-12	FILL	MIXED	FEW Y/B 0"-29" SAP INC THRU OUT MICA COMMON	57"+	NA	NA	PS .25 36 IN MAX
		12-34	C, ABK	FI, S, P, SEXP					
		34-57	CL, WABK	FR, SS, SP, SEXP					
4	TOE/ FOOT 3%	0-12	FILL	MIXED	FEW Y/B 0"-28" SAP INC THRU OUT MICA COMMON	52"+	NA	NA	PS .25 36 IN MAX
		12-37	C, ABK	FI, S, P, SEXP					
		37-52	CL, WABK	FR, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%
Site LTAR	0.3	0.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant Cubbage
OTHER(S) PRESENT:

COMMENTS:

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.

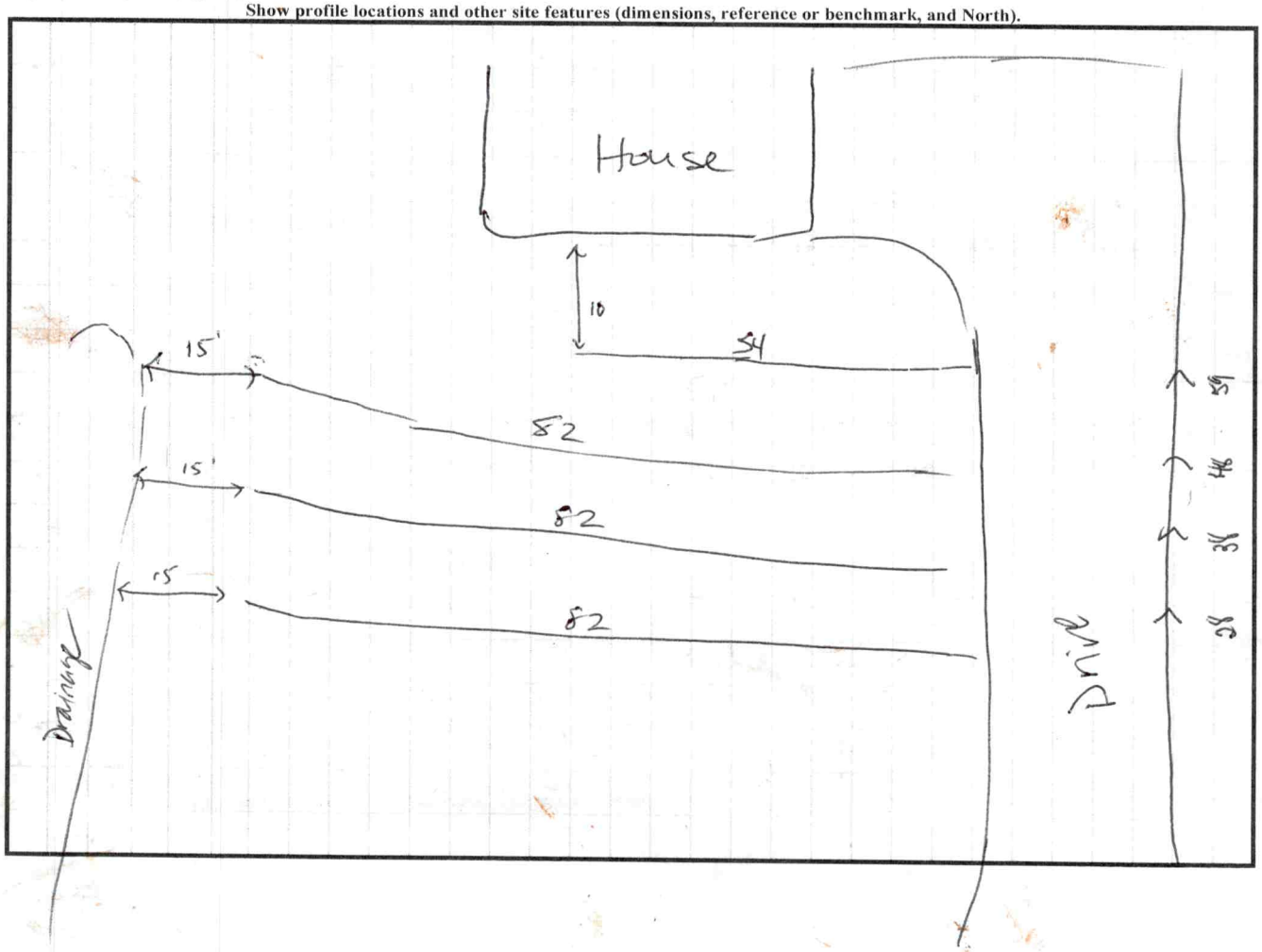
NOTES

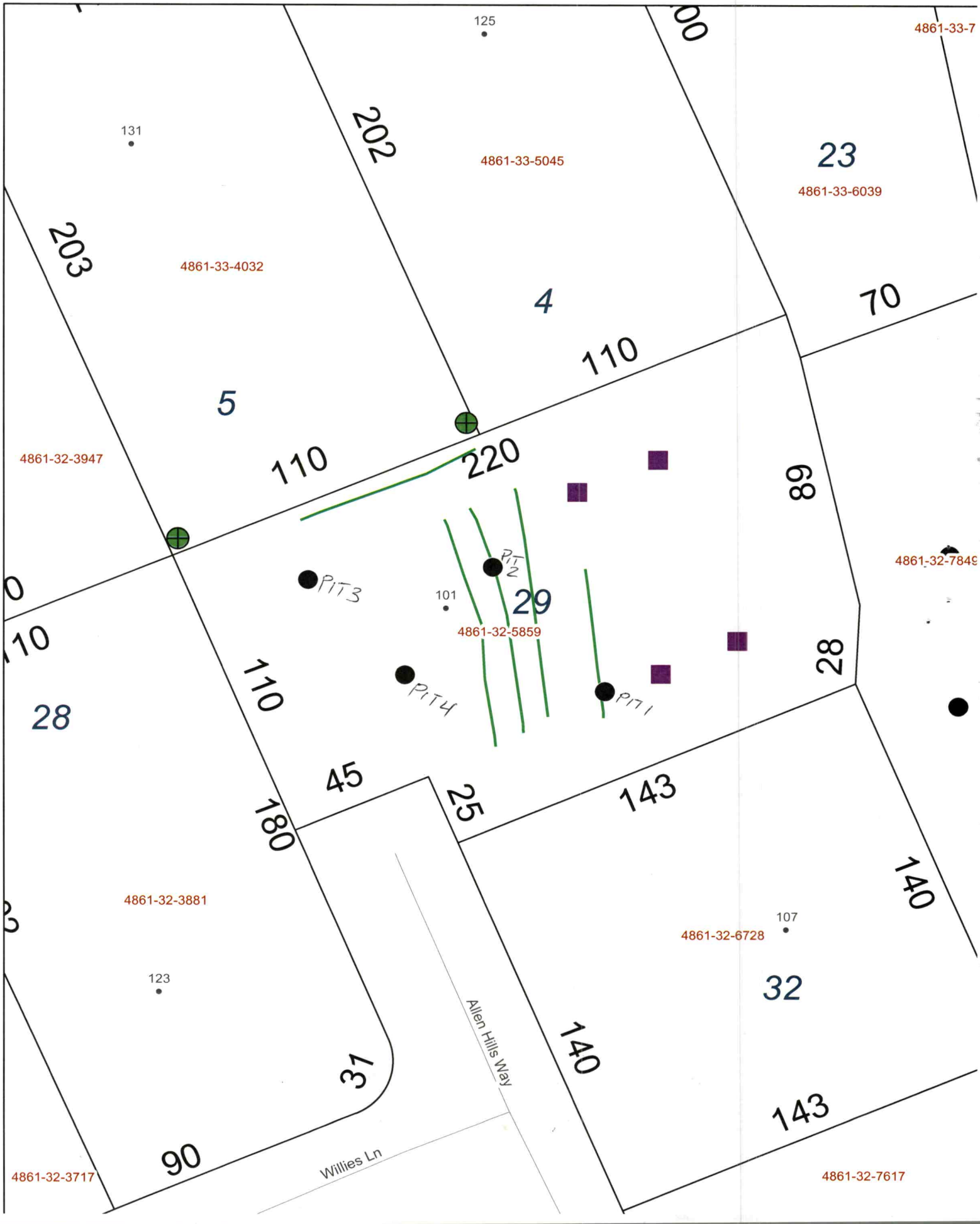
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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).




125
4861-33-7
131
202
4861-33-5045
23
4861-33-6039
203
4861-33-4032
4
70
110
5
4861-32-3947
110
220
89
PIT 3
PIT 2
4861-32-7849
101
29
4861-32-5859
28
110
28
PIT 4
PIT 1
45
25
143
180
140
4861-32-3881
107
4861-32-6728
123
32
Allen Hills Way
31
140
143
90
Willies Ln
4861-32-3717
4861-32-7617

RECEIVED JUN 7 - 2022

Paid $500.00

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

AP- 329402

1. APPLICATION FOR: ___Improvement Permit _X_ 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 _X_ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Todd Ellis	271 Cooper Farm Rd, Statesville, NC 28625	704-902-0119	704-873-7373
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Carolyn Padgett Horne	133 Backrush Court ~~229 Cedar Lake Road~~, Statesville, NC 28625	704-878-2224	704-902-0399

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
101 Allen Hills Way , Olin, NC	Padgett Farms	29

Driving Directions: follow hwy 21 to olin, turn left onto tabor road, turn left onto speaks road, turn left onto Padgett Farms Lane, turn left onto Willies Lane and follow to Allen Hills Way.

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

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

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
(x) 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 (x) Other Public Water Iredell Water

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

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. 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. industry) 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.

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

06/01/22
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:

_____ 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

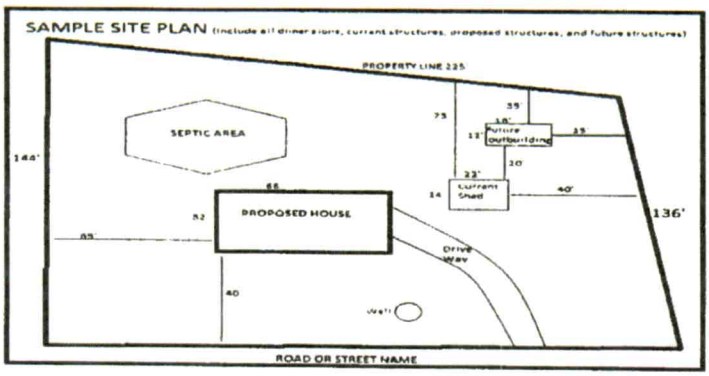
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ Area you prefer your septic system to be placed… **_____ North arrow, or other sufficient indicator of direction…**

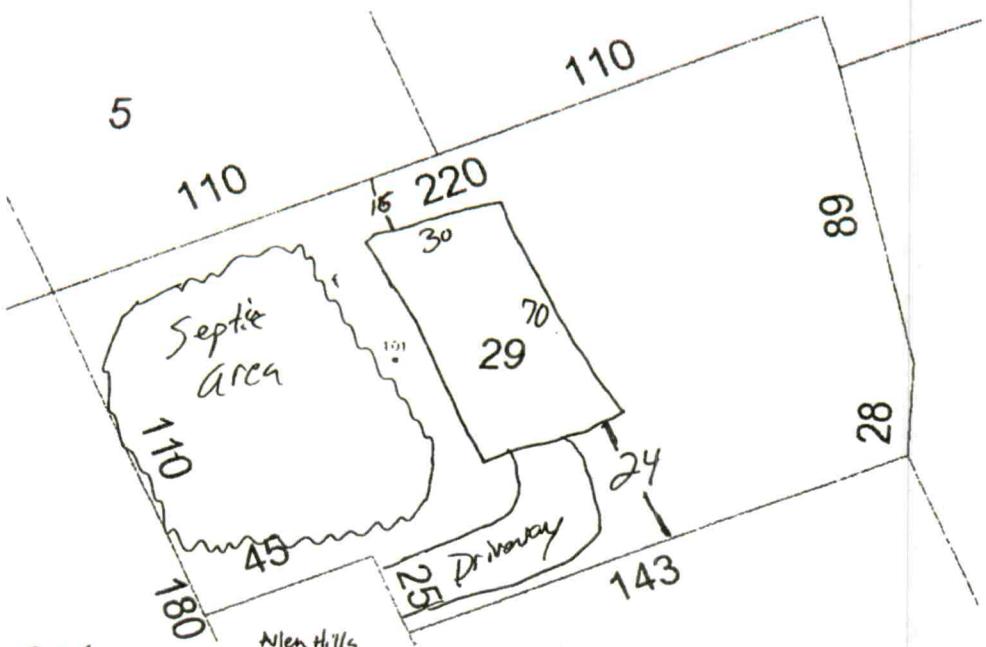
Circle N/A on the following if appropriate:

_____ 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



Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

6-1-22

DATE

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, Carolyn Horne, am the legal owner(s) of the property located at 101 Allen Hills Way, Olin NC, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Ellis Building Company, J Todd Ellis, 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.

Carolyn Paigett Horne
Signature of Owner(s)

6-1-22
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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC PERMITS

The following items* must be completed *PRIOR* to the *SUBMITTAL of the Improvement Permit (IP) Authorization to Construct (AC) / Existing System application packet.

*** Initial each statement to indicate you have read and agree. ****

te **Complete all Environmental Health forms**: septic system application, site plan, new well water application (if applicable), and sign this green sheet **after** you have completed all items. Include a copy of the site Zoning Permit. NOTE: *A Zoning Permit is not required for septic system repairs or expansion where no addition is being made to an existing structure.* All applications requiring zoning must submit completed paperwork and applicable fees to *CENTRAL PERMITTING* before any name will be placed on the service request (appointment) list. Applications not requiring zoning may be submitted and paid for at Central Permitting in Statesville OR the Mooresville office of Environmental Health. Only properly completed applications will be placed on the service request list on a first come, first serve basis. **Incomplete applications will be returned to the applicant.**

te **Lots must be cleared** to allow access and provide good visibility. Structure footprint must be visible and adequate area for septic drain field and repair area must be cleared sufficiently to provide staff room to move about freely, shoot laser level elevations as well as test soil with hand auger, etc. **If they cannot access the lot, you will incur a $100 revisit fee AFTER clearing the lot before Environmental Health will return to the site.**

te Clearly **mark all property corners by locating existing iron or concrete markers**. Flag all property lines every twenty-five feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor and easily identified. 'Mow lines' and/or fence lines do NOT constitute marked lines.

te **Stake or flag the footprint of the proposed building structure or addition to match site plan application**. Without a footprint Environmental Health cannot determine the location and size of a proposed septic system.

te Where an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for the subdivision lot and include a legible copy of the basic floor plan not larger than 11" x 17" for each floor in the structure. Be sure to include any decks, porches, etc.

te In the event that backhoe pits are required for soil evaluation (which cannot be determined until Environmental Health staff arrive to test soil) understand that **you are responsible for securing these services.** This may delay the permitting process, but will not result in the application being returned to the bottom of the work list. You must coordinate with the Environmental Health Specialist when test pits are to be dug. The application will be worked back into the schedule as quickly as possible.

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee and the request being returned to the bottom of the service request list. Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

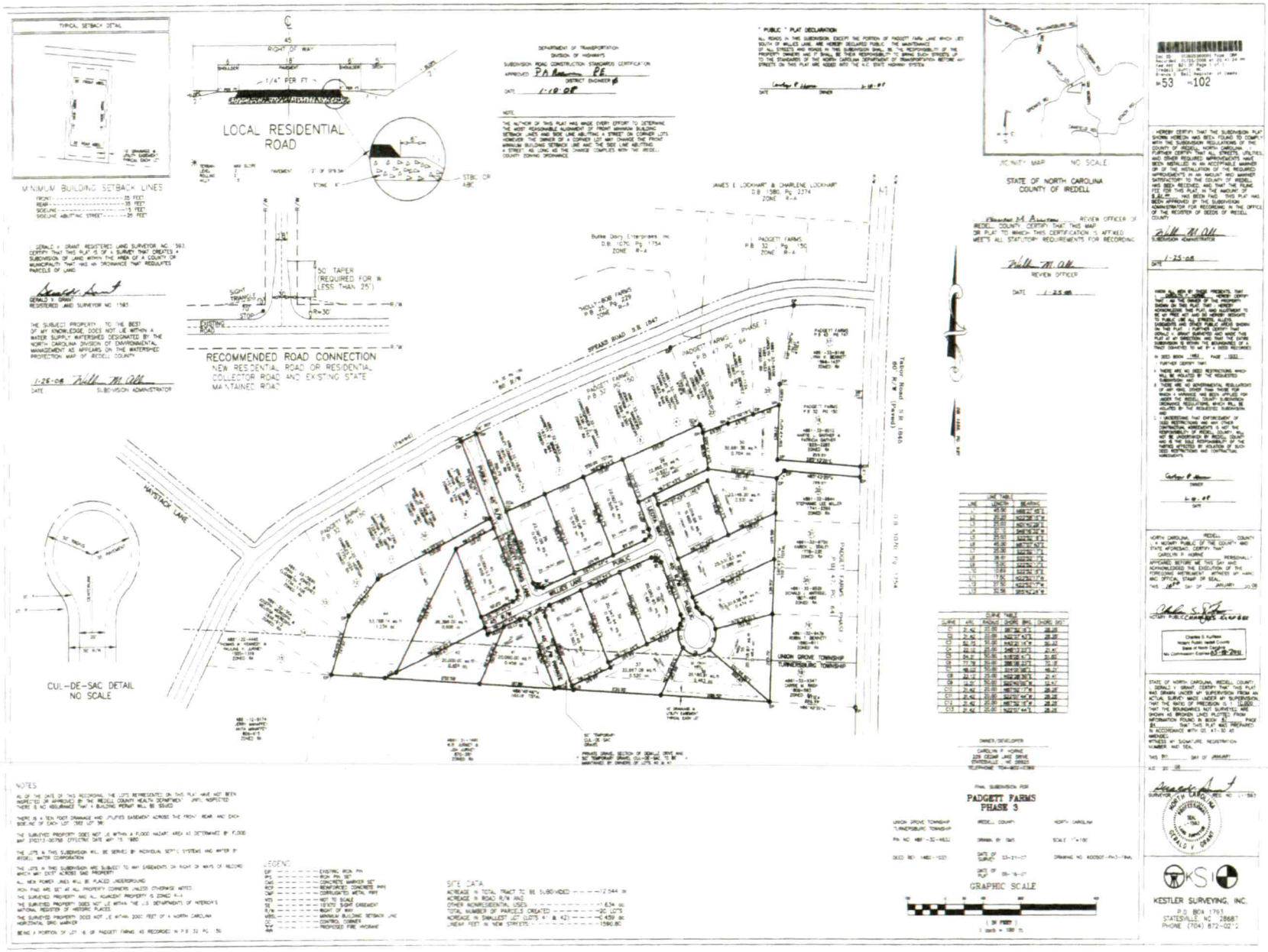
By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated.

Signature _____ **Date** 06/01/22

Questions? Call between 8:00-9:00a.m., to speak with a Registered Environmental Health Specialist.

Statesville Office
349 North Center Street
(2nd Floor-Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456
This office closes for lunch 1:00 – 2:00 daily.

Mooresville Office
610 East Center Avenue
(2nd Floor-Government Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625
This office closes for lunch 12-1:00 daily.



►53 ◄102

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. FURTHER CERTIFY THAT ALL STREETS, UTILITIES, AND OTHER REQUIRED IMPROVEMENTS HAVE BEEN INSTALLED IN AN ACCEPTABLE MANNER OR OF THE INSTALLATION OF THE REQUIRED IMPROVEMENTS IN AN AMOUNT AND MANNER SATISFACTORY TO THE COUNTY OF IREDELL HAS BEEN RECEIVED, AND THAT THE PLAT FOR THIS PLAT IN THE AMOUNT OF $ [illegible] HAS BEEN PAID. 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 1-25-08

I [illegible] AND BY THOSE PRESENTS THAT I AM THE OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON AND THAT I ACKNOWLEDGE THIS PLAT AND AUTHORIZE TO BE FILED FOR RECORD. I HEREBY DEDICATE TO PUBLIC USE ALL STREETS, ALLEYS, WALKS, PARKS AND OTHER SITES SHOWN ON THIS PLAT. I FURTHER CERTIFY THAT THE LANDS INCLUDED HEREIN WERE NOT PREVIOUSLY SUBDIVIDED, AND THAT THE PLAT OF A SUBDIVISION SHOWN HEREON IS WITHIN THE REQUIREMENTS OF A TRACT DESCRIBED IN A DEED DATED [illegible]

IN DEED BOOK 1482 PAGE 1023

I FURTHER CERTIFY THAT:

A. THERE ARE NO DEED RESTRICTIONS WHICH WILL BE VIOLATED BY THE REQUESTED SUBDIVISION; AND

B. THERE ARE NO GOVERNMENTAL REGULATORY OR LAND USE RESTRICTIONS WHICH WILL BE VIOLATED BY THE REQUESTED SUBDIVISION; AND

C. THE PROPERTY IS NOT SUBJECT TO ANY DEED RESTRICTIONS WHICH WILL BE VIOLATED BY THE REQUESTED SUBDIVISION; AND

D. I UNDERSTAND THAT ENFORCEMENT OF DEED RESTRICTIONS AND ANY OTHER GOVERNMENTAL AGREEMENTS IS NOT THE RESPONSIBILITY OF THE COUNTY OF IREDELL OR ANY OF ITS OFFICIALS OR EMPLOYEES, AND THAT IT IS THE SOLE RESPONSIBILITY OF THE PARTIES AFFECTED BY VIOLATION OF SUCH DEED RESTRICTIONS AND CONTRACTUAL AGREEMENTS.

OWNER

DATE

NORTH CAROLINA, IREDELL COUNTY

I, A NOTARY PUBLIC OF THE COUNTY AND STATE AFORESAID, CERTIFY THAT CAROLYN P. HORNE PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICIAL STAMP OR SEAL, THIS 16TH DAY OF JANUARY, 20 08

NOTARY PUBLIC

Charles S. Kuhlke
Notary Public, Iredell County, North Carolina
My Commission Expires 03-28-2011

STATE OF NORTH CAROLINA, IREDELL COUNTY

I, DONALD V. GRANT, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK [illegible] PAGE [illegible]; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH 121 47-30 AS AMENDED.

WITNESS MY SIGNATURE, REGISTRATION NUMBER AND SEAL,

THIS 31ST DAY OF JANUARY, A.D. 20 08

SURVEYOR L-3583

NORTH CAROLINA REGISTERED L-3583 SURVEYOR DONALD V. GRANT

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

APPLICATION NUMBER
329402 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4861325859.000	101 ALLEN HILLS WAY	Iredell County

Owner Information	Applicant Information
Name: HORNE CAROLYN P	Name: Ellis Building Company, LLC
Address:	Address: 271 Cooper Farm Road Statesville, NC 28625
Phone:	Phone: (704)902-0119

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.61	35	35	15	15	N/A	NO

Remarks
sfd/need disc

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.

Date: 06/03/2022

Signature of Owner/Contractor

Permit Number	329402	TOTAL FEES:	$77.25