IREDELL COUNTY HEALTH DEPARTMENT KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 235397

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

PIN # 3774-94-2009

APPLICANT/OWNER: Benjamin Conklin APPLICANT ADDRESS: 1367 Union Grove Rd. Harmony NC 28634

SITE ADDRESS: 118 Oak Point Lane Stony Point, NC 28678 PHONE: 704-560-9154 ALT. PHONE: ★ CODE Needed # 6394 ★

SITE DIRECTIONS: Sharon School Rd N from I-40 → L on Shart Rock Rd → L on Fulbright → R on Goodnow Point → R on Oak Point SAP CONTROLLED: ☐ YES ☒ NO

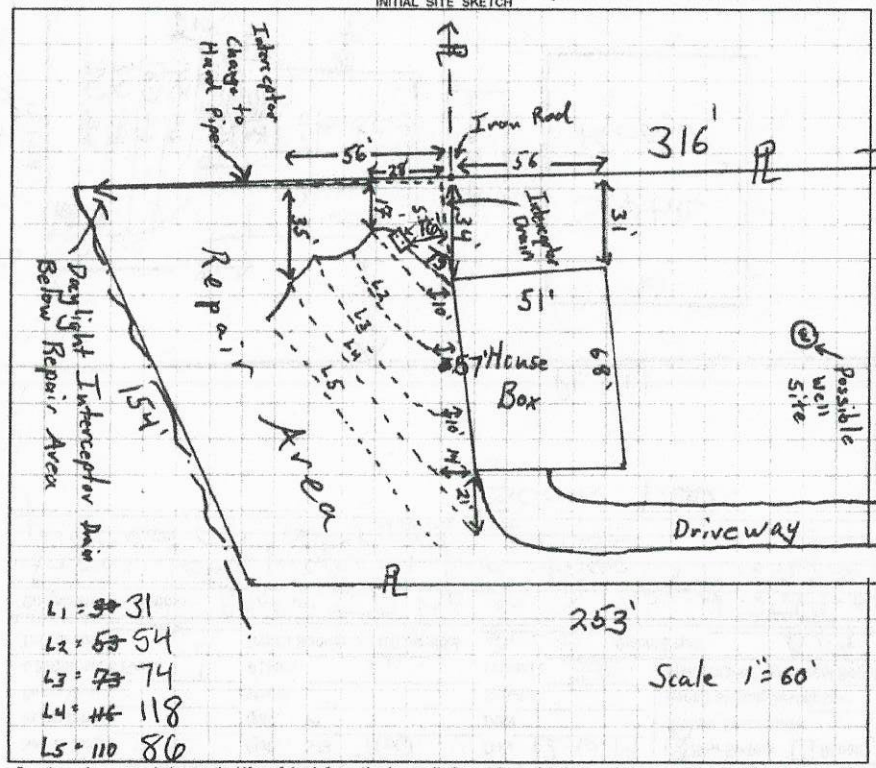
SUBDIVISION: River Walk SECTION: 2 PH 3 LOT # 39 LOT AREA: 0.92 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.250

Septic Tank	1000	(gal)	STB	760	Date	2-12-20	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% Reduction (serial distribution)			
Pump Make	—		Model	—	Serial #	—	Repair System Description:	50% Reduction			
# Nitrification Fields	1		# Lines	5	Linear Ft	360	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"		Trench Bottom Depth(Low side)	18"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

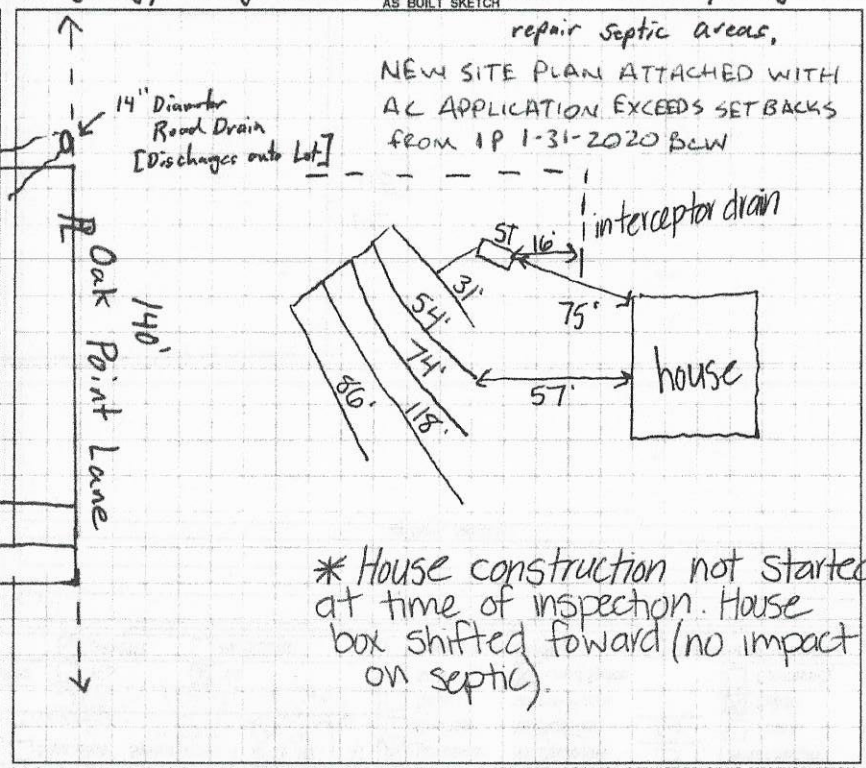
☒ Residence	No. Bedrooms	3	Water Supply	
☐ Business	No. Persons	6	☒ Private	
☐ Other	No. Employees		☐ Public	
☒ Slab	☒ Crawl Space		☐ Community	
☐ Basement w/plumbing		☐ Basement w/o plumbing		

Comments / Conditions: Though 382 l.f. of septic drainfield line has been laid out, only 360 l.f. need be installed. Spare area to be set aside for future repair. Interceptor Drain must be installed at a minimum depth of 7 feet deep. Recommend pumping septic tank every 3-5 years. Also recommend site grading/directing surface water from road drain around primary + repair septic areas.

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: Ben Conklin Jr Date: 5/31/18 Installed by: Precision Excavation

IMPROVEMENT PERMIT by: Tom Shuck Date: 5/29/2018 OPERATION PERMIT by: Kayla Watson Date: 4-2-20

AUTHORIZATION TO CONSTRUCT by: Benjamin C. Wheeler Date: 1-31-2020 Existing System Inspected by: _____ Date: _____

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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

Sheet 1 of 1
PROPERTY ID #: 3694-AN-2009
COUNTY: Iredell

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

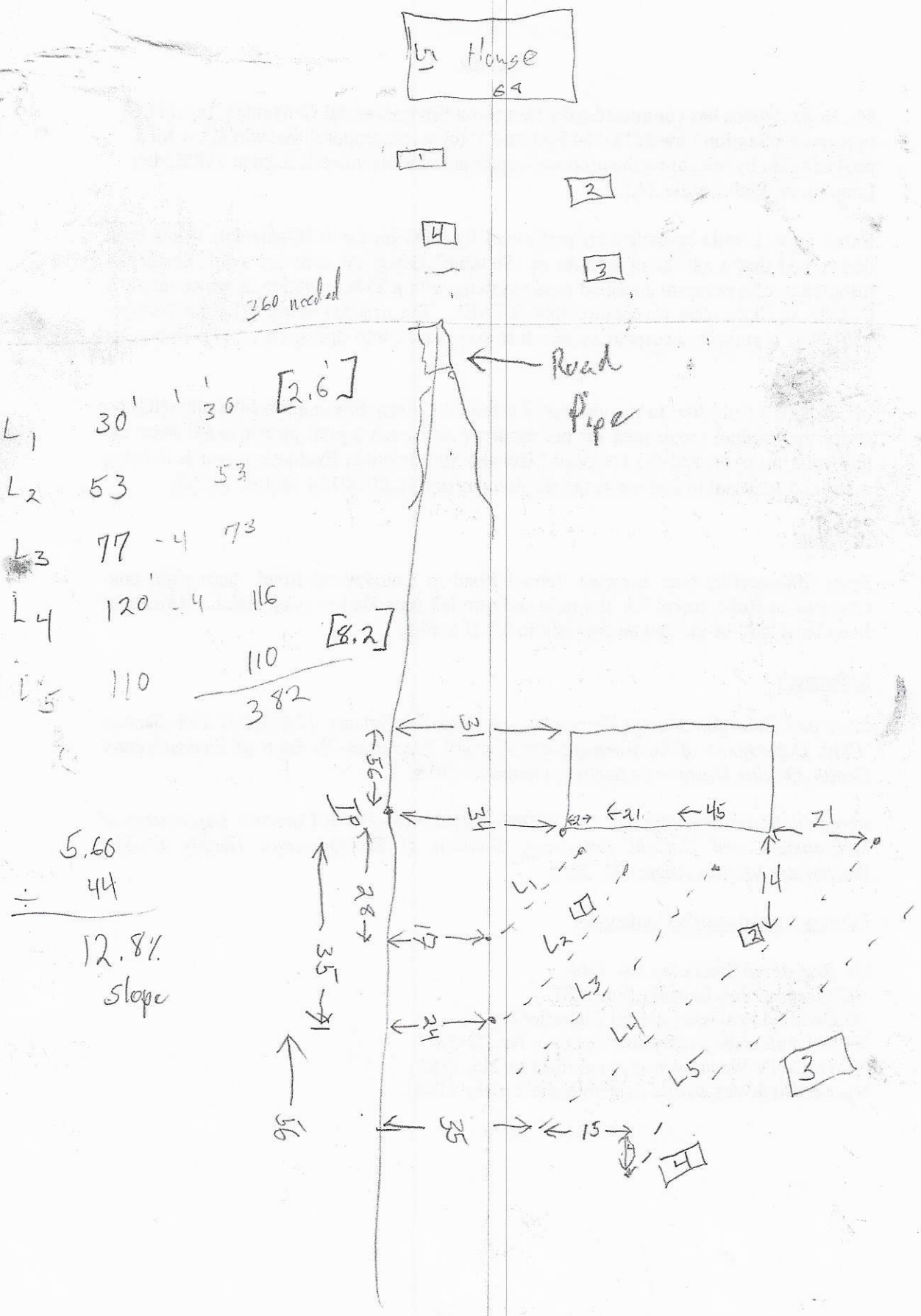
OWNER: Richard Hoffman
ADDRESS: 141 Birdpath Lane Stony Point, NC
APPLICATION DATE 5/3/18
PROPOSED FACILITY: 3 BR SFR
PROPOSED DESIGN FLOW (.1949): 360
DATE EVALUATED: 5/11/18
LOCATION OF SITE: 118 Oak Point Lane Stony Point
PROPERTY SIZE: 0.92 acres
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
PROPERTY RECORDED: Yes
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
1	LSS 13% Primary	0-7	scl V.W.SBK	Sl. Friable, SS, Sp, Sosp	H_2O weeping ~29"-48"	59" Interceptor			0.275 PS
		7-32	clay m-s ABK	Firm, St, sticky, Sp, Sosp					
		32-59"	clay Loam W.SBK	Sl. Firm, SS, Sp, Sosp					
2	LSS 13% Primary	0-10	scl V.W.SBK	Sl. Friable, SS, Sp, Sosp	13-49" Bleeding 10YR 7/2 + 2.5Y 7/2 @ 40-52" 10YR 7/1	64 ★	Shallow Install Interceptor ★		0.250 PS
		10-52	Clay m-s ABK	Firm, Sticky, Sp, Sosp					
		52-64	Clay Loam W.SBK	Sl. Friable SS, Sp, Sosp					
3	LSS 11% Repair	0-5	scl V.W.SBK	Sl. Friable, SS, Sp, Sosp		61	-	-	0.275 PS
		5-38	clay m SBK/ABK	Sl. Firm Sticky, Sp, Sosp					
		38-61	clay Loam W.SBK	Sl. Friable, SS, Sp, Sosp					
4	LSS 12% Repair	0-9	scl V.W.SBK	Sl. Friable SS, Sp, Sosp	H_2O weeping 26"-44" No Chroma issues	58	-	-	0.275 PS
		9-38	Clay s. ABK	Firm, Sticky, Sp, Sosp					
		38-58	Clay Loam W.SBK	Sl. Friable, SS, Sp, Sosp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	382	330+
System Type(s)	25% Reduction	50% Reduction
Site LTAR	0.25	0.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: James Boggs

COMMENTS: See reverse for sketch


House
1
3
4
3
260 needed
Road
Pipe
[2.6]
L1 30' 30
L2 53 53
L3 77 -4 73
L4 120 -4 116
L5 110 110
[8.2]
382
W
55'
W
21
45
21
IP
28'
14
35'
25'
25'
15'
5
L1
L2
L3
L4
L5
1
2
3
4
5.66
44
12.8%
slope

RECEIVED JAN 3 1 2020

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

Pd - $550.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

#235397

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: Ben Conklin Jr Address: 1367 Winn Grove Rd Harmony NC Zip: 28634
Applicant Email: Ben.Conklin@yahoo.com Phone: 704 560 9154 Alt. Phone: _____
Owner Name: Ben Conklin Jr Address: / Zip: _____
Owner Email: Same Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 118 Oak Point LA
Subdivision Name: River Walk Section/Phase: _____ Lot Number: 118
Driving Directions: _____

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

(✓) 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: 3
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
( ) Basement with Plumbing
( ) Basement without Plumbing

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: _____ 1/31/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DocuSign Envelope ID: 04C8C8B5-BE74-41C7-8DA6-096BF35D1053

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

2235397

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

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Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Benjamin Conklin Address: 1367 Union Grove Rd Harmony Zip: 28634

Applicant Email: Ben.conklin2@yahoo.com Phone: 704 560 9154 Alt. Phone:

Owner Name: Richard Hoffman Address: Zip:

Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 118 Oak Point LN Stony Point NC

Subdivision Name: River Walk Section/Phase: Lot Number: 39

Driving Directions: Code needed to access neighborhood - #6394

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure:
Describe Problem:

CHECK FOUNDATION TYPE

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

Non-Residential Site Development: Type of Business: Max. Number of Seats/Beds/Other:

Square Footage of Building: Max. Number of Employees: Number of Persons:

PAID

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

(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:

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (X) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:

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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.

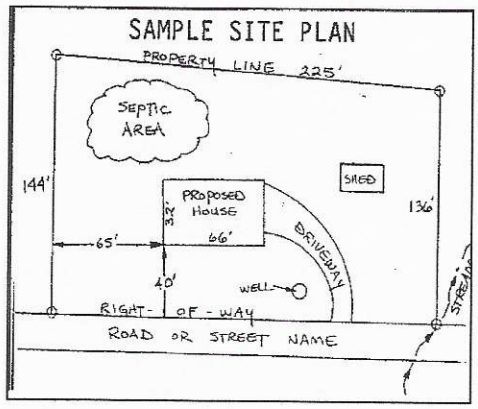
Signature: DocuSigned by: Richard Alan Hoffman 5/3/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

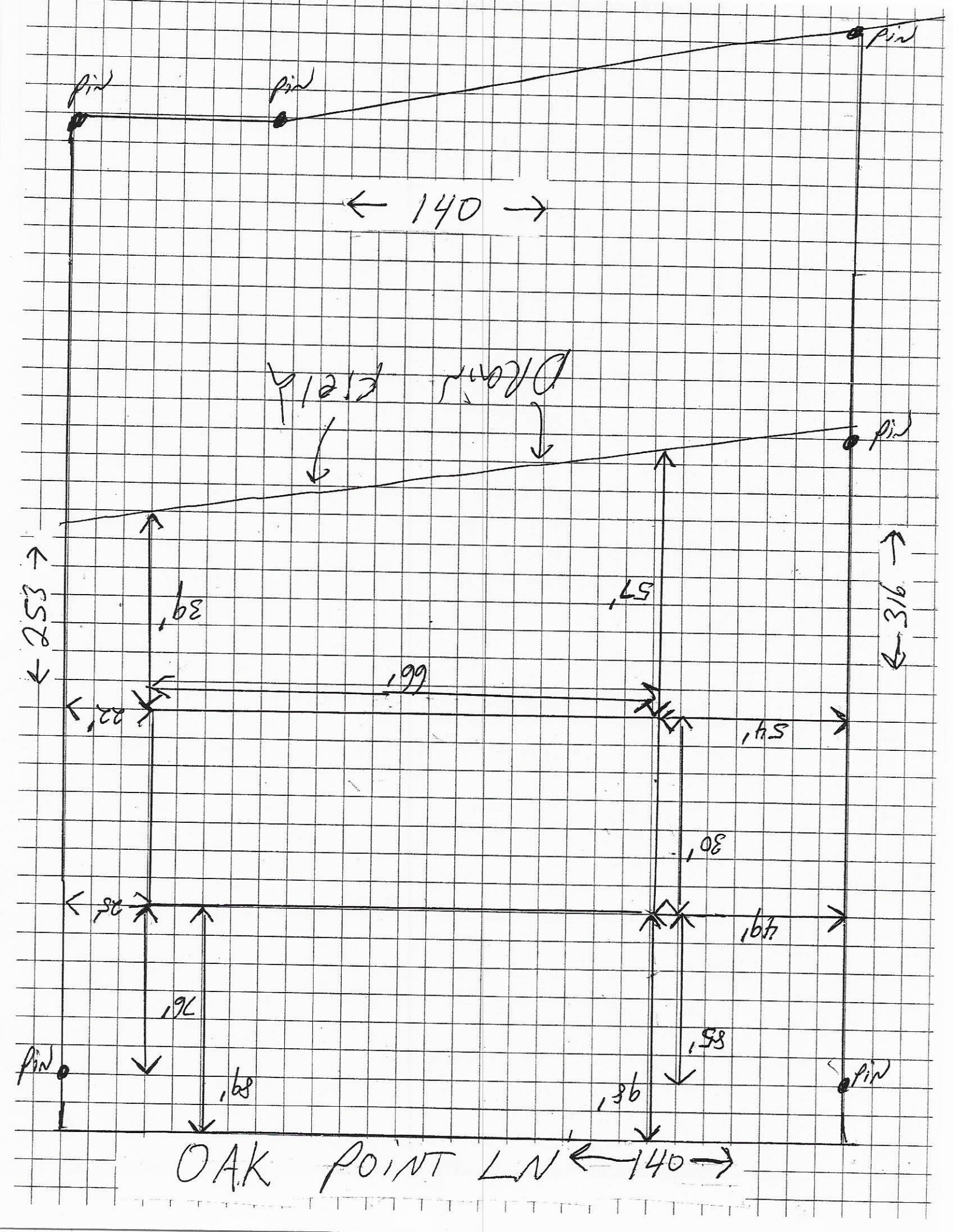
USE THIS SPACE TO DRAW YOUR SITE PLAN

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: _____ 1/31/20

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


pin
pin
pin
← 140 →
pin
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pin
OAK POINT LN ← 140 →

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noon - 1pm
2pm

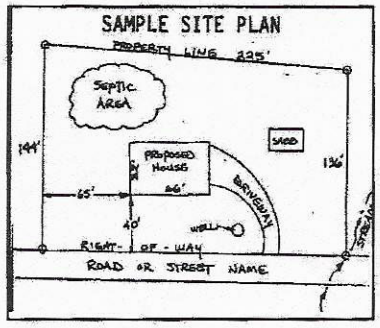
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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**
( ) **Preferred well location**
( ) **Preferred septic system location**
( ) **North arrow, or other sufficient indicator of direction**

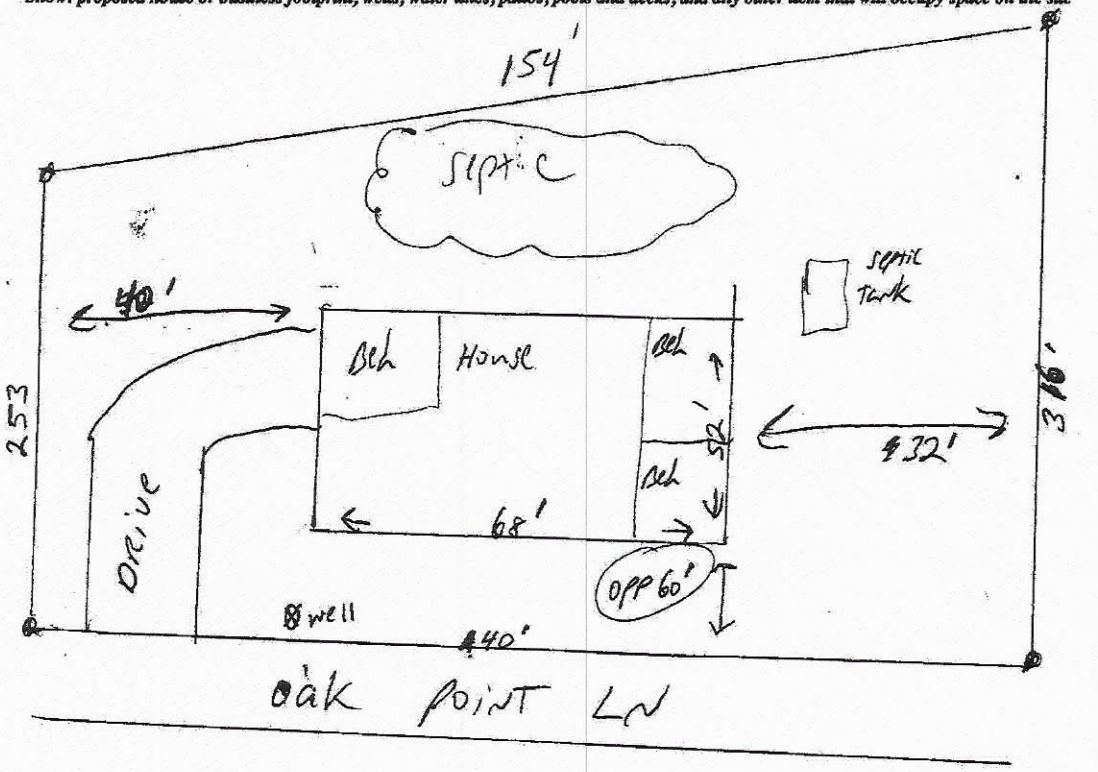


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Signature: DocuSigned by: Richard Alan Hoffman
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5/3/2018
DATE

IREDELL COUNTY HEALTH DEPARTMENT KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 235397

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Pump Tank	— (gal)	PT	—	Date	—		
Pump Make	—	Model	—	Serial #	—		
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Trench Width	36"	Trench Bottom Depth(Low side)	18"	Gravel Depth	—		

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction (serial distribution)

Repair System Description: 50% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

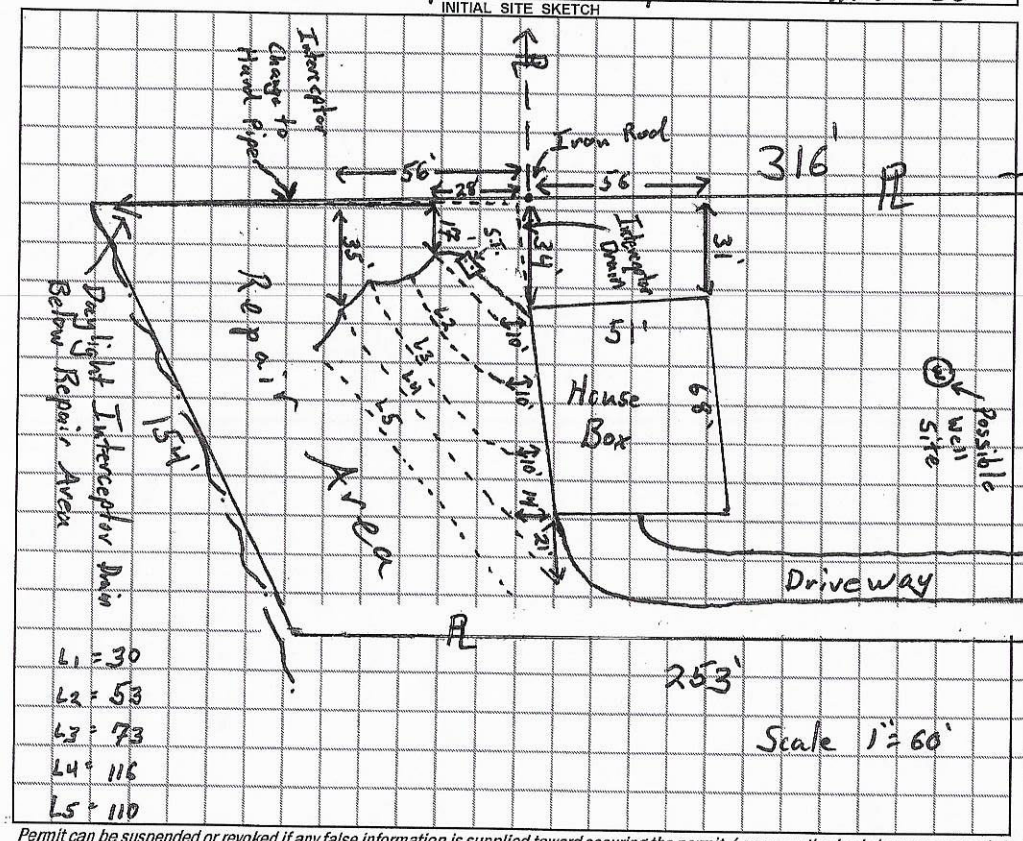
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No. Bedrooms 3 No. Persons 6 No. Employees ___ ☒ Crawl Space ☐ Basement w/o plumbing

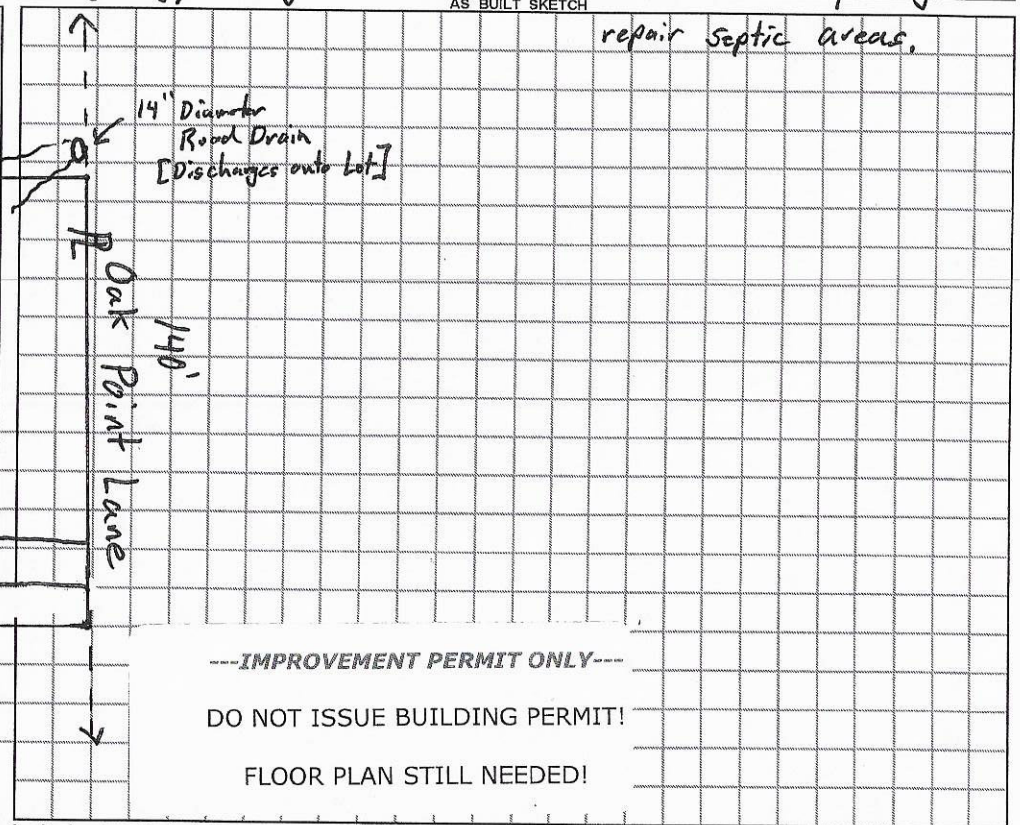
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INITIAL SITE SKETCH



AS BUILT SKETCH



---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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**

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Owner / Applicant Signature: Ben Conklin Date: 5/31/18 Installed by: ___

IMPROVEMENT PERMIT by: Tom Shuck Date: 5/24/2018 OPERATION PERMIT by: ___ Date: ___

AUTHORIZATION TO CONSTRUCT by: ___ Date: ___ Existing System Inspected by: ___ Date: ___

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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, Benjamin F Conkin III, am the legal owner(s) of the property located at 118 oak point LA Stony Point NC, 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.

_____ _____
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

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DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

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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, Richard alan Hoffman, am the legal owner(s) of the property located at 118 oak point LN, identified as PIN (Parcel Identification Number) 3774942009, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Ben Franz K Cook IV, 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)
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- Application/permit for private drinking water well/well abandonment
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DocuSigned by: Richard Alan Hoffman 5/3/2018
Signature of Owner(s) Date

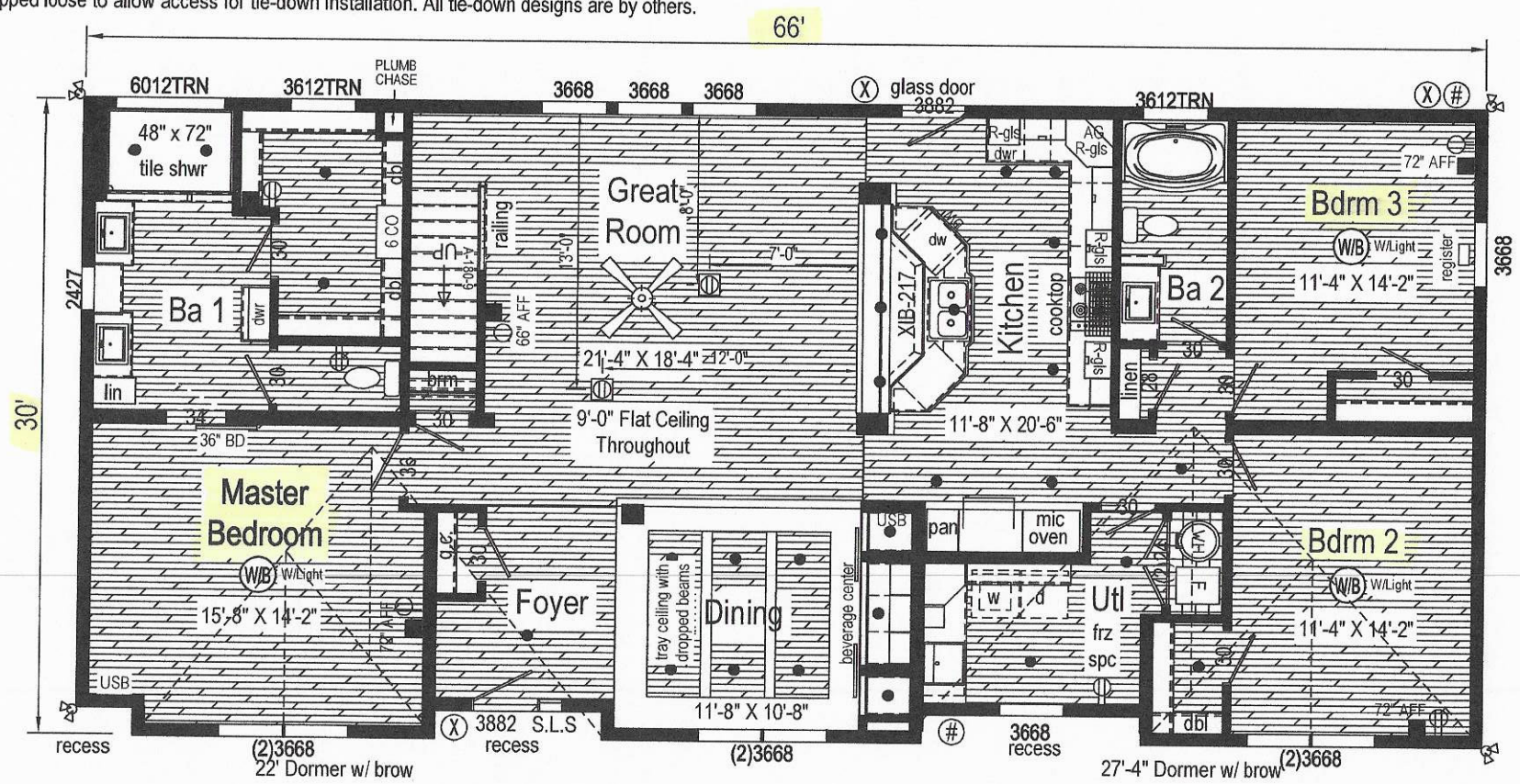
DocuSigned by: Devin Douglas Slade 5/3/2018
Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

NOTE: This home may require wall bracing tie-downs depending on wind/seismic design. Please refer to the permit set for tie-down loads and locations if applicable. Some areas of the exterior wall sheathing may be shipped loose to allow access for tie-down installation. All tie-down designs are by others.



LEGEND

W/B =WIRE AND BRACE · =STANDARD FAN · =FLOOD LIGHT · # =HOSE BIBB · X =EXT GFCI · X =EXT GFCI UNDER LIGHT · =BATH LIGHT/FAN COMBO · =VENTILATION FAN · =STANDARD LIGHT · R =RECESSED CAN LIGHT · T =THERMOSTAT · =PHONE JACK · =TV JACK · J =JUNCTION BOX · F =FIRE EXTINGUISHER

IMPORTANT NOTES:

1. PRELIMINARY ELECTRICAL ONLY. SUBJECT TO CHANGE UPON ENGINEERING AND CODE REQUIREMENTS.(EXAMPLE: RECEPTS/LIGHTS/SWITCHES/FAN LOCATIONS MAY VARY)
2. PRODUCTION OF HOME MAY VARY FROM LIT OR PERMIT PRINTS WITHOUT NOTICE DUE TO UNSEEN CODE OR CONSTRUCTION CHALLENGES AT THE TIME PRODUCTION PRINTS ARE PRODUCED.

Acknowledgement Of Plans Submittal ONLY!

Date 1/31/20

Date 1-31-2020

HOME CANNOT BE BUILT UNTIL THE CUSTOMER HAS SIGNED OFF ON ALL PAGES. FOLLOWING CUSTOMER SIGN OFF, PLANS AND SPECS WILL BE SENT TO 3RD PARTY FOR STAMPED APPROVAL. ANY CHANGES AFTER SIGNOFF WILL RESULT IN A MINIMUM $500.00 ENGINEERING FEE.

Home Owner: _____ Date: _____

_____ Date: _____

Retailer: _____ Date: _____

1R2202-V7 3266 Approx. 1980 Sq. Ft.

Builder: R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp.	Callout: 3266	Revisions: Date / No.	Scale: 1/8" = 1'-0"	Date: 10/11/2019	Cust: Conklin	Model/Eng. No.: 1R2202-V7
Title: Literature			Drawn By: JR	Reference: AW255-A	Dlr: Select S/N: .	Pg.: LIT

IREDELL COUNTY

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

APPLICATION NUMBER
235397
Issue Date: 05/04/2018

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
3774942009.000	118 OAK POINT LANE, STONY POINT, NC	IREDELL COUNTY

Owner Information		Applicant Information	
Owner:	SLADE DEVIN D+RICHARD A	Applicant:	CONKLIN, BENJAMIN
Address:	141 BRIDLEPATH LN	Address:	1367 UNION GROVE RD
	STONY POINT, NC 28117		HARMONY, NC 28634
Phone:		Phone:	704-560-9154

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.920	35.00	35.00	15.00	15.00	CALS	X

Remarks:

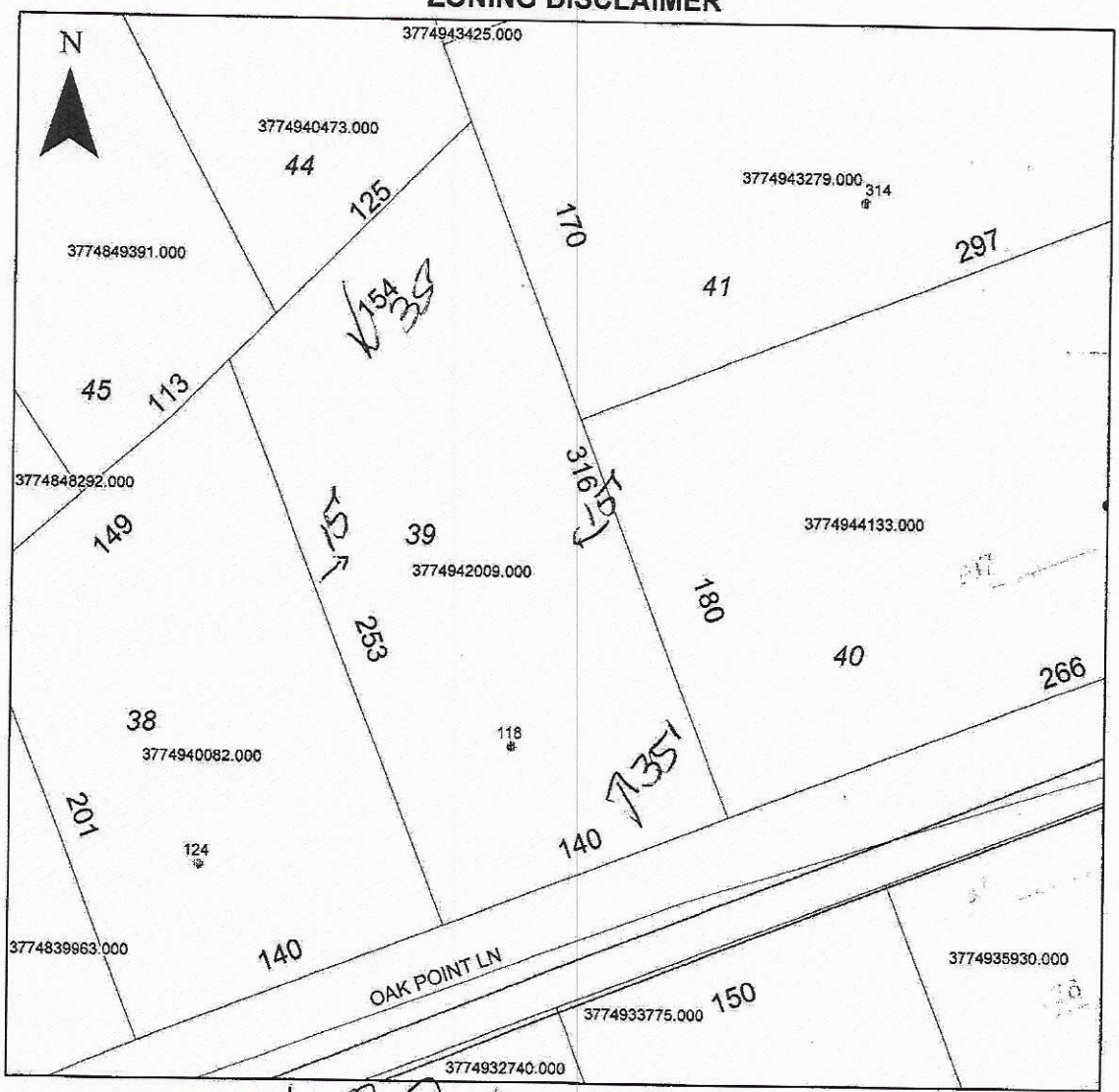
PAID

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	137733	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 118 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

5/4/16
Date