IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223774

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

PIN # 4864-51-9236 8331

APPLICANT: DONNIE JOE COLEMAN APPLICANT ADDRESS: 105 FOXFIELD DR. HARMONY

SITE ADDRESS: 215 OLD WESLEY RD. HAMPTONVILLE PHONE: 704-498-5217 ALT. PHONE:

SITE DIRECTIONS: 77N TL 901, TR MILLS RD, TL TRIVETTE, TR UNION GROVE, TL OLD WESLEY

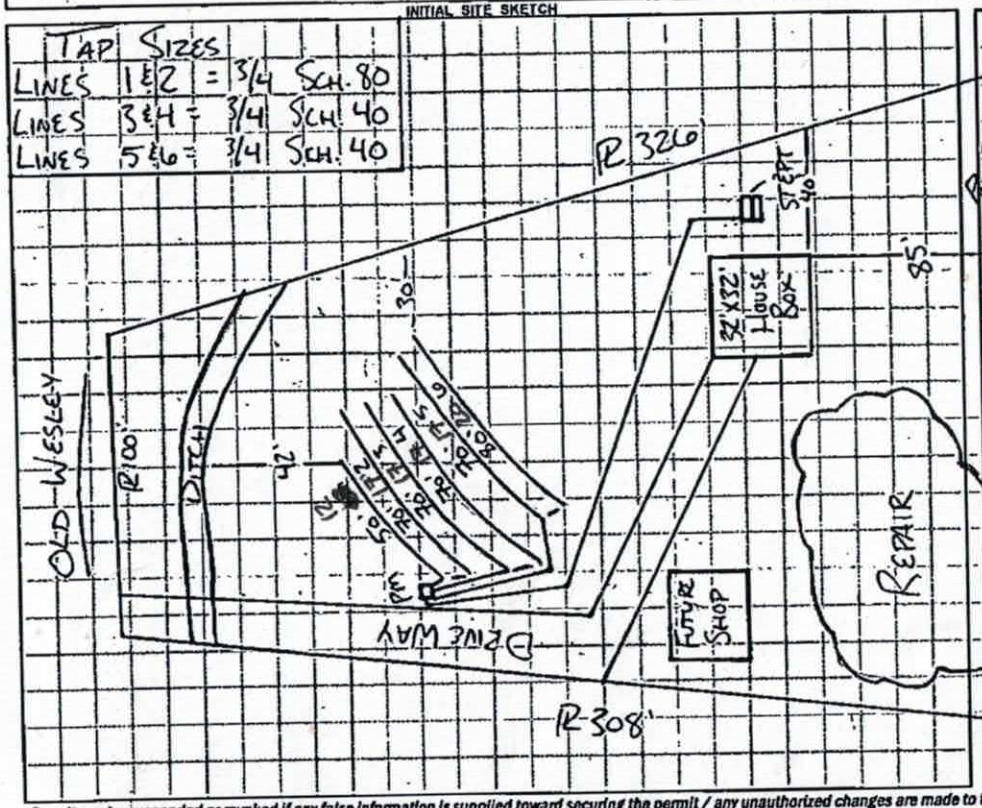
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1.16 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1000	(gal)	STB		Date	>28DAYS	☑ New System	☐ Repair	☐ Expansion	System Type: I II ☑ III IV V VI	
Pump Tank	1000	(gal)	PT		Date	>28DAYS	System Description:			PM - 25% REDUCTION	
Pump Make	ZOELLER	Model			Serial #		Repair System Description:			SAME	
# Nitrification Fields	1	# Lines	6		Linear Ft:	400'	Maintenance Agreement Required:		☐ YES	☑ NO	
Trench Width	36"	(Max) Trench Bottom Depth		36"	Gravel Depth	—			☐ GRAVITY	☑ PRESSURE	

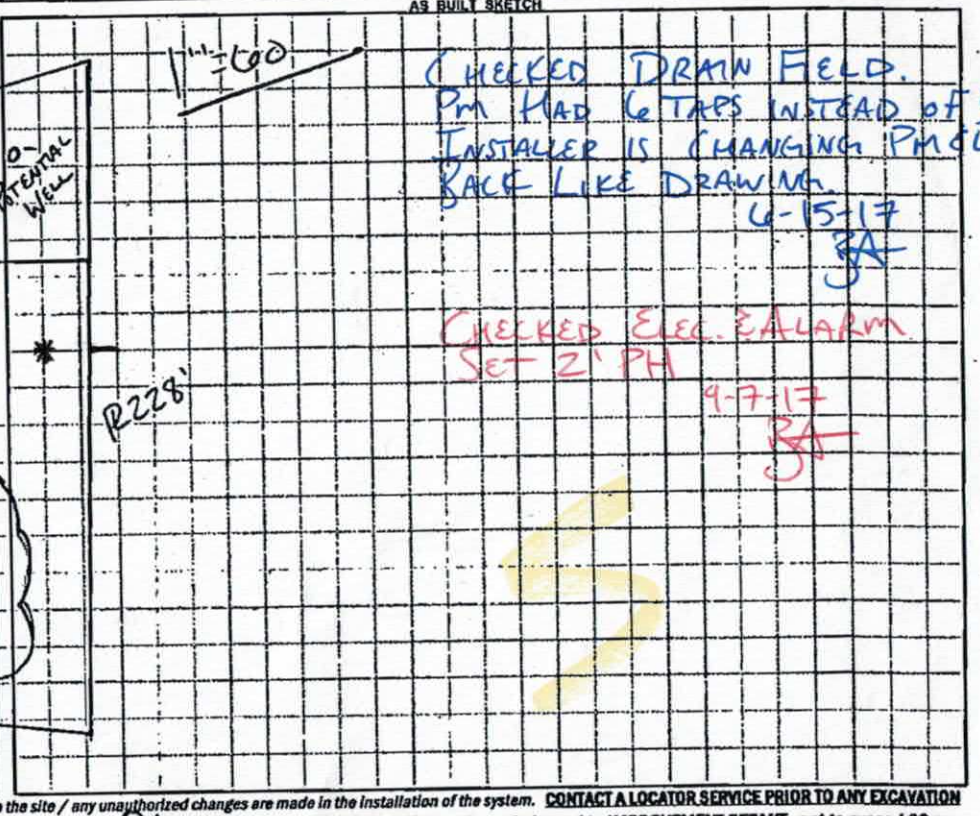
☑ Residence	No. Bedrooms	4	Water Supply		
☐ Business	No. Persons	8	☑ Private	☐ Public	☐ Community
☐ Other	No. Employees				
☐ Slab	☑ Crawl Space				
☐ Basement w/plumbing	☐ Basement w/o plumbing				

Comments / Conditions:

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. **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: Joe Coleman BA Date: 1-27-17 Installed by: TONY BALL BA Date: 9-7-17

IMPROVEMENT PERMIT by: BA Date: 1-23-17 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: BA Date: 2-9-17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

old wesley

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Donnie Dale Coleman — APPLICATION DATE _____
ADDRESS: 705 Foxhall Drive Hermon? — DATE EVALUATED: 1/6/2016
PROPOSED FACILITY: House 4BR — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE: _____
LOCATION OF SITE: 215 old Wesley Hephzibah NC — PROPERTY RECORDED: _____
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut — TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

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	9% Base Slope	0-6	SCL WSBK	SSSP FR SEXP.	2.5YR4/6 mica Litho mottles.	48	—	—	P.S. .3 LTAR
		6-32	C MSBK	SSSP FM SEXP.					
		32-48	CL WSBK	SSSP FR SEXP.					
2	12% Base Slope Toeslope	0-15	SCL WSBK	SSSP FR SEXP	very wet	37	—	10YR5/1 10YR6/4 water moment @37.	possible Drip P.S. .2 LTAR shallow depth
		15-23	C ABK MSBK	SSP FM SEXP					
		23-37	C SBK ABK	SSSP FM SEXP.					
3	Base 12% Slope Toeslope	0-12	SCL WSBK	SSSP FR SEXP.	wet	36	—	Same 10YR6/4 water moment @36.	possible Drip P.S. .2 LTAR Max 20 inch.
		12-30	C SBK MABK	SSP FM SEXP					
		30-36	C SBK ABK	SSP FM SEXP					
4	2% Base Slope Shoulder	0-3	SCL WSBK	SSSP FR SEXP.	2.5YR4/6	48.	—		P.S. .3 LTAR
		3-24	C SBK	SSSP FM SEXP.					
		24-49	CL WSBK	SSSP FR SEXP.	2.5YR6/6 w/gray litho mottles				

* to much Slope for Slopes

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
old work for ON-SITE WASTEWATER SYSTEM

OWNER: APPLICATION DATE
ADDRESS: DATE EVALUATED:
PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949): PROPERTY SIZE:
LOCATION OF SITE: PROPERTY RECORDED:

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	Back Slope 9%	0-12	scl wsbk	ss sp mfr sexp	2.5YR 4/6.	48	—	—	P.S. .3LTAR
		12-24	c sbk	ss sp fm sexp					
		24-48	cl wsbk	ss sp vfr sexp.	2.5y 4/6. Somewhat e24				
6	Back Slope 9%	0-12	scl wsbk	ss sp mfr sexp.		48	—	—	P.S. .3LTAR
		12-21	c sbk	ss sp fm sexp	2.5YR 4/6.				
		21-48	cl wsbk	ss sp vfr sexp.	Mica + Lttle mottles Sap inclusions				
1	Toe 9%	0-12	scl wsbk	ss sp fr sexp.		48.	—	—	P.S. .3CTAR
		12-32	c sbk	ss sp fm sexp	2.5YR 4/6.				
		32-48	cc wsbk	ss sp vfr sexp	Sap inclusions e32				
	Shoulder 8%	0-10	occ wsbk	ss sp fr sexp		4/8	—	—	P.S. .3CTAR
		10-24	c msbk	ss sp fm sexp.	Yellow brown mottles				
		24-45	c sbk	ss sp fm sexp	no mottles				
		45	cl b2y wsbk	sss p fr sexp.	Few Fine				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400	Yes
System Type(s)	25% Rmv	25%
Site LTAR	.3	.3 LTAR

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

COMMENTS:

223774

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)

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 #
Dannie Joe Coleman	105 Foxfield Dr Harmony 28634	704 539-5234	704 498 5217
Kellie Roten	215 old Wesley Rd Hamptonville 27020	704 902-7727	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
215 Old Wesley Rd Hamptonville 27020		

Driving Directions: I77 north exit 65 take Left on 901 Trun right onto Mullis rd go to end take right onto [illegible] go to end take Left onto Trivette rd go to end take right onto Union Grove rd ¼ mile turn Left on Old wesley rd Bess Church ch. will be on left

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 4
Maximum Number of Occupants 5
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 ____ *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:** Dannie Coleman
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12-13-2016
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, Kellie C. Rotten, am the legal owner(s) of the property located at 215 old Wesley rd Hamptonville 27020, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Donnie Coleman, 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.

Kellie C Rotten, II — 12-13-16
Signature of Owner(s) — Date

_____ _____
Signature of Witness — Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health

Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
09/15/2017

Owner: Donnie Joe Coleman
Address: 205 Old Wesley Rd Hamptonville NC

Subject: Notice of Intent to Revoke/Suspend : 205 Old Wesley RD

Dear Donnie Joe Coleman :
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 205 Old Wesley Rd for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization III determined the following violations:

Violation	Law or Rule Citation
Removal of Septic Repair Area	

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 09/15/2017. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Benjamin A. Bethea
Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

9/15/2017. (Date)

Owner: Donnie Joe Coleman
Address: 205 old Wesley RD
Hamptonville, NC

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
permit# 223774/Donnie Joe Coleman/205 old Wesley RD

I, Joe Coleman, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 1-27-17 for a system
(date)

_____
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Joe Colem
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Administrative Appeal Rights

You have a right to a formal appeal before any permit is revoked. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. To get a copy of a petition form, you may write the Office of Administrative Hearings or call the office at (919) 431-3000 or download it from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. N.C. General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

Please note: If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS.** Meeting the 30 day deadline is critical to your formal appeal.

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Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in N.C. General Statute 150B-23 that you send a copy to the Office of General Counsel, N. C. Department of Health and Human Services.

You may call or write the local health department if you need any additional information or assistance.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223774

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

PIN # 4864-51-9236

APPLICANT: Donnie Joe Coleman APPLICANT ADDRESS: 105 Foxfield Dr. Harmony

SITE ADDRESS: 215 Old Wesley Rd. Hamptonville PHONE: 704-498-5217 ALT. PHONE:

SITE DIRECTIONS: 77N TL 901, TR Mullis Rd, TL Trivette, TR Union Grove, TL Old Wesley

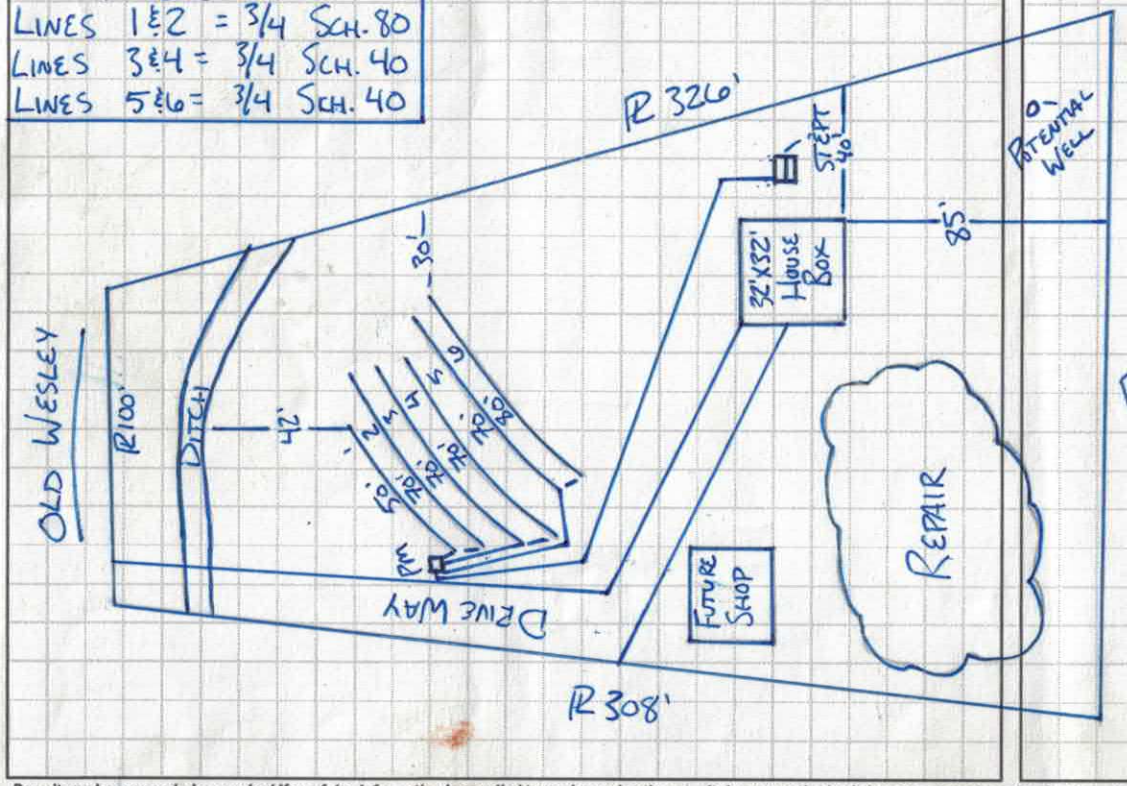
SUBDIVISION: SECTION: LOT # LOT AREA: 1.16 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI		☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT		Date		System Description:			PM - 25% Reduction		☐ Business	No. Persons	8	☒ Private
Pump Make			Model		Serial #		Repair System Description:			Same		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	6	Linear Ft:	400'		Maintenance Agreement Required:	☐ YES	☒ NO			☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	—			☐ GRAVITY	☒ PRESSURE			☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions:

INITIAL SITE SKETCH

TAP SIZES
LINES 1&2 = 3/4 SCH. 80
LINES 3&4 = 3/4 SCH. 40
LINES 5&6 = 3/4 SCH. 40



AS BUILT SKETCH

1"=60

Revoke

Due to Repair Area being Destroyed. See permit 9/15/17 From B. Bottcher

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: Joe Cole Date: 1-27-17 Installed by:

IMPROVEMENT PERMIT by: Date: 1-23-17 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 2-9-17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

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...

X Area you prefer your septic system to be placed...

____ Preferred driveway location and configuration, preferred well location...

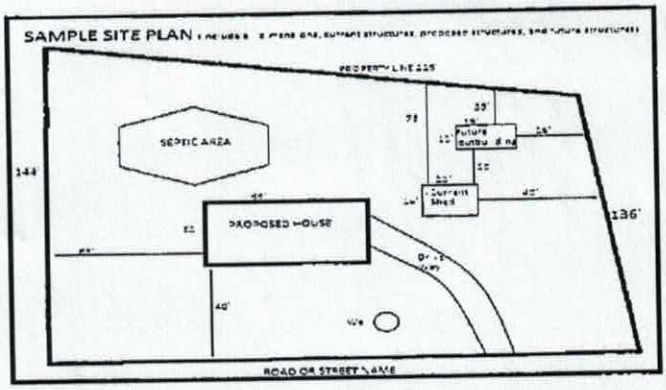
____ North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

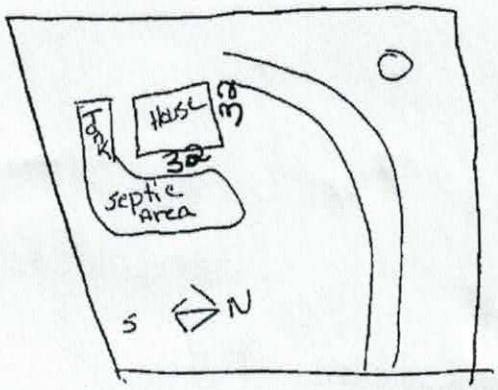
____ Location of septic systems and wells within 100' of your property... N/A

____ 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



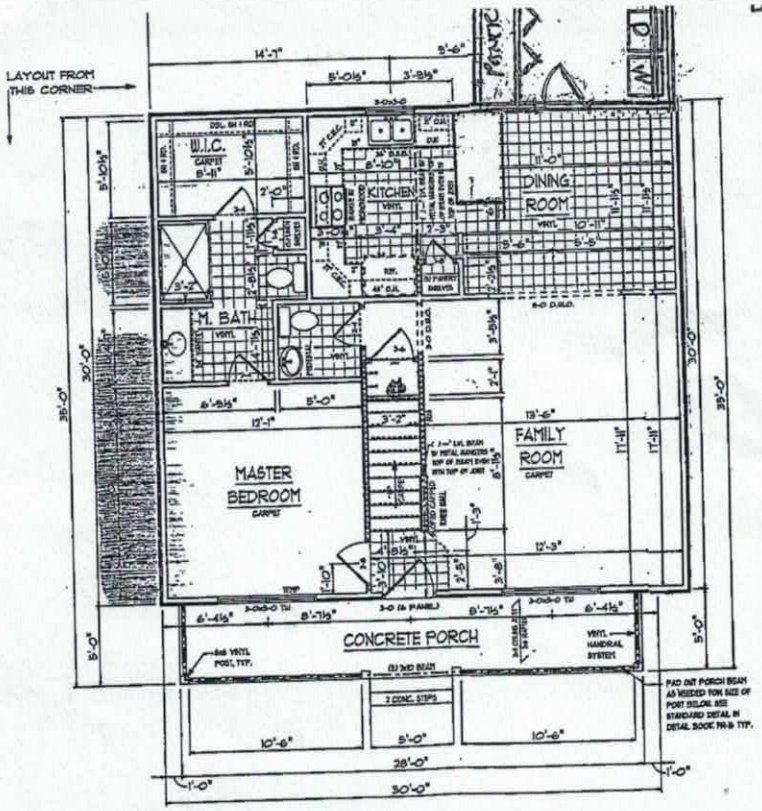
Signature: Kellie C Reiter

REQUIRED property owner or owner's legal representative signature.

12-13-19

DATE

223774 21506 Wesley

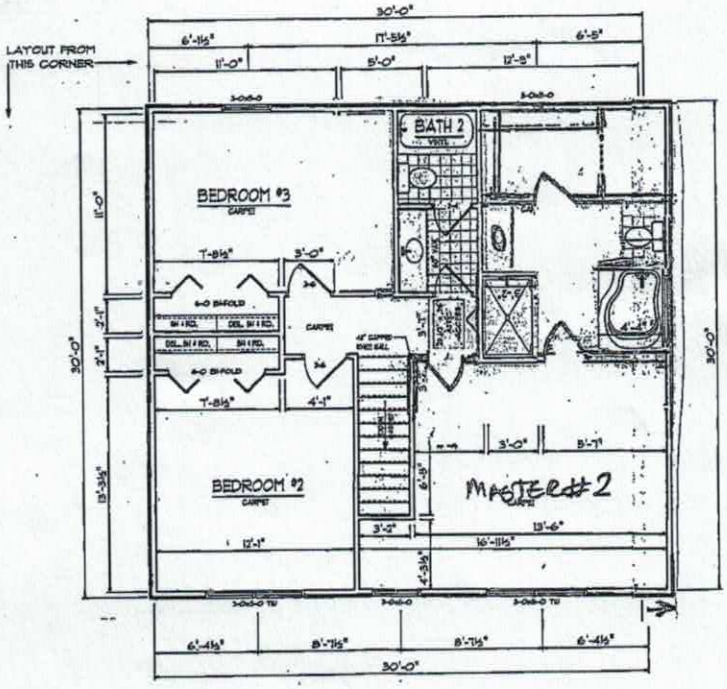


1 / A-3 FIRST FLOOR PLAN
SCALE 1/8"=1'-0"

ACKNOWLEDGEMENT
PLANS SUBMITTED ON
Date 2-9-17
Date 2-1-2017

COPYRIGHT SEDGEWICK HOMES, LLC, 2009, ALL RIGHTS RESERVED

CREATED: 12.



1 / A-4 SECOND FLOOR PLAN
SCALE 1/8"=1'-0"

223774 215 Old Wesley

Plans Submitted ON
Date 2-9-17
Date 2-1-2017

SQUARE FOO
1ST FLR HEATE
2ND FLR HEATE
TOTAL HEATED:
FRONT PORCH
REAR PORCH
TOTAL SQFT:
SOLD BY:
DRAWN BY:
DRAWING D
PRELIM:
FINAL:
REVISED:

SEDGEWICK HOMES PROUDLY PRESENTS THE:
OAKBROOK

SHEET NU
A-
OF SI

HT SEDGEWICK HOMES LLC. 2009. ALL RIGHTS RESERVED

CREATED: 12.1.18

IREDELL COUNTY

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

APPLICATION NUMBER
223774
Issue Date: 12/13/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4864519236.000	215 OLD WESLEY ROAD, HAMPTONVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: LIPPARD CHUCKIE A+CAMILLA H	Applicant: COLEMAN EVELYN L+DONNI
Address: 215 OLD WESLEY RD HAMPTONVILLE, NC 27020	Address: 105 FOXFIELD DR HARMONY, NC 28634
Phone:	Phone:

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
15.940	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	88131	TOTAL FEES:	$ 77.25