ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 327205

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

PIN # 3783 --44 --2849

APPLICANT/OWNER: Old Bay Homes, LLC APPLICANT ADDRESS: 9815 J Sam Furr Rd #207 Huntersville 28078.

SITE ADDRESS: 438 Lookout Dam Rd Statesville NC PHONE: ALT. PHONE

SITE DIRECTIONS: I-40 exit Sharon School Rd Immediate R to Walnut Tree R Lookout Dam Rd Property on Rt SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: River Rock Farms SECTION: - LOT # TRACT 4 LOT AREA: 2.603 AC DESIGN FLOW: 360. L.T.A.R.: .30

Septic Tank	1000	(gal)	STB	4-11-2022	Date	1012	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	GRAVITY 25% Reduction			
Pump Make		Model			Serial #		Repair System Description:	25% Reduction PPBS-50%			
# Nitrification Fields	1	# Lines	3		Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36 in	Trench Bottom Depth(~~Low side~~)		32 inches	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:

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

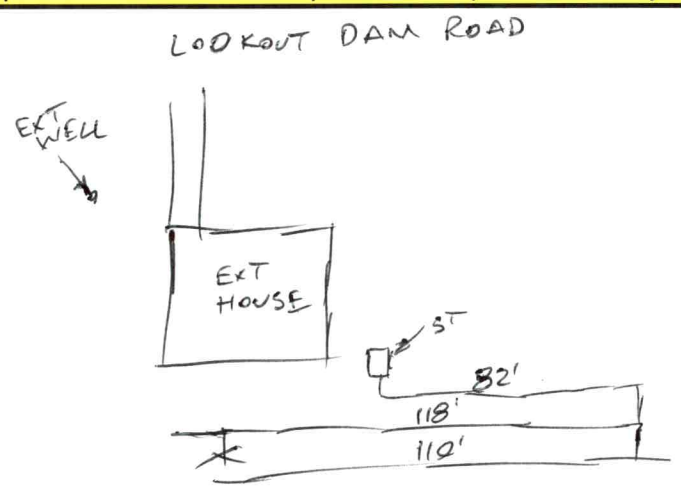
LEV Soil + Onsite Wastewater Consulting

LSS # 1080 dated 3/31/2022

E-MAILED 8-15-22 @

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: 4/13/22 Installed by: GALLE

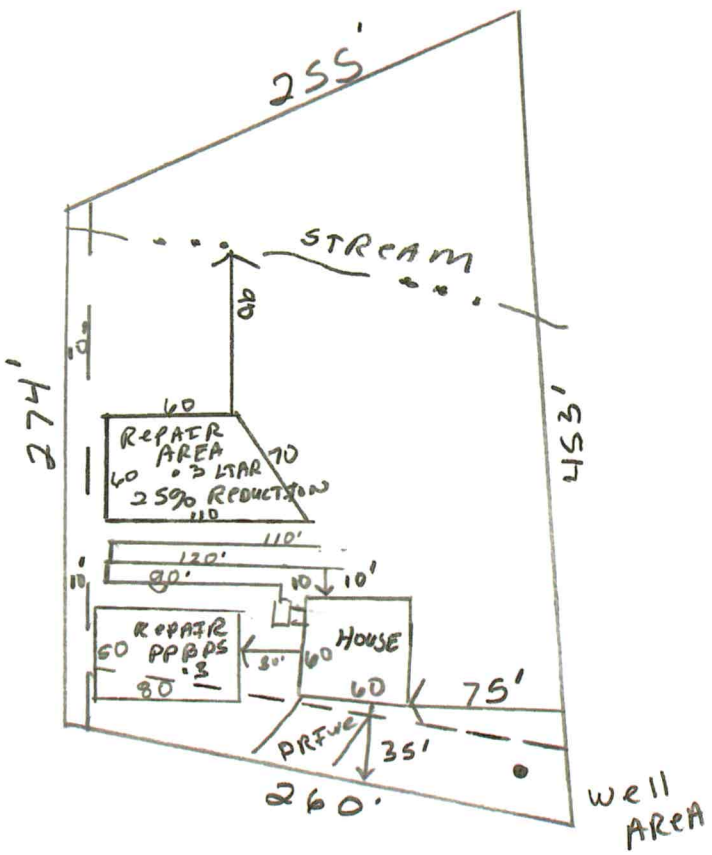
IMPROVEMENT PERMIT by: Date: 4/13/22 OPERATION PERMIT by: Date: 2-16-2023

AUTHORIZATION TO CONSTRUCT by: Date: 4/13/22 Existing System Inspected by: Date:

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

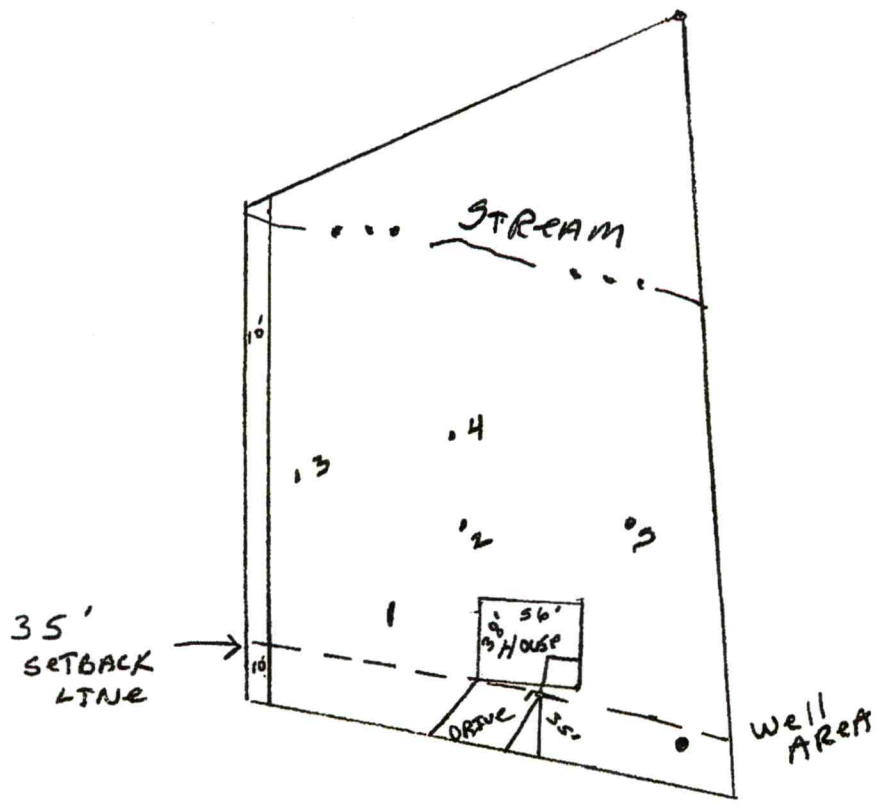
Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

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? _____	



1" = 100'

TRACT 4
RIVER ROCK FARM
OLD BAY HOMES
TAX PIN - 3783442849



TRACT 4

RIVER Rock
Farms

1" = 100'

LEY
SOIL & Onsite Wastewater CONSULTING PLLC

(336)-608-9206 gyoung127@icloud.com
(336)-940-7672 geaster56@icloud.com
(704)-310-6529 Jll2663@gmail.com
NC Licensed Soil Scientist, NC Environmental Health Specialist

Date: 3/31/2022

Project Name: Old Bay Homes, 9815J Sam Furr Rd, Huntersville, NC 28078
Pin# 3783442849

SESSION LAW 2018-114, SECTION 11.(c)/HOUSE BILL 374, SECTION 11.(c)
AUTHORIZATION FORM

LEY Soil & Onsite Wastewater Consulting has been contracted to evaluate soil, design and submit a septic system proposal to Iredell County on behalf of Ben Manuel (owner/applicant) for the property located at: Tract 4, Lookout Dam Road, Pin# 3783442849 .

The Licensed Soil Scientist (LSS) Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c).

The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11. (c).

Breck Kraft Digitally signed by Breck Kraft
DN: cn=Breck Kraft, o=Old Bay Homes, LLC, ou, email=breck@oldbayhomes.com, c=US
Date: 2022.04.14 15:33:24 -04'00'

Owner Signiture



Installer Information

Be sure to read the permit very carefully before submitting bid.

The following details must be considered along with all other considerations:

Where required by the county health department, preinstallation inspections or post installation inspections by the designer must be scheduled 5 weekdays in advance

- Installation inspections by the AOWE (designer) must be scheduled 5 weekdays in advance
- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer
- All tanks shall be properly back filled and compacted to prevent slump in the future
- The installer is responsible for final grades and returning that grade to original, with the exception of added structural features
- The supply trench shall be compacted to eliminate any cavities left during initial fill placement
- Installation of the system shall be completed during dry conditions in order to protect the soil structure
- All fittings shall be pressure rated fitting
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints
- Trenches shall be carefully excavated so the bottom has no more than ¼" fall in 10 feet, with no high or low areas within. **Do not over excavate trenches!** Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the rise.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to ensure accuracy
- If septic tank risers are used, they should be a minimum of 6" above finished grade or within 6" of final grade if buried
- **Design precludes use of foundation drains on the business**

See Design Specification Sheet for Onsite Wastewater System information

- **If grading for slab foundation is utilized, do not grade/create greater than 2 feet of elevation difference within 15 feet of any component of the septic or repair. If back filling, do not backfill over any initial or repair septic line**

System is specified as an Accepted 25% Reduction Gravity Chamber installation.

Repair is specified as Accepted 25% Reduction installation.

A water meter is recommended to be installed on the well.

OWNER INFORMATION

Owner: Old Bay Homes
Address: 9815J Sam Furr Rd,
Huntersville, NC 28078

Phone: 704-400-4862
County: Iredell
Pin Number 3783442849
Tract 4

Source of Wastewater Flow: 3-Bedroom House
Estimated Gallons Per Day Flow: 360
System Flow: 360

25% Reduction GRAVITY DESIGN INFORMATION

Drainfield Design Flow (gpd): 360
Loading/Soil Application Rate (gpd/ft.^{2}): 0.300
Depth of Gravel in Trench: NA (25% reduction)
Gravel Size: NA (25% reduction)
TOTAL AREA TRENCH BOTTOM: 1200 sq ft
Total Lateral Length From Layout: 310 ft
Total Lateral Length Required: 300 ft
Maxium Trench Depth: 32 in Lowside
Trench Width: 36 in.
Trench Spacing on Center: 9 ft.

25% Reduction Repair DESIGN INFORMATION

25% Reduction Repair 300 ft
Repair Trench Spacing: 9 ft.
Repair Trench Depth: 32 in
Repair Trench Width: 36 in.

Septic Tank Size: 1000 gallon
Pump Tank Size:

Estimated Supply Line Length: 12 ft
Supply Line Diameter: 3 in. SCH 40 PVC

Supply Manifold: SERIAL DISTRIBUTION

Additional Comments:

FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 3 BEDROOM RESIDENCE

LINE #	FLAG COLOR		FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM				NA		
HOUSE CRN			NA	NA		
P. TANK			NA	NA		
1	Yellow		NA	NA	84	80
2	Orange		NA	NA	120	120
3	blue		NA	NA	110	110
			NA	NA		
4	Orange	*repair*	*NA*	*NA*	114	
5	**blue**	*repair*	*NA*	*NA*	93	
6	***Blue/orange***	*repair*	*NA*	*NA*	75	
7	***Orange***	*repair*			80	
8	***Blue***	*repair*			70	
9	***Orange***	*repair*			60	
				Total	**806**	**310**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
System	*300*	*25%*	*0.300*	*25% RED.*	*GRAVITY*
Repair	300	*25%*	0.300	*25% RED.*	*Gravity*

Notes: ** TBM Is Not Required.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments:

Sheet 1 of 1
PROPERTY ID #: 378 3442 849
COUNTY: IREDELL

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

OWNER: OLD BAY Homes APPLICATION DATE
ADDRESS: TRACT 4 - LOOKOUT DAM ROAD DATE EVALUATED: 11-24-21
PROPOSED FACILITY: HOUSE PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: 2. ACRES
LOCATION OF SITE: TRACT 4 LOOKOUT DAM ROAD PROPERTY RECORDED:
WATER SUPPLY: . Private . Public . Well . Spring . Other 3-23-22
EVALUATION METHOD: . (Auger) Boring . (Pit) TYPE OF WASTEWATER: . (Sewage) . Industrial Process . Mixed

AUGER

Landscape Position (1940)	L	L	L	L	L					
Slpoe%	6	8	8	6	10					
H 1 Depth (1943)	0-10	0-8	0-12	0-10	0-9					
H1 texture 1941	scl	scl	scl	scl	scl					
H1 Structure 1941	WSBK	WSBK	WSBK	WSBK	BKY					
H1 Consistance 1941	FR-SP	FRSP	FRSP	FR-SP	FRSP					
H1 Mineralogy 1941	SE	SE	SE	SE	SE					
H 2 Depth (1943)	10-42	8-44	12-43	10-45	9-41					
H2 texture 1941	C	C	C	C	C					
H2 Structure 1941	SBK	SBK	SBK	SBK	BKY					
H2 Consistance 1941	F-P	F-P	F-P	F-P	F-P					
H2 Mineralogy 1941	SE	SE	SE	SE	SE					
H 3 Depth (1943)	42-60	44-61	43-59	45-60	41-57					
H3 texture 1941	BC	BC	BC	BC	BC					
H3 Structure 1941	SBK-M	SBK-M	SBK-M	SBK-M	SBK-M					
H3 Consistance 1941	FR-P	FR-P	FR-P	FR-P	FR-P					
H3 Mineralogy 1941	SE	SE	SE	SE	SE					
H 4 Depth (1943)										
H4 texture 1941										
H4 Structure 1941										
H4 Consistance 1941										
H4 Mineralogy 1941										
LTAR	.3	.3	.3	.3	.3					

Description	Initial System	Repair	Other Factors 1946
System Type	ACCEPTED	ACCEPTED "DRIP"	Site Classification PS
LTAR	.3	.3	

LICENSED SOIL SCIENTIST
GENE YOUNG
1080
STATE OF NORTH CAROLINA

Evaluated by Gene Young - LSS - AOWE - GARY EASTER - LSS

RECEIVED APR 0 1 2022

BB

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

Iredell County Health Department – Environmental Health Division

S.L.

PAGE 1: *APPLICATION FORM* AP- 327.205 $500.00

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
- [ ] Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Old Bay Homes, LLC Address: 9815 J Sam Furr Rd.#207 Huntersville Zip: 28078

Applicant Email: breck@oldbayhomes.com Phone: (704) 400-4862 Alt. Phone: _____

Owner Name: Waycross Holdings, LLC Address: 9815 J Sam Furr Rd.#207 Huntersville Zip: 28078

Owner Email: breck@waycrossholdings.com Phone: (704) 400-4862 Alt. Phone: _____

Property Information:

Street Address: 438 Lookout Dam Rd Statesville, NC

Subdivision Name: River Rock Farms Section/Phase: _____ Lot Number: _____

Driving Directions: I-40 to exit 141. Right onto Sharon School Rd. Immediate Left onto Walnut Tree Rd.

End of Walnut Tree Rd. Left on Lookout Dam Rd. Property on right.

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

CHECK FOUNDATION TYPE

- [✓] 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: ?
- [ ] Swimming Pool
- [ ] Other Addition/Structure: N/A

- [✓] Crawl Space Foundation
- [ ] Concrete Slab Foundation
- [ ] Basement with Plumbing
- [ ] Basement without Plumbing

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: 25% Reduct

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.

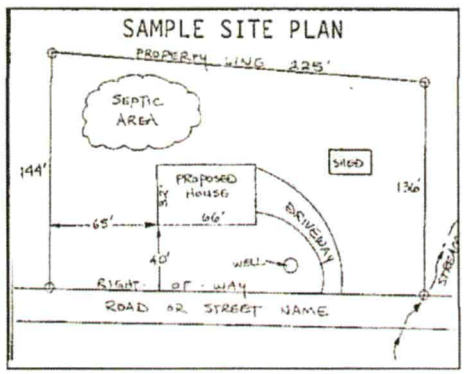
Signature: BB 3/31/22

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

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:

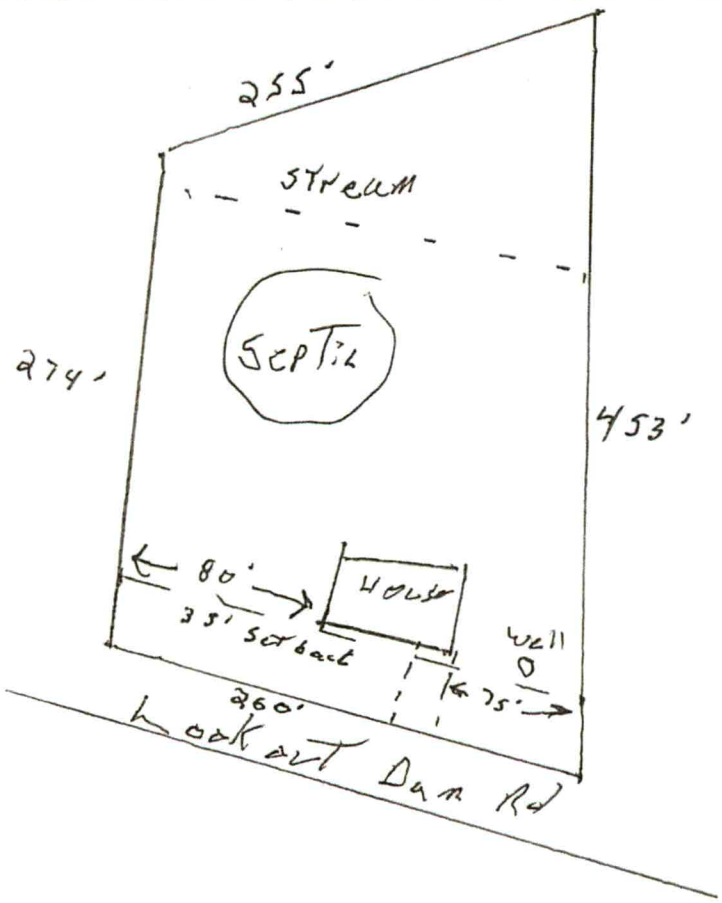
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction

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

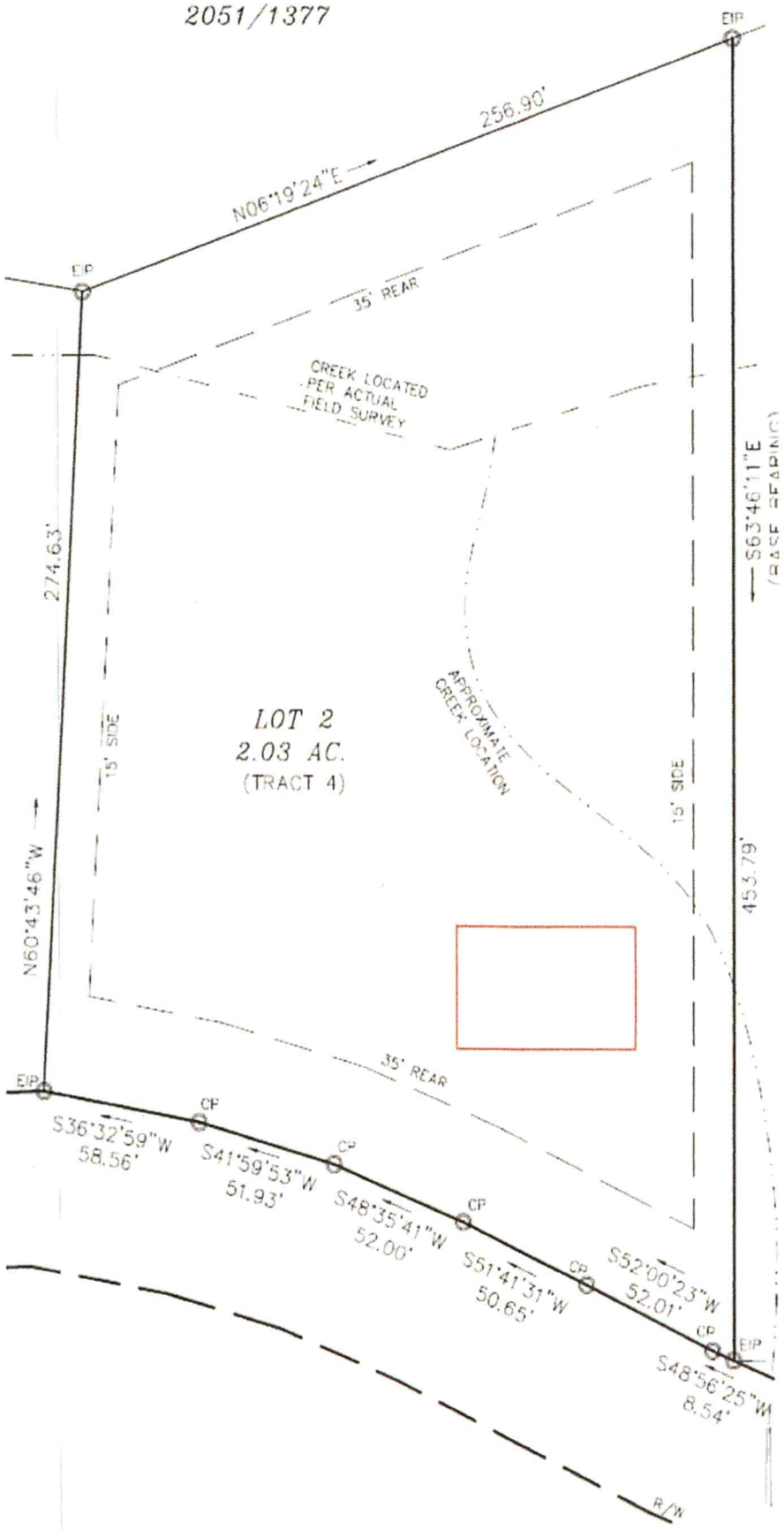
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



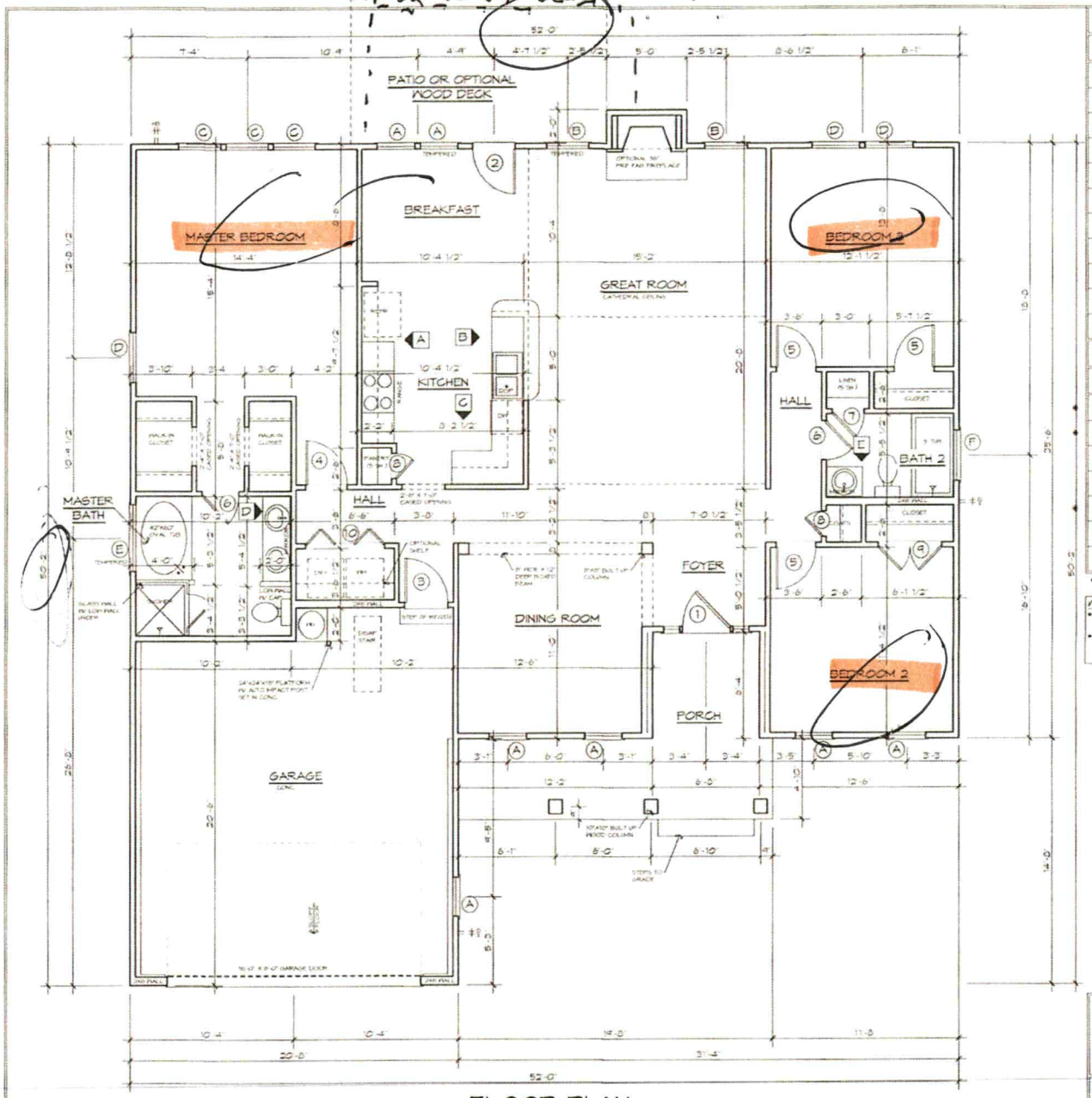
Signature: BH 3/31/22

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

2051/1377


EIP
256.90'
N06°19'24"E
EIP
35' REAR
CREEK LOCATED PER ACTUAL FIELD SURVEY
274.63'
S63°46'11"E
(BASE BEARING)
APPROXIMATE CREEK LOCATION
LOT 2
2.03 AC.
(TRACT 4)
15' SIDE
15' SIDE
453.79'
N60°43'46"W
35' REAR
EIP
CP
S36°32'59"W
58.56'
CP
S41°59'53"W
51.93'
CP
S48°35'41"W
52.00'
CP
S51°41'31"W
50.65'
CP
S52°00'23"W
52.01'
CP
EIP
S48°56'25"W
8.54'
R/W

Approx 16'x12' Deck



FLOOR PLAN

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

DOOR SCHEDULE

TYPE	SIZE	DESCRIPTION
1	3'-0" X 6'-8" X 1 3/4"	SEE FRONT ELEVATION
2	2'-8" X 6'-8" X 1 3/4"	FIFTEEN LITE
3	2'-8" X 6'-8" X 1 3/4"	20 MINUTE RATED
4	2'-8" X 6'-8" X 1 3/8"	PANELED DOOR
5	2'-6" X 6'-8" X 1 3/8"	PANELED DOOR
6	2'-4" X 6'-8" X 1 3/8"	PANELED DOOR
7	2'-0" X 6'-8" X 1 3/8"	PANELED DOOR
8	1'-6" X 6'-8" X 1 3/8"	PANELED DOOR
9	(2)2'-0" X 6'-8" X 1 3/8"	PANELED DOORS, B-HINGE
10	5'-0" X 6'-8" X 1 1/8"	PANELED DOORS, B-FOLD

WINDOW SCHEDULE

TYPE	SIZE	DESCRIPTION
A	2'-4" X 6'-0"	SINGLE-HUNG
B	2'-8" X 6'-0"	SINGLE-HUNG
C	2'-8" X 5'-0"	SINGLE-HUNG
D	3'-0" X 5'-0"	SINGLE-HUNG
E	4'-0" X 5'-0"	FIXED, TEMPERED
F	3'-0" X 1'-0"	FIXED

*SEE PLAN FOR TEMPERED LOCATION

WINDOW NOTES:
- ENSURE W/ MANUFACTURER THAT EGRESS WINDOWS IN BEDROOMS MEET EGRESS REQUIREMENTS PER BUILDING CODE
- PROVIDE FALL PROTECTION ON WINDOWS WHERE THE SILL IS LESS THAN 24" ABOVE THE FLOOR AND GREATER THAN 72" ABOVE GRADE

Acknowledgement Of Plans Submittal ONLY!

BM Date 3/31/22

Date 3/31/22

TSB 3/13/22.

AREA SCHEDULE

HEATED	1665 SQ. FT.
GARAGE	441 SQ. FT.
FRONT PORCH	137 SQ. FT.
TOTAL AREA UNDER ROOF	2243 SQ. FT.

Old Bay Homes, LLC

The James - A

4/27/2020

DT

A1

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*) Breck Kraft Digitally signed by Breck Kraft DN: cn=Breck Kraft, o=Old Bay Homes, LLC, ou, email=breck@oldbayhomes.com, c=US Date: 2022.04.14 15:33:00 -04'00'

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, Waycross Holdings, LLC, am the legal owner(s) of the property located at 438 Lookout Dam Rd, STV, identified as

PIN (Parcel Identification Number) 3783442849, located in Iredell County, North Carolina.

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

Breck Kraft Digitally signed by Breck Kraft DN: cn=Breck Kraft, o=Old Bay Homes, LLC, ou, email=breck@oldbayhomes.com, c=US Date: 2022.04.14 15:33:13 -04'00' 4/14/2022

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 · NC

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

APPLICATION NUMBER
327205 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3783442849.000	438 LOOKOUT DAM RD	Iredell County

Owner Information	Applicant Information
Name: MIDLAND IRA INC FBO	Name: OLD BAY HOMES LLC
Address: 135 S LA SALLE ST STE 3200	Address: 9815J SAM FURR RD
CHICAGO, IL 60603	HUNTERSVILLE, NC 28078
Phone:	Phone: (704)400-4862

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.003	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
Single Family Residence - New Construction

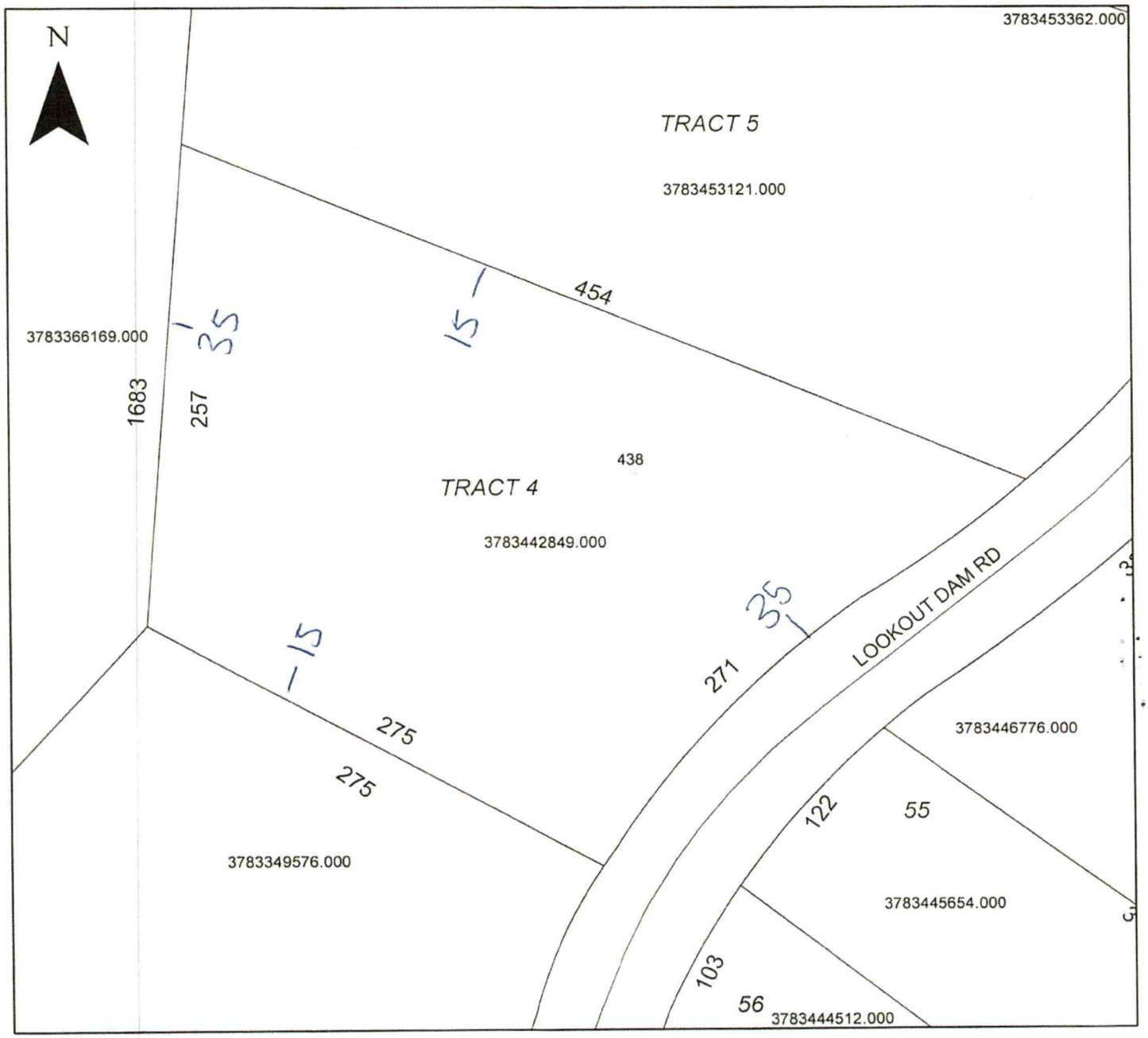
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 03/31/2022

Signature of Owner/Contractor

Permit Number	327205	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 438 Lookout Dam Rd.

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.

BA

Applicant

3/21/22

Date