ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 3242608

BLDR-2022-12005

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

PIN # 3774 -- 84 -- 1811

APPLICANT/OWNER: Thomas & Lynn Deatherage APPLICANT ADDRESS: 1714 Darian Dr, Elizabeth City

SITE ADDRESS: 167 Rivercliff Dr, Stoney Point 28678 PHONE: 252-619-2809 ALT. PHONE 252-619-2792

SITE DIRECTIONS: Sharon School - Stewart Rock - Fulbright - Riverwalk - Rivercliff SAP CONTROLLED: ☐ YES ☒ NO

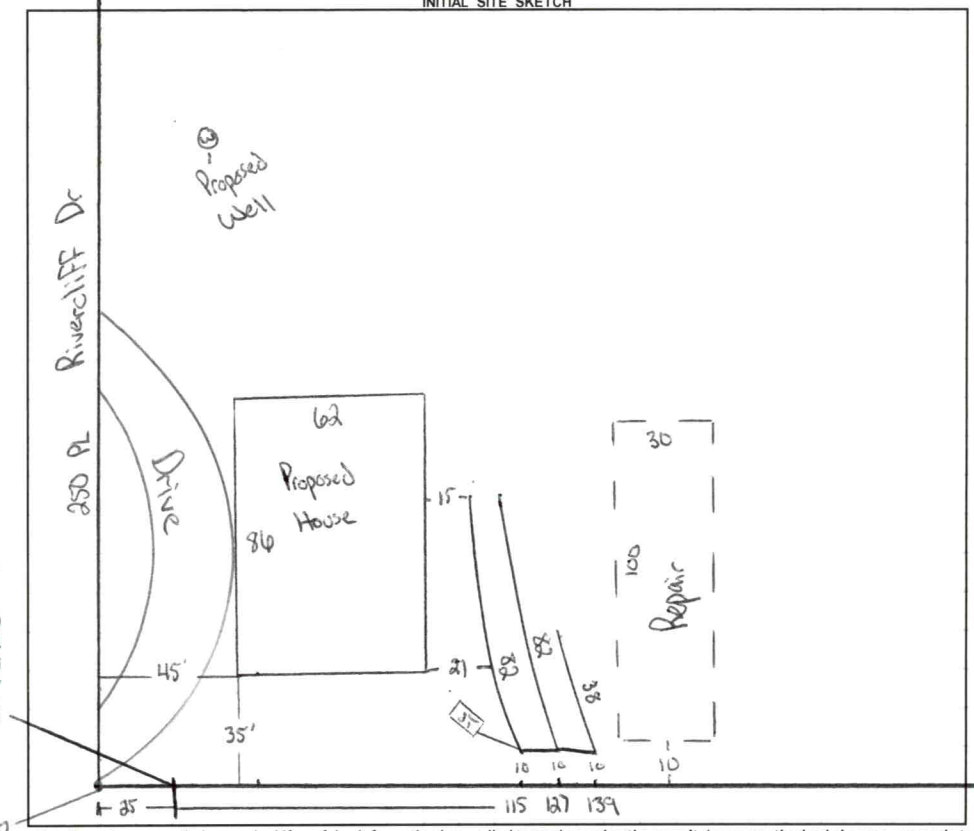
SUBDIVISION: Riverwalk SECTION: 5 LOT # 59 LOT AREA: 4.16 acres DESIGN FLOW: 240 gpd L.T.A.R.: 3

Septic Tank	1000 (gal)	STB 760	Date 2-28-23	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	2	Water Supply
Pump Tank	(gal)	PT	Date	System Description: 25% reduction				☐ Business	No. Persons	4	☒ Private
Pump Make	Model		Serial #	Repair System Description: 25% reduction				☐ Other	No. Employees		☐ Public
# Nitrification Fields	1 # Lines 3		Linear Ft 200'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36 in Trench Bottom Depth(Low side) 21 in		Gravel Depth –		☒ GRAVITY	☐ PRESSURE		☒ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install drainlines on contour of the land. Utilize serial distribution.

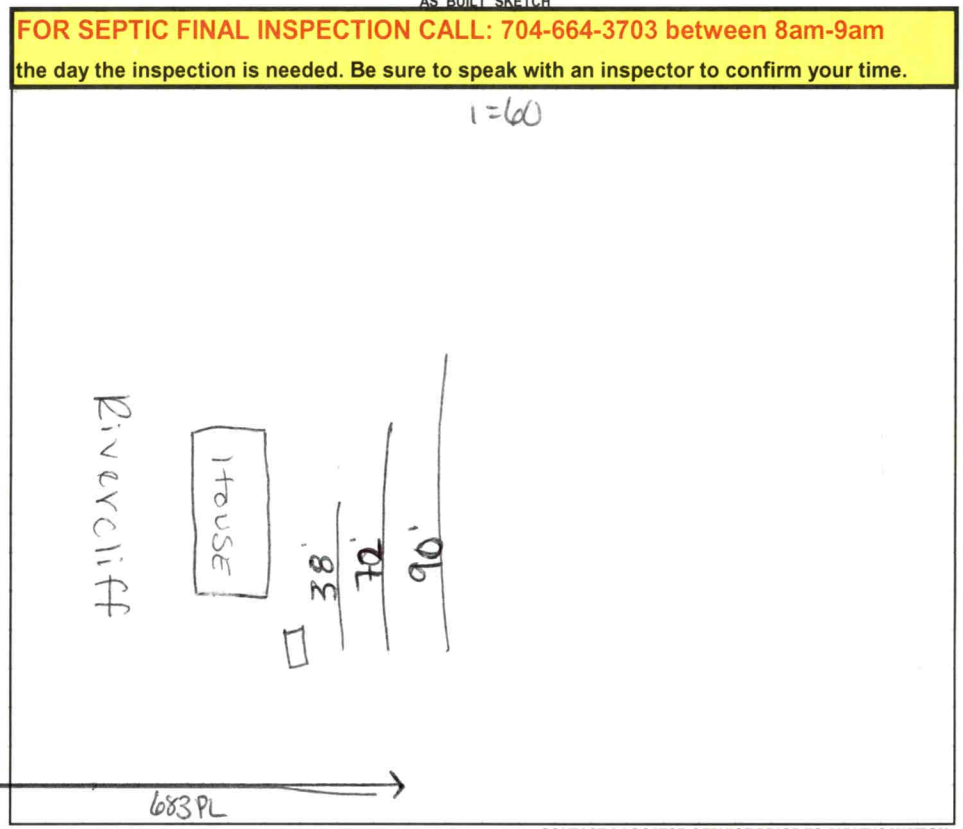
Do not grade, park, or drive on septic area. Repair will need cover to not be SAP controlled. 1767 PL

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.



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: Thomas K Deatherage Date: 10/04/2022 Installed by: Jake Williams

IMPROVEMENT PERMIT by: Cary Whit Date: 2/18/22 OPERATION PERMIT by: Sydney Holland Date: 4/20/23

AUTHORIZATION TO CONSTRUCT by: Cary Whit Date: 10/4/22 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? _____	

CONNECTGIS WEB HOSTING

North Carolina Iredell County

Iredell
Printed February 16, 2022
See Below for Disclaimer



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

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

Sheet 1 of 1
PROPERTY ID #: 377484181
COUNTY: Iredell

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

OWNER: Thomas & Lynn Deatherage
APPLICATION DATE 1/6/22
ADDRESS: 1714 Darian Dr, Elizabeth City
DATE EVALUATED: 2/16/22
PROPOSED FACILITY: 2 bdrm home
PROPOSED DESIGN FLOW (.1949): 240 gpd
PROPERTY SIZE: 4.16 acres
LOCATION OF SITE: 167 Rivercliff
PROPERTY RECORDED: yes

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	Side 30%	0 - 6	SCL SBK	SS SP FR SE	–	40	Common SAP inc in CL layer		.35 PS
		6 - 40	CL SBK	SS SP FR SE					
		40 61	SAP LS	SS SP FR SE					
2	Foot 22%	0 - 6	SCL SBK	SS SP FR SE	–	57	Heavy SAP inc at 52+		.35 PS
		6 - 57	CL SBK	SS SP FR SE					
3	Side 38%	0 - 6	SCL SBK	SS SP FR SE	–	64	Common SAP inc in CL layer		.3 PS
		6 - 33	C SBK	SS SP FR SE					
		33 - 64	CL SBK	SS SP FR SE					
4	Side 32%	0 - 8	SCL SBK	SS SP FR SE	–	56	–	–	.3 PS
		8 - 20	C SBK	SS SP FR SE					
		20 - 56	CL SBK	SS SP FR SE					

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

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

COMMENTS:

Updated February 2014

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.

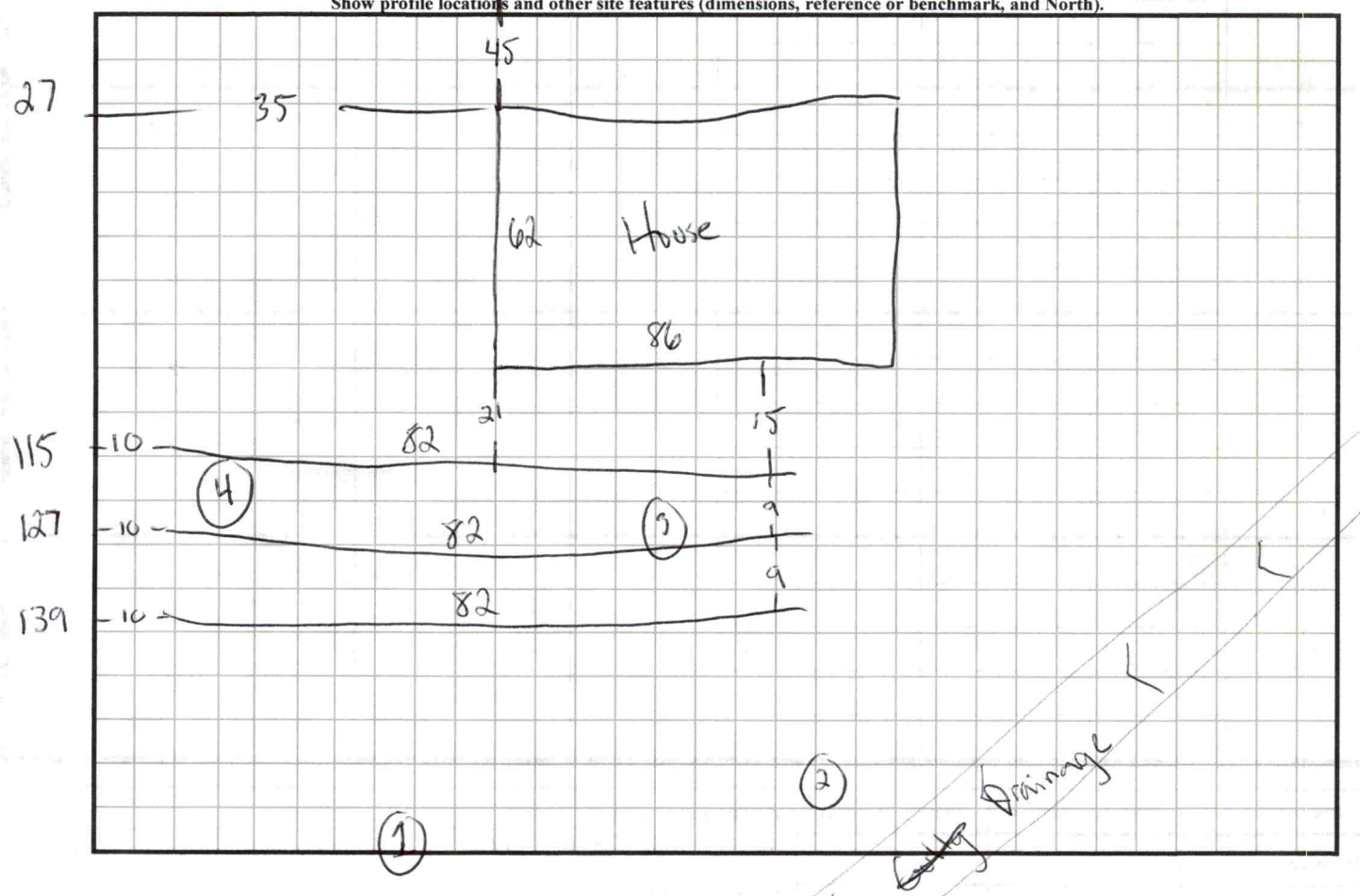
NOTES

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/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



4

CW

RECEIVED JAN 06 2022

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-324268 $500.00

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair
(NEW)

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: Thomas & Julia Lynn Deatherage Address: 1714 Darian Drive, Elizabeth City, NC Zip: 27909
Applicant Email: JLdeatherage@aol.com Phone: 252 619 2909 Alt. Phone: 252 619 2792
Owner Name: Thomas & Julia Lynn Deatherage Address: 1714 Darian Drive, Elizabeth City, NC Zip: 27909
Owner Email: JLdeatherage@aol.com Phone: 252 619 2809 Alt. Phone: 252 619 2792

Property Information: lynndeatherage28@gmail.com

Street Address: 167 Rivercliff Drive, Stoney Point, NC 28678
Subdivision Name: River Walk Section/Phase: 5 Lot Number: 59
Driving Directions: I-40 W → Exit 141 Sharon School Road Turn left Stewart Rock Road Turn left 4.16 acres Fulbright Road, Turn right Riverwalk Gate - Turn right Rivercliff Dr Property on Right #167

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: 2
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: 1 (one) Number of Persons: 2 (two)
(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: New
( ) No Preference ( ) Alternative (X) 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: Thomas & Julia Lynn Deatherage
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

28 DEC 2021
DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: ***SITE PL***

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPL***
COMPLETION AND MAY RESULT IN A DELAY IN TH
YOUR SEPTIC SYSTEM PERMIT!!!

Place an (X) beside each item as you complete the site plan:

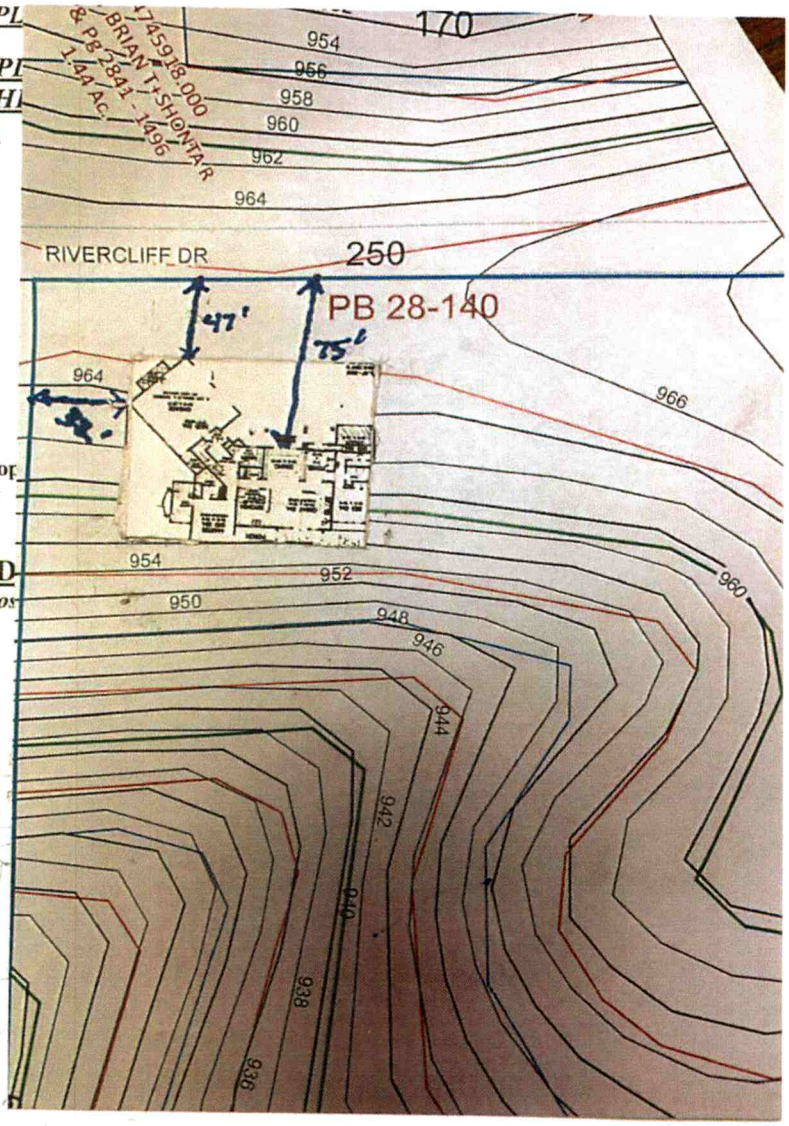
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your prop
Location of easements and rights of ways on your property
Location of any designated wetlands on the property

USE THIS SPACE TO D

Show: proposed house or business footprint, wells, water lines, patios



Signature: Julia Lynn Deatherage
Thomas Lee Deatherage
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

28 Dec 2021
DATE

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

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*) Thomas Lee Deatherage

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, THOMAS L & JULIA L DEATHERAGE, am the legal owner(s) of the property located at 167 RIVERCLIFF DRIVE, STONEY POINT, NC 28678, identified as PIN (Parcel Identification Number) 3774-84-1411.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) BILLY LOVE DBA LOVE GRADING (Contractor TBD), 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.

Thomas Lee Deatherage Julia Lynn Deatherage — Signature of Owner(s)

28 DEC 2021 — Date

Mooresville - Environmental Health

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

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ***

____ **Complete all Environmental Health forms**:

AB Application

AB Site Plan including the dimensions of proposed structure, addition, pool etc.

— AB Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)

— N/A Copy of Zoning Permit when applicable

AB Sign this sheet after you have completed all items

AB **Lot must be cleared of heavy undergrowth**. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

AB **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

AB **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted**. The proposed structure, etc. must be staked out on the property as per the site plan.

— N/A **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. 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.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Thomas Lee Beaty **Date** 28 Dec 2021

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (1st Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY · NC

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

APPLICATION NUMBER
324268
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3774841811.000	167 RIVERCLIFF DR	Iredell County

Owner Information	Applicant Information
Name: DEATHERAGE THOMAS L+JULIA L P	Name: DEATHERAGE THOMAS L+JULIA L P
Address: ,	Address: ,
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
4.16	35	35	15	15	WSIV-CA Lookout Shoals	NO

Remarks
SFD

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: 12/29/2021

Signature of Owner/Contractor

Permit Number	324268	TOTAL FEES:	$77.25

374268

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built X Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
NO CURRENT STRUCTURES ON PROPERTY AT THIS TIME

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 2 and stories? 1

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): Approx. 2025 SQFT

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Thomas & LYNN DEATHERAGE Phone # 252 619 2809

Owner's Current Address 1714 DARIAN DRIVE, ELIZABETH CITY, NC 27909

Property Information

Property Address 167 RIVERCLIFF DRIVE Parcel # 3774-84-1811.000

Subdivision: RIVERWALK Lot: 59 Zoning:___ Watershed: Y or N Flood Plain: Y or N Township:___

Directions to property (from a MAIN ROAD) I-40W Exit 141 Sharon Sch. Rd, Continue to Stewart Rock Rd Turn Rt @ Turn left. Turn left onto Fulbright Rd, Riverwalk Gate, turn rt @ Gardner Point Dr, Turn right onto Rivercliff Dr, property is on the left, #167

Application Information

Applicant's Name or Company THOMAS & JULIA LYNN DEATHERAGE Applicant's Phone # 252 619 2809

Applicant's Address 1714 DARIAN DRIVE ELIZABETH CITY, NC 27909

If Company, Representative's Name and Title _____

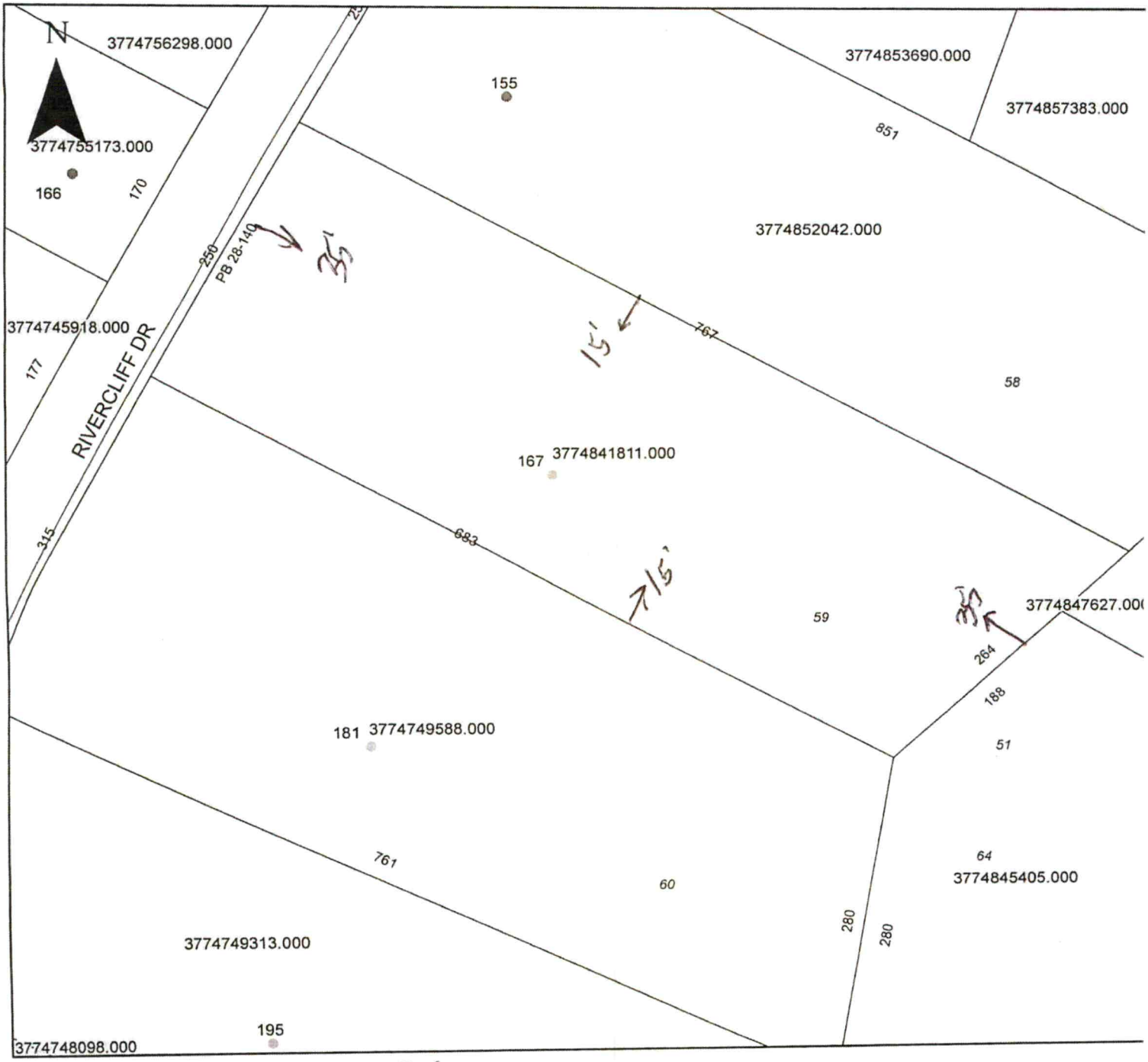
IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT Julia Lynn Deatherage DATE 28 DEC 2021

acres 4.16
1 recee
RA

Lookout Shoals
WS-IV-CA
Flood - NO

ZONING DISCLAIMER



Property Address 167 Rivercliff Dr

The applicant certifies that there are no deed restrictions, contractual agreements or governmenta regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, pla conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Thom Lee Realty

Julie Lynn Deatherage

Dec. 29, 2021

Dat

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
R14188

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$1,127.25**
AP-324268 Address: 167 RIVERCLIFF DR APN: 3774841811.000			**$1,127.25**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
EH WELL PROGRAM			$550.00
NEW WELL PERMIT	10492751-447004	0	$550.00
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
TOTAL FEES PAID BY RECEIPT:R14188			**$1,127.25**

Date Paid: Wednesday, December 29, 2021

Paid By: DEATHERAGE THOMAS L+JULIA L P

Cashier: AP

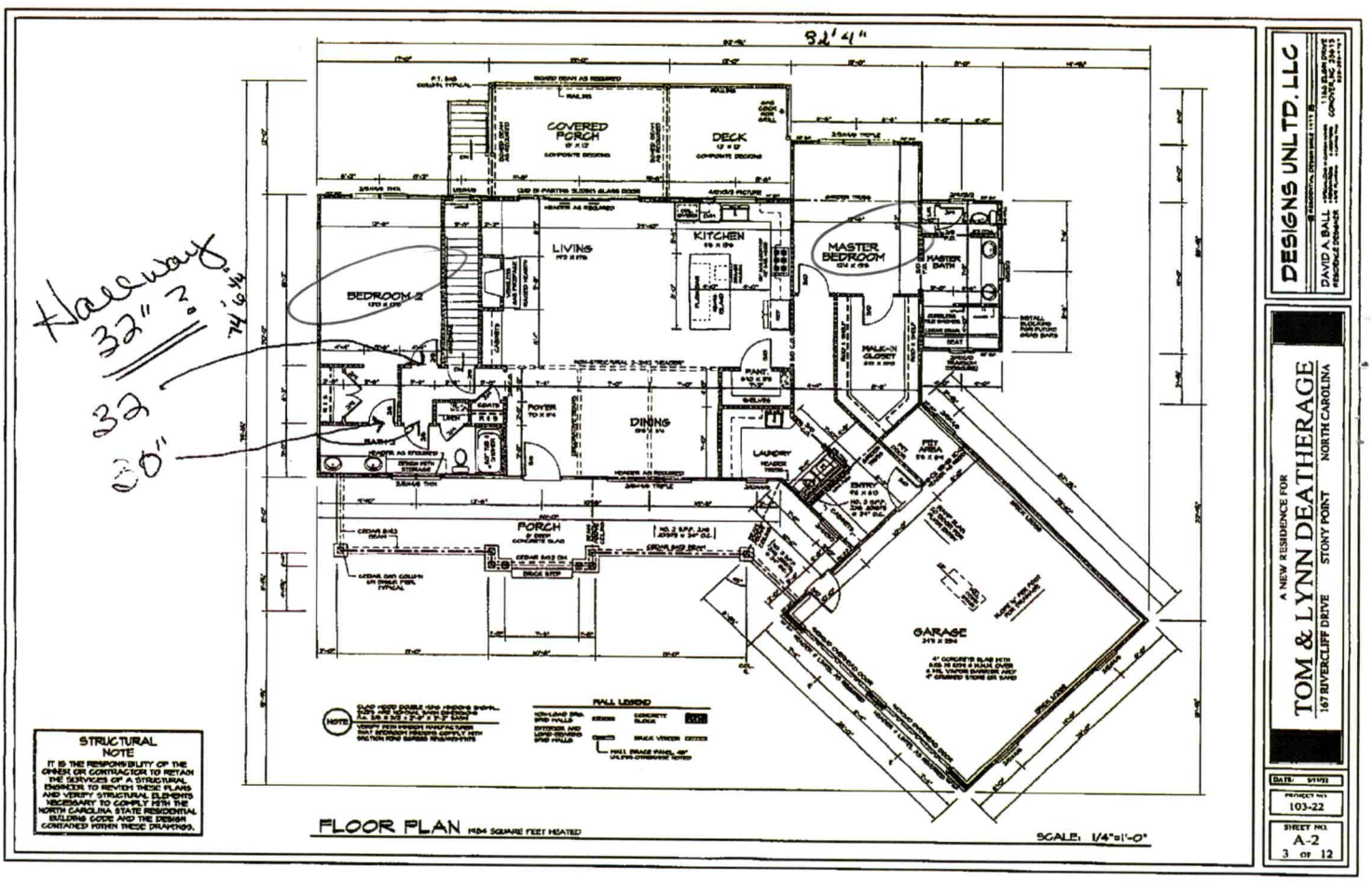
Pay Method: CHECK 6148

Acknowledgement Of Plans Submittal ONLY!

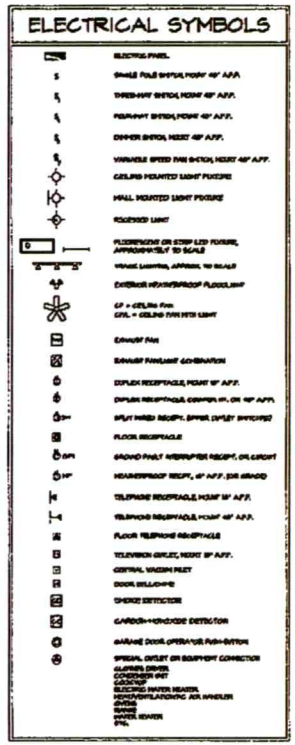
Thomas A Deatherage Date 10/04/2022

Justin Deatherage Date 10/04/2022

Corey Whitt 10/4/22

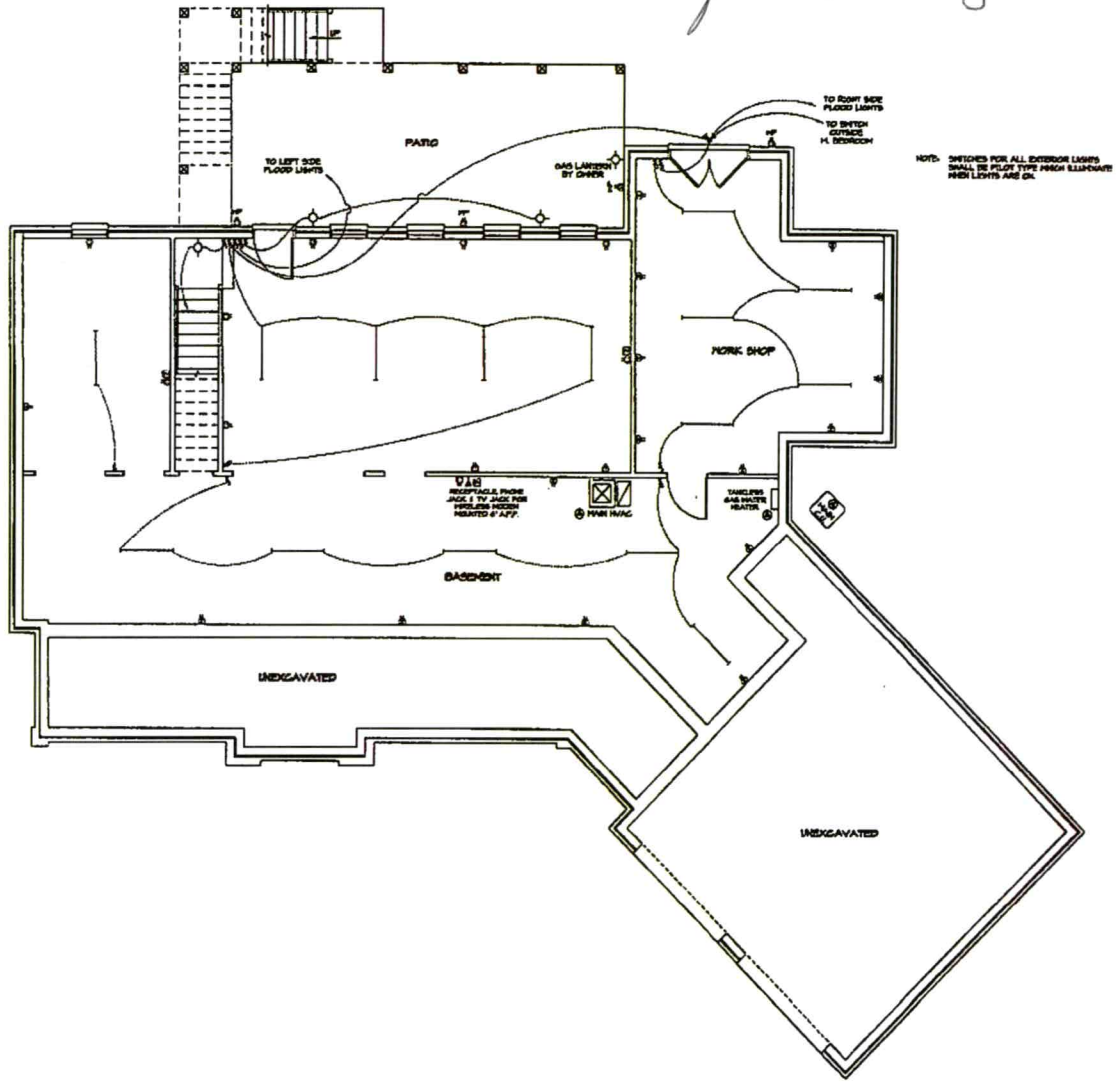


Acknowledgement Of
Plans Submittal ONLY!
Date 10-04-22
Date 10-07-22



GROUND-FAULT PROTECTION NOTE

PROVIDE GROUND-FAULT CIRCUIT INTERRUPTER PROTECTION AS FOLLOWS:
1. ALL BATHROOM RECEPTACLES.
2. ALL GARAGE RECEPTACLES.
3. ALL EXTERIOR RECEPTACLES.
4. ALL RECEPTACLES IN UNFINISHED BASEMENT AREAS, UNLESS RECEPTACLE IS ON A DEDICATED CIRCUIT (SUCH AS FOR A FREEZER) OR IS OR A REQUIRED LAUNDRY CIRCUIT.
5. ALL KITCHEN COUNTER RECEPTACLES WITHIN 6 FEET OF A SINK.



UNFINISHED BASEMENT PLAN - ELECTRICAL

SCALE: 1/4"=1'-0"

DESIGNS UNLTD. LLC
DAVID A BALL
RESIDENCE DESIGNER
1156 FLAIR DRIVE
CONOVER, NC 28613

A NEW RESIDENCE FOR
TOM & LYNN DEATHERAGE
167 RIVERCLIFF DRIVE STONY POINT NORTH CAROLINA

DATE: 9/11/22
PROJECT NO: 103-22
SHEET NO. E-1
10 OF 12