# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

BLDR-2022-9015

PERMIT # AP327083

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

PIN # 3774 -- 94 --0082

APPLICANT/OWNER: Chris McClements APPLICANT ADDRESS: PO Box 1276 Troutman NC 28166

SITE ADDRESS: 124 Oak Point Lane Stony Point NC 28678 PHONE: 704-902-9758 ALT. PHONE 865-385-6708

SITE DIRECTIONS: Sharon School to Riverwalk Subdivision SAP CONTROLLED: ☐ YES ☒ NO

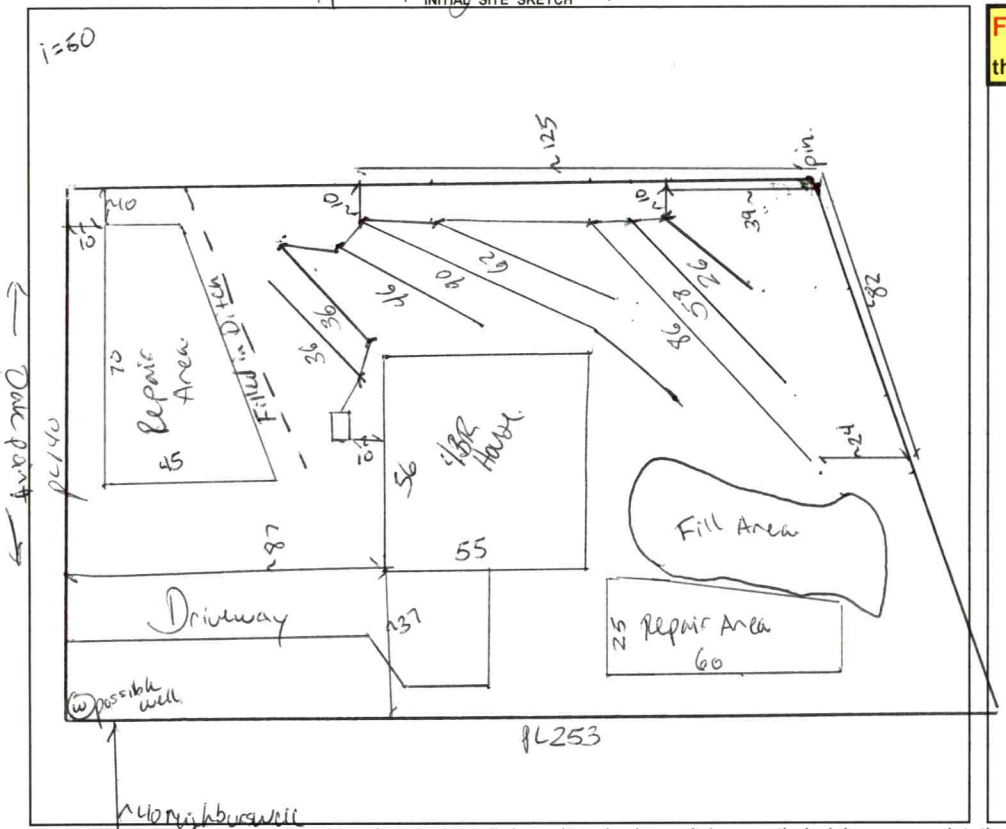
SUBDIVISION: Riverwalk SECTION: 5 LOT # 38 LOT AREA: .73 DESIGN FLOW: 480 L.T.A.R.: .275

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB 760 | Date | 1-11-23 | ☒ New System | ☐ Repair | ☐ Expansion | System Type: I II III IV V VI | ☒ Residence | No. Bedrooms 4 | Water Supply |
| Pump Tank | – | (gal) | PT – | Date | – | System Description: | Gravity - 25% Reduction | | | ☐ Business | No. Persons 8 | ☒ Private |
| Pump Make | – | Model | – | Serial # | – | Repair System Description: | LP-PPBPS-50% Reduction | | | ☐ Other | No. Employees | ☐ Public |
| # Nitrification Fields | 1 | # Lines | 8 | Linear Ft | 437 | Maintenance Agreement Required: | ☐ YES | ☒ NO | | ☐ Slab | ☒ Crawl Space | ☐ Community |
| Trench Width | 36in | Trench Bottom Depth | 36in max | Gravel Depth | – | | ☒ GRAVITY | ☐ PRESSURE | | ☐ Basement w/plumbing | ☐ Basement w/o plumbing | |

Comments / Conditions: NO Foundation on Septic Side of House. DOnot Place Fill or disturb Septic Area. Install Septic on the Contour of the Land Utilize Serial Distribution. Donot Grade, pave, pave grade or bury utilities in drainfield Area.

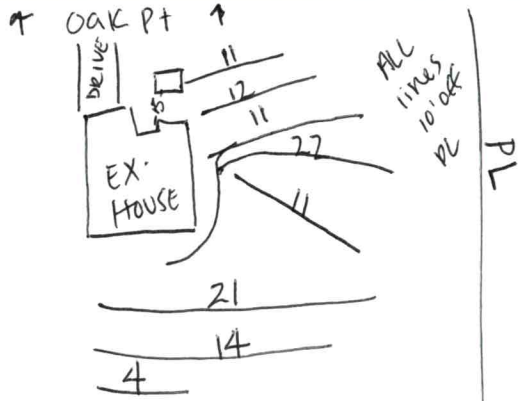
3 bedroom Floorplans were submitted, must install 4 bedroom system.

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: Date: 5-10-2022 Installed by: Cove Creek

IMPROVEMENT PERMIT by: Date: 5-2-2022 OPERATION PERMIT by: Sydney Hallcarel Date: 4/5/23

AUTHORIZATION TO CONSTRUCT by: Date: 6/22/22 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? _____ | |

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

Sheet 1 of 1
PROPERTY ID #: 377494 0012
COUNTY: Franklin

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

OWNER: Chuntz
ADDRESS: PO Box 1276 Tarboro NC
PROPOSED FACILITY: 4/BR Home
LOCATION OF SITE: 124 Oak Pointe
APPLICATION DATE
DATE EVALUATED: 4/19/22
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE:
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) | | OTHER PROFILE FACTORS | | | | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| | | | .1941 STRUCTURE/ TEXTURE | .1941 CONSISTENCE/ MINERALOGY | .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | |
| 1 | Side 10% | 0-9 | Disturbed | | | | | | |
| | | 9-29 | C SBK | SSSp FR SEH | 2.5Y 4/6 mottles | 50 | | N/A | PS .275 Some 7.5YR 5/8 Inches 10YR 5/6 |
| | | 29-50 | CC ABK | SSSp FR | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 2 | Side 10% | 0-14 | Disturbed | | | | | | |
| | | 14-32 | C SBK/ABK | SSSp FR SEH | P | 62 | | NA | PS .275 Drainfield side of pit In Ditches 32 Inch Ditches |
| | | 32-62 | CL ABK | SSSp FR | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 3 | Side 10% | 0-5 | Disturbed | | | | | | |
| | | 5-24 | C SABK | SSSp FR SEH | 10YR 5/6 @ 26 Inch | 61 | white Litho mottles. Begins 36 Inches. | NA | PS .275 |
| | | 24-61 | CC wABK | SSSp FR | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4 | Side 10% | 0-10 | Disturbed | | | | | | |
| | | 10-32 | C SBK | SSSp FR SEH | P | | Lithic Rock mottles @ 46 In | NA | PS .275 |
| | | 32-63 | CL wABK | SSSp FR | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 480 | 320 |
| System Type(s) | III 25% | IV 50% |
| Site LTAR | .279 | .275 |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bullins
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.

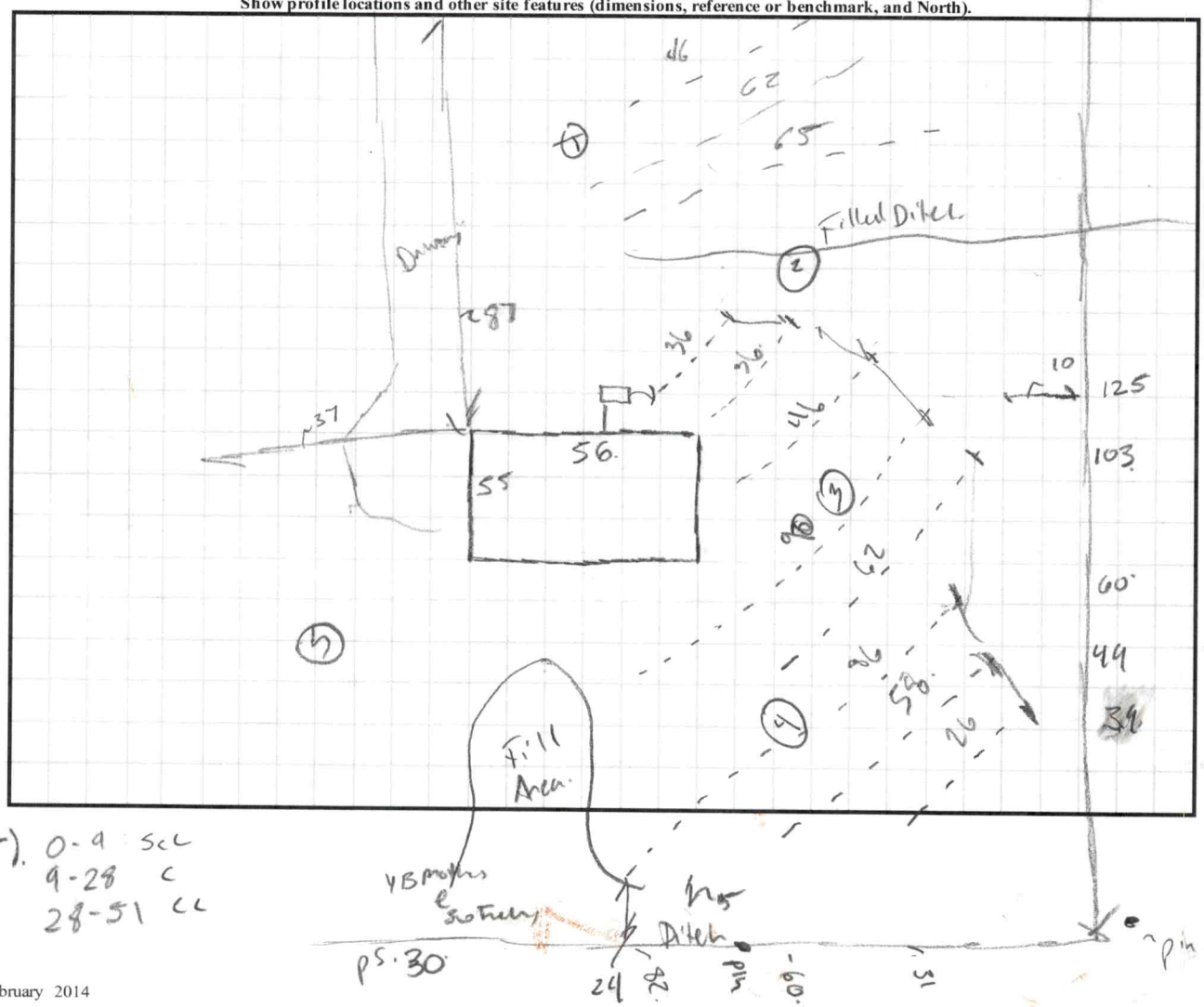
***NOTES***

| | |
|---|---|
| *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/ft$^2$

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




5). 0-9 SCL
9-28 C
28-51 CL

RECEIVED MAR 2 9 2022

"Called Keadey"

# 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-327083 $300.00

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

***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:** Chris McClements **Address:** PO Box 1276 Troutman NC **Zip:** 28166

**Applicant Email:** cmcclements13@gmail.com **Phone:** 704-902-9758 **Alt. Phone:** 865-385-6708

**Owner Name:** Same as above **Address:** _____ **Zip:** _____

**Owner Email:** _____ **Phone:** _____ **Alt. Phone:** _____

**Property Information:**

**Street Address:** 124 Oak Point Lane Stony Point NC

**Subdivision Name:** Riverwalk **Section/Phase:** _____ **Lot Number:** 38

**Driving Directions:** _____

**Site Development Information:** *(check or complete ALL that apply*

**CHECK FOUNDATION TYPE**

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

**Water Supply:** ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

(✓) 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: _____
( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

**Please answer the following to the best of your ability:**

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) 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.***

**Signature:** _____ 3-29-22
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

*(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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

_____ 6-22-2022

Signature of Owner(s) Date

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

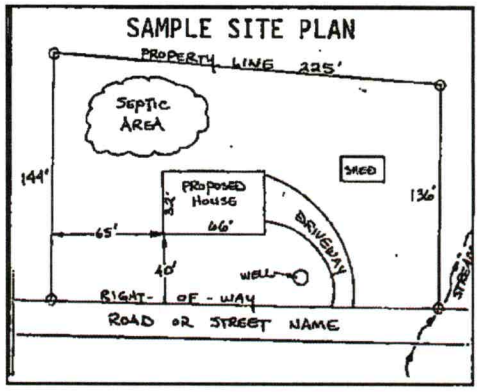
**Statesville - Environmental Health**
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

# IREDELL COUNTY HEALTH DEPARTMENT

## *ENVIRONMENTAL HEALTH DIVISION*

**PAGE 2: *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**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and 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

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

See attached

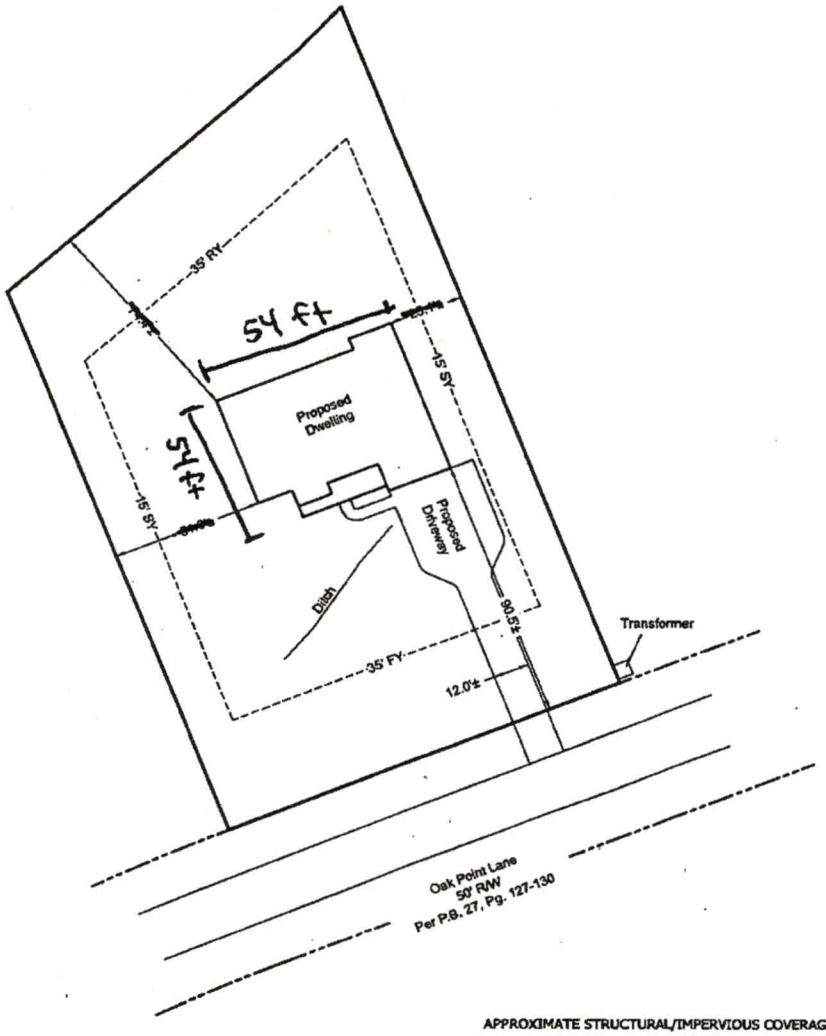
**Signature:** _____ 3-29-22

**Property owner or owner's legal representative signature (SIGNATURE REQUIRED)** **DATE**

# PRELIMINARY FOR REVIEW ONLY
* NOT AN ACTUAL SURVEY *

THIS PLOT PLAN WAS DRAWN FROM EXISTING PLATS AND/OR DEEDS AND A FULL SURVEY WAS NOT PERFORMED AT THIS TIME. ACREAGES AND DISTANCES ARE SUBJECT TO AN ACTUAL SURVEY. A FULL TITLE SEARCH HAS NOT BEEN PERFORMED.

NAD 83-2011




**REFERENCE:**

BEING ALL OF LOT 38. - RIVERWALK, SECTION V - AS RECORDED IN P.B. 27, PG. 127-130, - IREDELL COUNTY REGISTRY.

PROPERTY SUBJECT TO RESTRICTIVE COVENANTS LISTED IN D.B. 945, PG. 1612, D.B. 945, PG. 1622, D.B. 980, PG. 733, D.B. 1004, PG. 949, D.B. 1007, PG. 380.

PROPERTY IS SUBJECT TO ANY AND ALL ZONING AND PLANNING ORDINANCES, EASEMENTS, RIGHTS-OF-WAY, AND RESTRICTIONS OF RECORD.

**SETBACKS:**

PROPERTY CURRENTLY ZONED: RA (IREDELL COUNTY)

PROPERTY SUBJECT TO A 35' FRONT YARD (FY), 15' SIDE YARD (SY) & 35' REAR YARD (RY) AS PER IRDELL COUNTY ZONING ORDINANCE.

PROPERTY LIES WITHIN WATERSHED OF LAKE NORMAN/CATAWBA RIVER "WS-IV CA".

**APPROXIMATE STRUCTURAL/IMPERVIOUS COVERAGE:**

TOTAL PROPERTY AREA: 31,718 SF, 0.728 AC.
PROPOSED DWELLING AREA: 3,056 SF, 0.070 AC.
PROPOSED DRIVEWAY/ SIDEWALK AREA: 1,786 SF, 0.041 AC.
APPROXIMATE STRUCTURAL COVERAGE: 3,056 SF, 0.070 AC, 9.63%
APPROXIMATE IMPERVIOUS COVERAGE: 4,842 SF, 0.111 AC, 15..27%

THE SUBJECT PROPERTY IS NOT IN A "SPECIAL HAZARD AREA" AS SHOWN ON HUD/FIA FLOOD INSURANCE RATE MAP COMMUNITY PANEL NUMBER 3710377400L EFFECTIVE DATE 03/18/2008.

0 40 80 120

| LEGEND | |
|---|---|
| FY | FRONT YARD SETBACK |
| RY | REAR YARD SETBACK |
| SY | SIDE YARD SETBACK |
| CY | CORNER YARD SETBACK |
| R/W | RIGH OF WAY |
| P.B. | PLAT BOOK |
| D.B. | DEED BOOK |
| PG. | PAGE |


JORDAN GRANT
ENGINEERING • SURVEYING • PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
P.O. BOX 151 * STATESVILLE, NC 28687
Matt.Grant@Jordan-grant.com (704) 928-7919
FIRM # P-1227


Plot Plan For:

## McClements

| | | |
|---|---|---|
| DRAWN BY: IDV | CHECKED BY: JWE | SCALE: 1" = 40' |
| PIN NO: 3774-94-0082 | | |
| DEED REF: 2870-1087 | | |
| DATE OF MAP: 02-01-22 | SURVEY DATE: 01-28-22 | |
| REVISION: | DRAWING FILE: 20220136_02-01-22 | |

124 Oak Point Ln, Stony Point, NC 28678
Shiloh Twsp - Iredell County - North Carolina

Acknowledgement Of
Plans Submittal ONLY!
Cory Whit Date 6/22/22
Les Les Date 6-22-2022

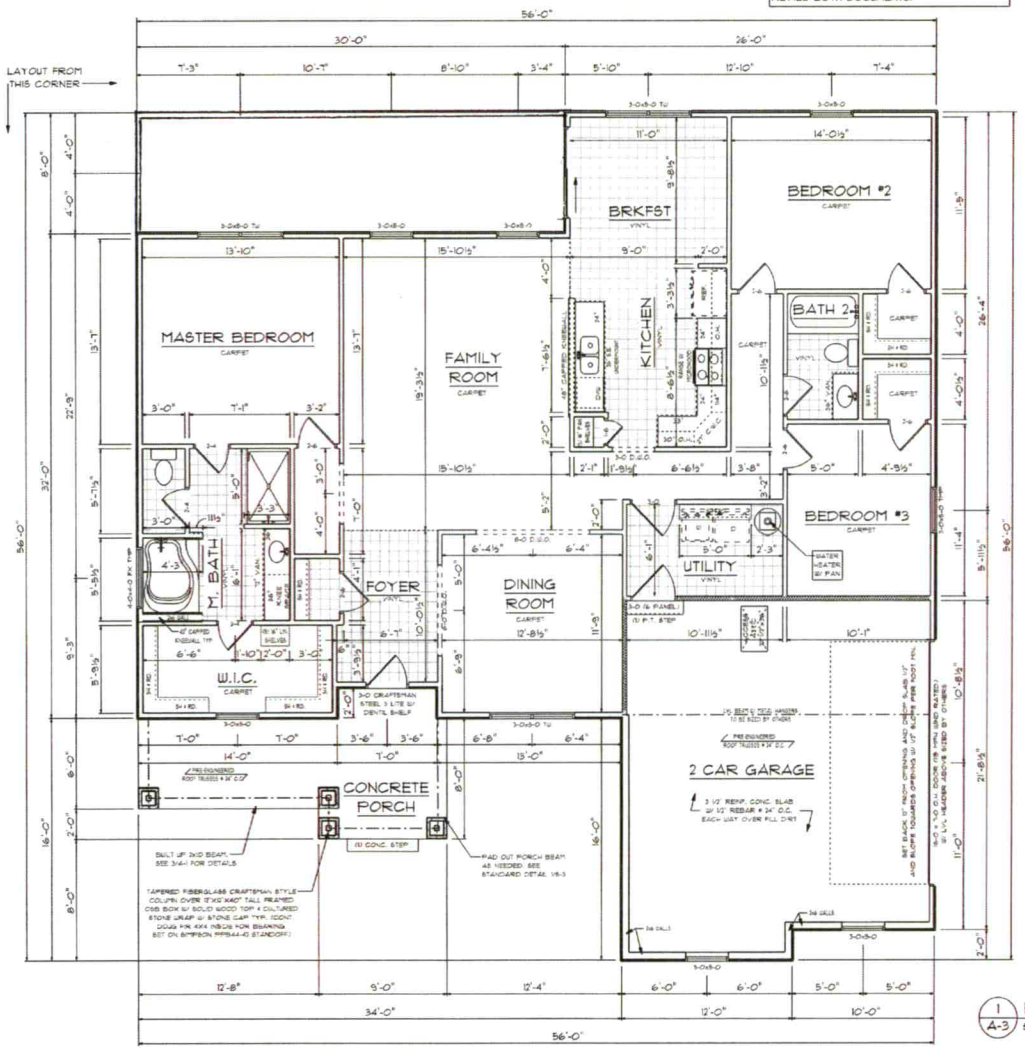
124 Oak Point
Riverwalk 55 Lot 38

## BASE PLANS

### GENERAL NOTES:

1. MINIMUM CEILING HEIGHT TO BE 8'-1 1/8"
2. WINDOW & EXTERIOR DOOR HEADER HEIGHT TO BE 6'-10 5/8" UNLESS NOTED OTHERWISE (EXCEPTIONS ARE O.H. GARAGE DOOR, GARAGE ENTRY DOOR.)
3. ALL TUBS/SHOWERS ARE TO HAVE NAILERS AT FLANGE.
4. ALL PLUMBING FIXTURES SHOWN ARE REPRESENTATIVE OF SIZE AND LOCATION ONLY. ACTUAL STYLE & BRAND OF FIXTURES MAY VARY PER BUILDING LOCATION.
5. ALL HATCHED WALLS REPRESENT INTERIOR LOAD BEARING WALLS TYP.
6. ALL DASHED WALLS REPRESENT PARTIAL HEIGHT WALLS. HEIGHT OF WALL WILL BE PER PLAN. EX.
7. CLOSET SHELF HEIGHT ABOVE FLOOR WILL BE: 65" FOR SINGLE & 42"/84" FOR DOUBLE TYP.

THE FINAL PLANS ARE INTENDED TO ACCURATELY REFLECT THE HOME PRICING AGREEMENT. IN THE EVENT THAT THERE IS A MISMATCH, THE HOME PRICING AGREEMENT SHALL OVERRIDE THE FINAL PLANS. PLEASE REVIEW BOTH DOCUMENTS.




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

CONTACT INFORMATION
PHONE: (877)358-9198
WEBSITE: SEDGEWICKHOMES.COM

SEDGEWICK HOMES

SALES
SOLD BY: ??

PLAN SETS
SALES: ?? ?-?-??
CONSTRUCTION: ?? ?-?-??
REVISED: ?? ?-?-??
?? ?? ??

SQUARE FOOTAGES:

| | |
|---|---|
| HEATED: | 1818 |
| GARAGE: | 499 |
| FRONT PORCH: | 162 |
| TOTAL SQFT: | 2480 |

SEDGEWICK HOMES PROUDLY PRESENTS THE:
WOODCREST
OAK SERIES
JOB ADDRESS

SHEET NUMBER
A-3
OF FIVE

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REVISED: 3.16.2016

IREDELL COUNTY · NC

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

| APPLICATION NUMBER |
|---|
| **327083**<br>Issue Date: |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 3774940082.000 | 124 OAK POINT LN | Iredell County |

| Owner Information | | Applicant Information | |
|---|---|---|---|
| Name: | MCCLEMENTS CHRISTOPHER+JENNIFER S | Name: | MCCLEMENTS CHRISTOPHER+JENNIFER S |
| Address: | PO BOX 1276<br>TROUTMAN , NC 28166 | Address: | PO BOX 1276<br>TROUTMAN, NC 28166 |
| Phone: | (704)902-9758 | Phone: | (704)902-9758 |

| Use Requested | Zone Code |
|---|---|
| Single Family Dwelling | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 0.73 | 35 | 35 | 15 | 15 | WSIV-CA Catawba/Lake Norman | NO |

| Remarks |
|---|
| SFD |

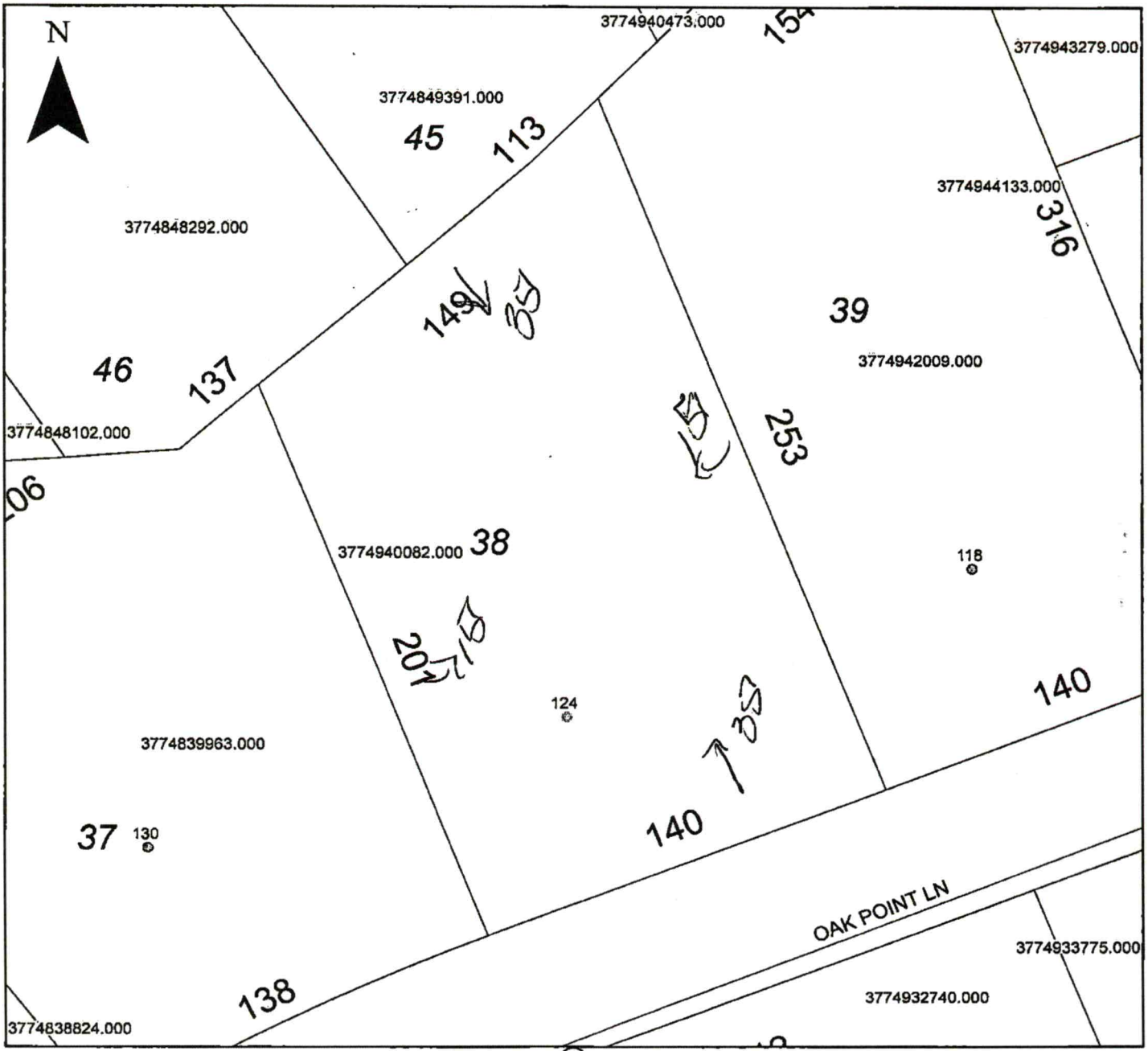
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

**Date:** 03/29/2022

Signature of Owner/Contractor

| Permit Number | 327083 | TOTAL FEES: | $77.25 |
|---|---|---|---|

# ZONING DISCLAIMER




Property Address 124 Oak Point

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. Applicant further acknowledges that the 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

3-29-22
Date