ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 507422

PIN # 3782 -- 73 -- 5889

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

APPLICANT/OWNER: Dwain & Christa Rhyne APPLICANT ADDRESS: 621 Red Fox Trail Statesville NC

SITE ADDRESS: 139 Portside Drive Statesville NC 28677 PHONE: 704-657-5610 ALT. PHONE 828-291-3530

SITE DIRECTIONS: Hickory Hwy towards the River & on River Oaks before Bridge SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: River Oaks Landing SECTION: -/- LOT# 44-45 LOT AREA: 1.2 Ac DESIGN FLOW: 480 gpd L.T.A.R.: .25

Septic Tank 1000 (gal) STB TP 1012 Date 7/14/21

Pump Tank 1000 (gal) PT TP 17 Date 4/28/21

Pump Make Champion Model CP STEP 525 Serial # PL84121

Nitrification Fields 1 # Lines 8 Linear Ft: 480'

Trench Width 36" Trench Bottom Depth (Low side) Max 36" Gravel Depth —

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

System Description: 25% Reduction PM

Repair System Description: 50% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees —

☐ Slab ☐ Crawl Space

☒ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install Drainlines on center of land use

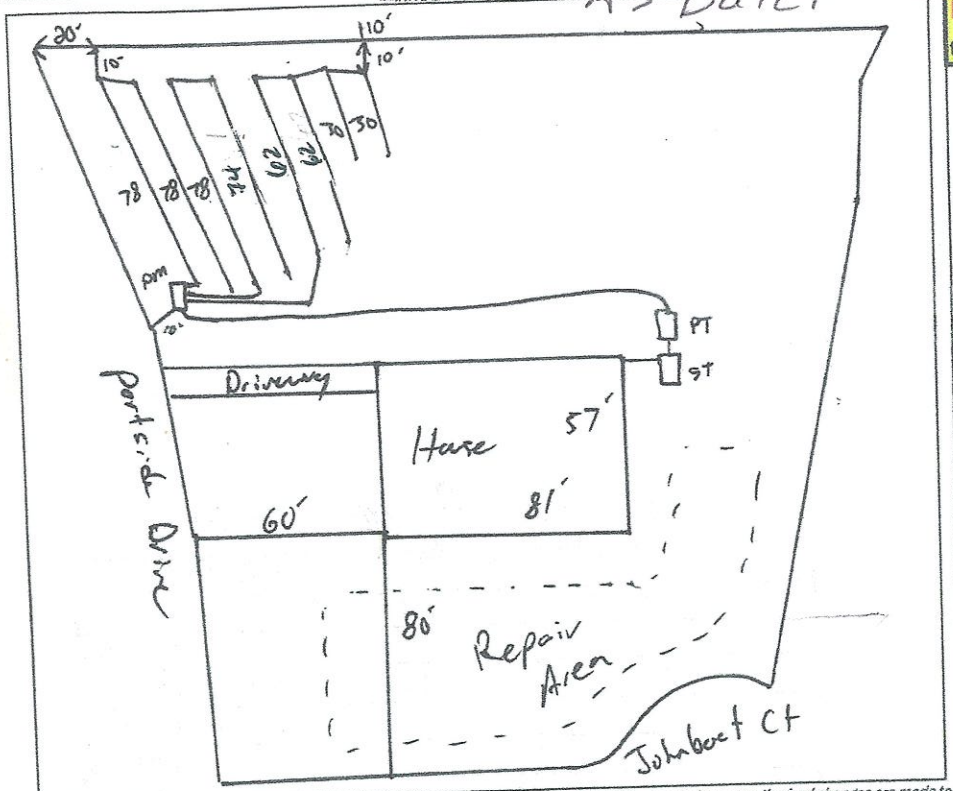
Pressure manifold for distribution

Use 3/4 Sch 80 tops on the top 4 lines

Use 3/4 Sch 40 tops on the last 4 lines feed together

Feed top 2 lines and lines 3 & 4 together

~~INITIAL SITE SKETCH~~ As Built



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.

1" = 60'

218 gal dose Volume 32.7 g Flow Rate

10.3" drawdown

	Date	Initials
Drain Lines Checked	10-14-21	PW
Tanks Checked	10-14-21	DW
Pressure Manifold or Valve Box Checked	10-15-2021	BCW
Pressure Head Set	10-26-2021	BCW
Electrical Checked	10-26-2021	BCW
Floats Set	10-26-2021	BCW
Alarm Checked	10-26-2021	BCW
Maintenance Contract Y / (N)	10-26-2021	BCW
Comments:		

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: 8-13-21 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Date: 8-9-2021 OPERATION PERMIT by: Bryant C. White Date: 10-26-2021

AUTHORIZATION TO CONSTRUCT by: Date: 8-9-2021 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of 1
PROPERTY ID #: 3780735
COUNTY: Iredell

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

OWNER: Dwon & Christa Payne
ADDRESS:
APPLICATION DATE 5-14-2018
PROPOSED FACILITY: 139 Portside PROPOSED DESIGN FLOW (.1949): 480gpd
DATE EVALUATED: -
LOCATION OF SITE: 139 Portside Drive
PROPERTY SIZE: 1.2
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 10%	0-6	SRL	SLL Fr SS SPSo	N/A	48+	N/A	N/A	PS .25
		6-32	ABL	C					
		32-48	SBL	CL					
2	10% SS	0-6	SBL	SLL	N/A	48+	N/A	N/A	PS .25
		6-28	ABL	C					
		28-48	SBL	CL					
3	SS 10%	0-6	SRL	SLL	Few 4/3 mottles @ 33"	48+	N/A	N/A	PS .25
		6-33	ABL	C					
		33-48	SBL	CL					
4	SS 10%	0-20	SRL C		N/A	48+	N/A	N/A	PS .3
		20-48	SBL CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	480'	320'
System Type(s)	25% PM	50%
Site LTAR	.25	.25

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

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None	None		

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

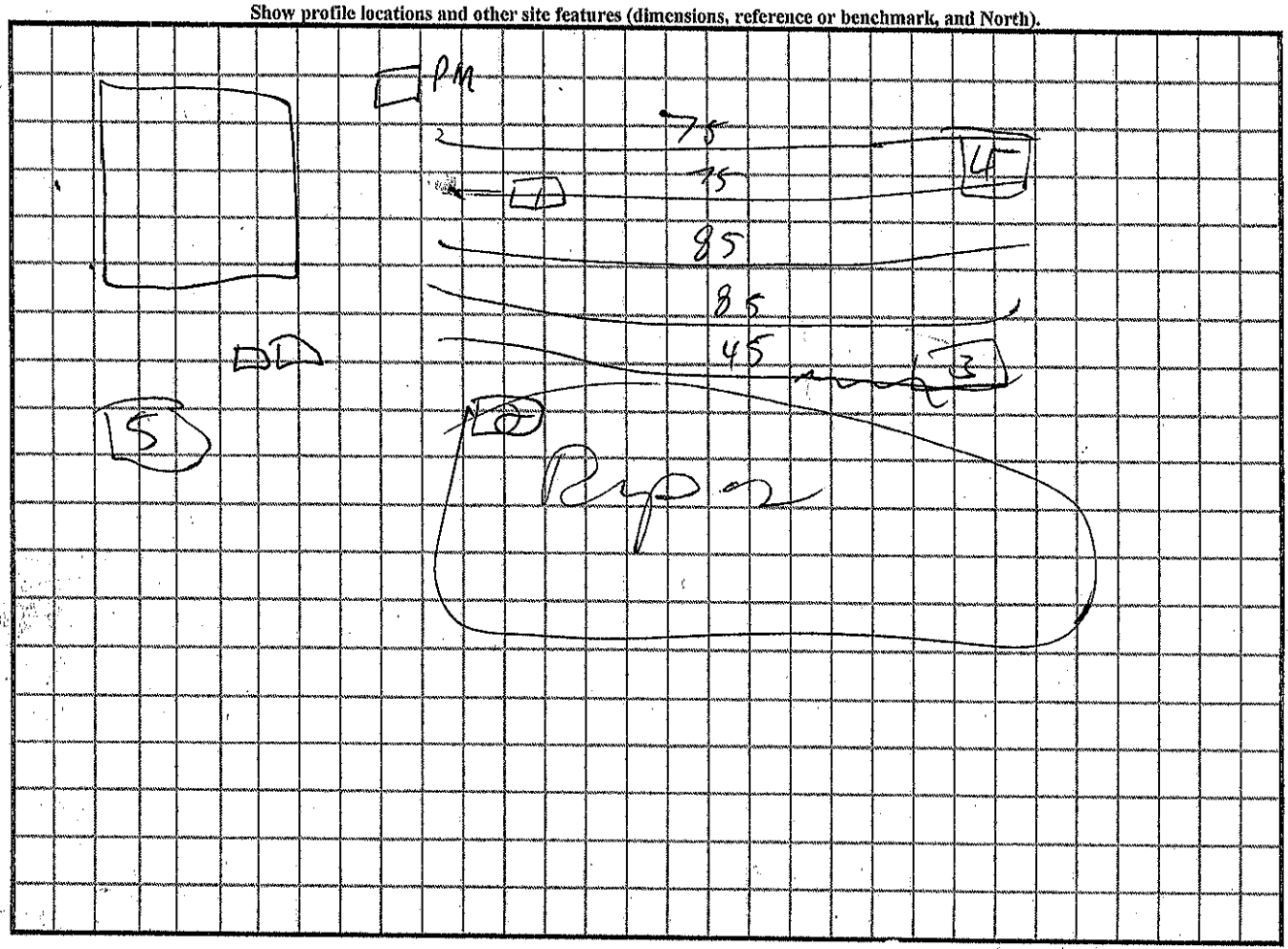
NOTES

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).



3) 0-20 SBL C PS
20-48 SBL CL 3

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

Sheet 1 of 1
PROPERTY ID #: 3282273588
COUNTY: Iredell

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

OWNER: Duane & Christe Payne
ADDRESS: 621 Red Fox
PROPOSED FACILITY: 3 BR
LOCATION OF SITE: 139 Portside Drive

APPLICATION DATE
DATE EVALUATED:
PROPOSED DESIGN FLOW (.1949): 450gpd
PROPERTY SIZE: 1.2
PROPERTY RECORDED: 4-1

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
1	7-8% 55	0-6	SiL sc	F, SSSP Soap	Few RIB Motts	48+	N/A	N/A	PS .25
		6-34	SiL C						
		34-48	SiC CL						
2	7-8% 55	0-6	SiL sc	✓	N/A	48+	N/A	N/A	PS .3
		6-31	SiC C						
		31-48	SiL CL						
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	480	320
System Type(s)	25%	50%
Site LTAR	.25	.25

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

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
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	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
704-832-6603	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None	**MOIST** VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	**WET** NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)

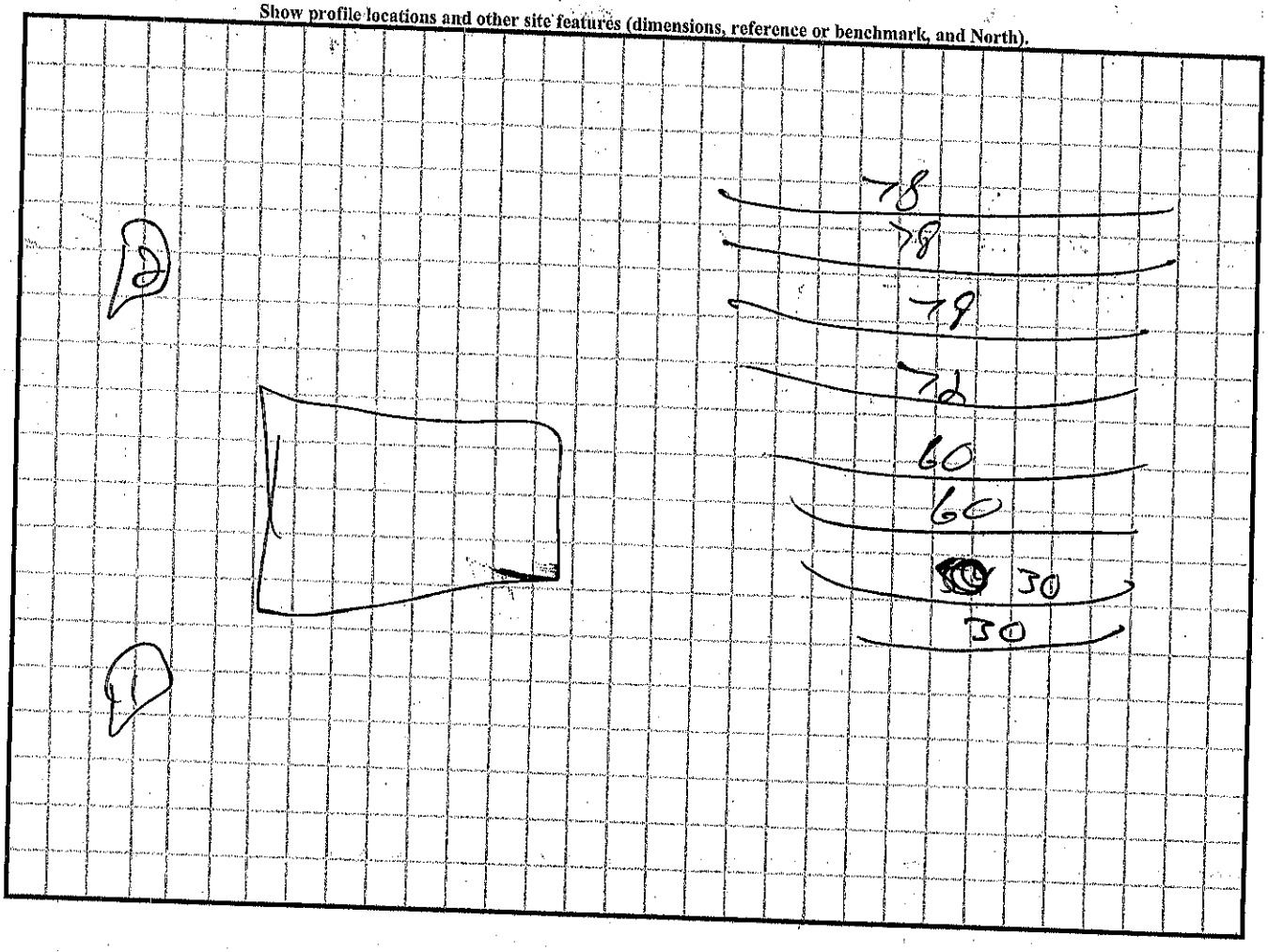
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

NOTES

HORIZON DEPTH — In inches below natural soil surface
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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).



RECEIVED JUL 15 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED Comprehensive Relayout Paid $500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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 AP - 307499

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: Joseph Payne Address: 198 Old Lion Rd. Zip: 28625
Applicant Email: joepayne40@gmail.com Phone: 828-312-4662 Alt. Phone: _____
Owner Name: Devin & Christa Rhyne Address: 621 Red Fox Trail Zip: 28625
Owner Email: _____ Phone: 704-657-5610 Alt. Phone: _____

Property Information:

Street Address: 139 Portside Dr. Statesville, NC 28677
Subdivision Name: River Oaks Landing Section/Phase: 1 Lot Number: 44-45
Driving Directions: Hickory Hwy toward River, River Oaks on R before River

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: 4
Maximum Number of Occupants: 8
( ) 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: _____ Number of Persons: _____

( ) New Well ( ) Existing Well ( ) Community Well (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) 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: _____ 7/9/21
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, Christa Rhyne, am the legal owner(s) of the property located at 139 Portside Dr, Statesville, nc 28677, identified as

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

I do hereby authorize (**print legal representative/company name**) Joseph Payne / Maple Rock Building Cc

_____, 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.

_____ 7/12/2021

Signature of Owner(s) Date

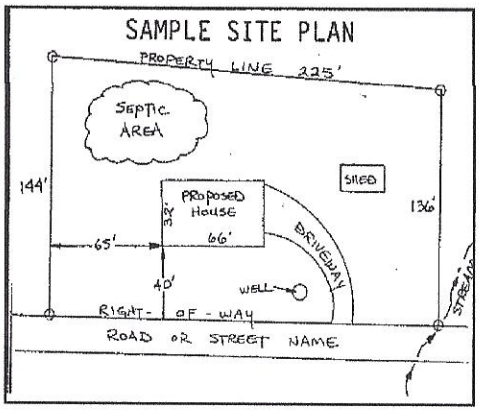
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

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:

- (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**
- (X) **Preferred well location**
- (X) **Preferred septic system location**
- (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 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

Use Previous Septic Record.

Move repair area - due to grading

Signature: _____ 7/9/21

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (BCW) Mooresville Office (704) 660-3625 PERMIT # 30749

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

PIN # 3782-73-5889

APPLICANT/OWNER: Dwain & Christa Rhyne APPLICANT ADDRESS: 621 Red Fox Trail

SITE ADDRESS: 139 Portside Drive Statesville NC 28677 PHONE: 704-657-5610 ALT. PHONE 828-291-3536

SITE DIRECTIONS: Hickory Hwy toward River, River oaks on R before River SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: River Oaks Landing SECTION: - LOT # 44-45 LOT AREA: 1.2 Ac DESIGN FLOW: 480gpd L.T.A.R.: .25

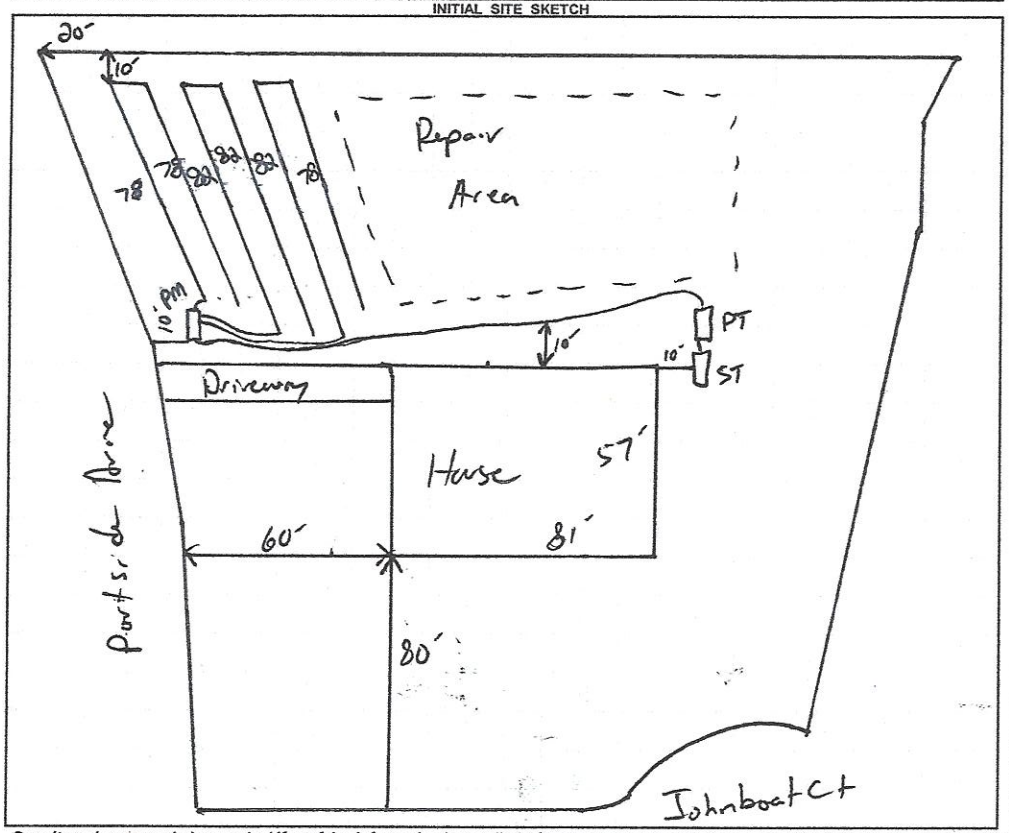
Septic Tank	1000	(gal)	STB		Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II ⓘ IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000	(gal)	PT		Date	System Description: 25% PM				☐ Business	No. Persons 8
Pump Make		Model			Serial #	Repair System Description: 50% Reduction				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6		Linear Ft: 480.0	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth(~~Low side~~)	Max 36"		Gravel Depth -		☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install Drainlines on Contour of land and use PM for distribution.

Use 3 & Sch 40 taps 21.33 gal/min
218 Dose Volume
10.4" Drawdown

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.

1" = 60'

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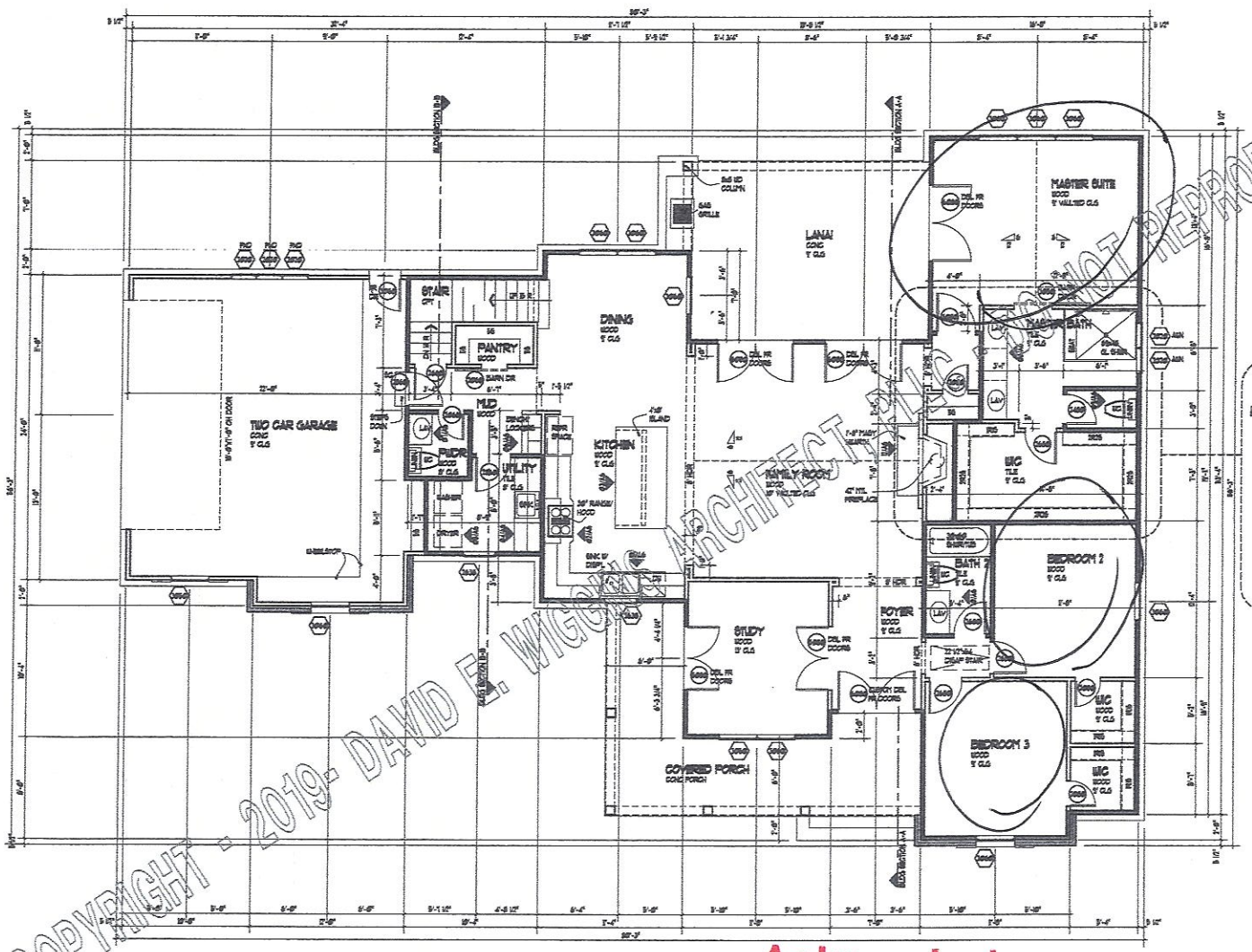
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 11-05-20 Installed by:

IMPROVEMENT PERMIT by: Date: 11-12-2020 OPERATION PERMIT by: Date:

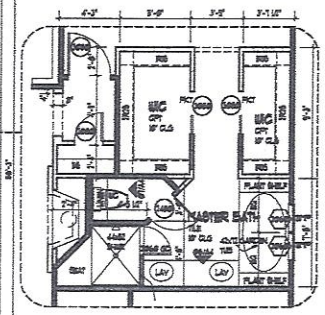
AUTHORIZATION TO CONSTRUCT by: Date: 11-12-2020 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.



FIRST FLOOR PLAN

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



OPT'L BATH

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

AREAS:

FIRST FLOOR =	1680 SF
GOALS =	336 SF
GARAGE =	600 SF
FRONT PORCH =	126 SF
LANAI =	361 SF
TOTAL COVERED AREA =	3104 SF

WALL TYPES

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Acknowledgement Of
Plans Submittal ONLY!

Date 11-12-2020

Date 11/25/2020

COPYRIGHT 2018 - DAVID E. WIGGINS, ARCHITECT, PLLC

houseplansby davidwiggins architect
PO Box 266 - Magnolia, Texas - 77353 - (832) 531-5533

PROJECT

MILL CREEK FARM

PLAN 1988

REVISIONS

DATE

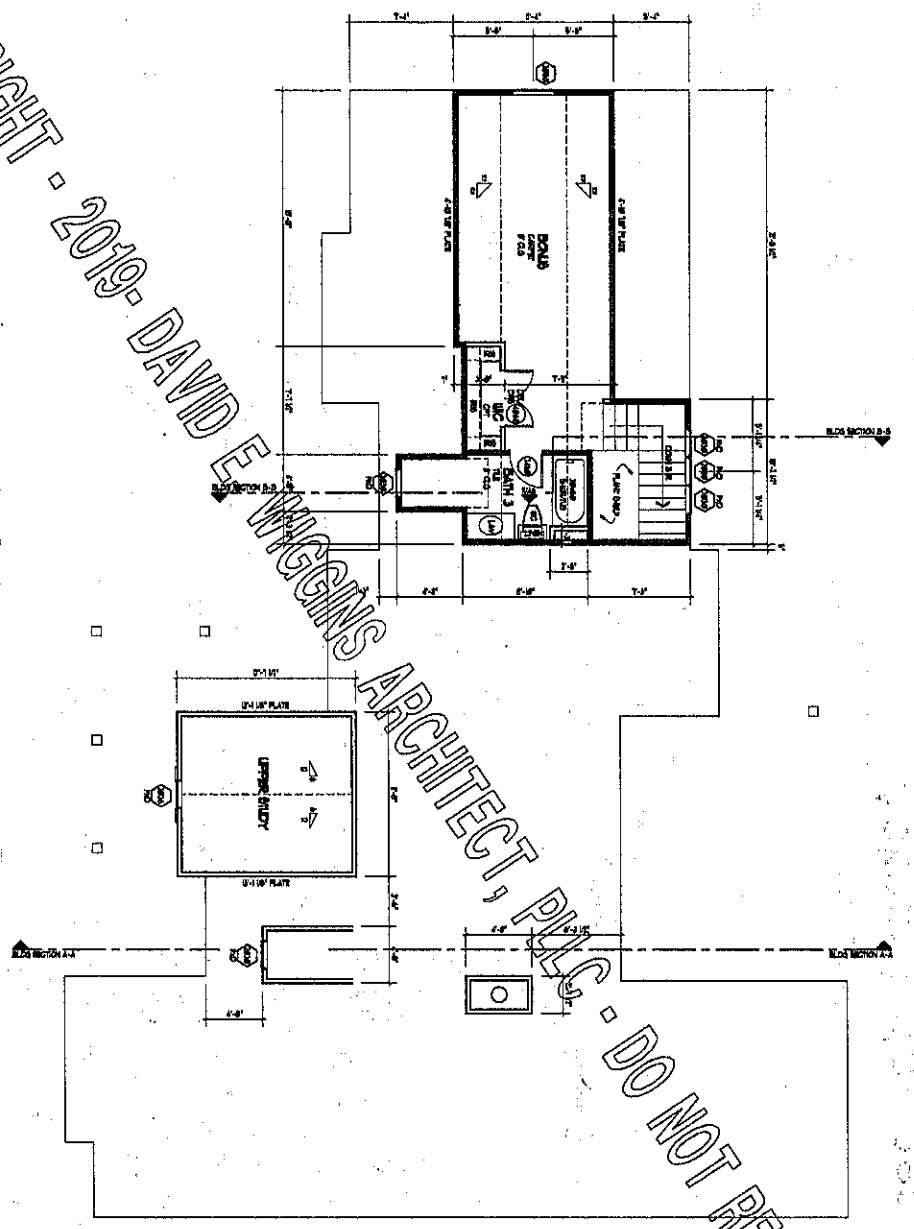
DECEMBER 19, 2019

A1

OF A9

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SECOND FLOOR PLAN



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A2

DATE

REVISIONS

PROJECT:

MILL CREEK FARM

PLAN 1988

houseplans by davidwiggins architect
PO Box 208 - Magnolia, Texas - 77353 - (832) 521-5820

IREDELL COUNTY · NC

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

APPLICATION NUMBER
307499
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3782735889.000	139 PORTSIDE DR	

Owner Information	Applicant Information
Name: WHITMAN MARKUS A+MARTHA A	Name: RHYNE DWAIN H+CHRISTA C
Address:	Address:
Phone:	Phone: (828)291-9590

Use Requested	Zone Code

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	0	0	0	0		

Remarks
SFD need disclaimer

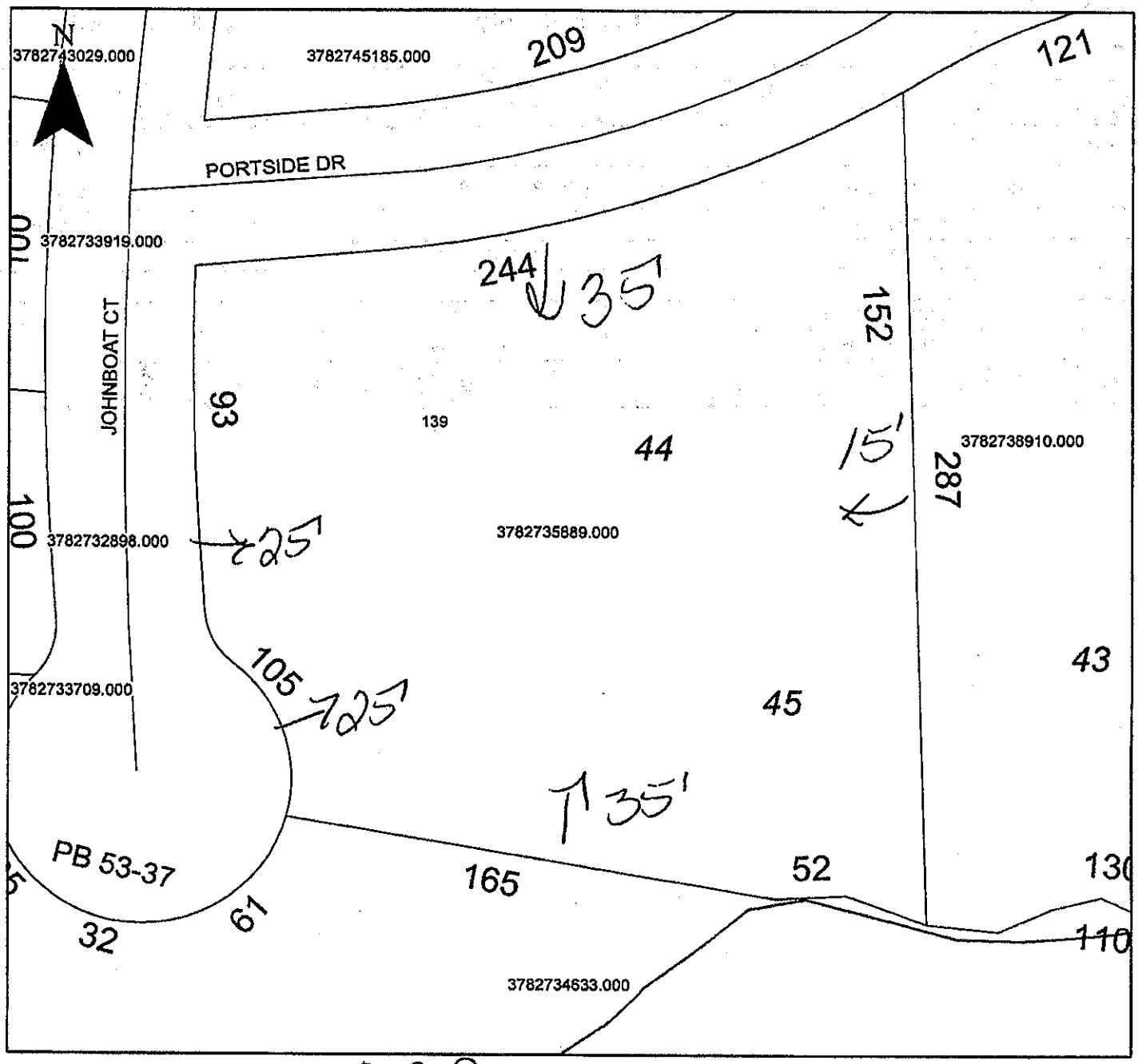
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Signature of Owner/Contractor

Date: 05/15/2020

Permit Number	307499	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 139 Portside

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

Date