K - P. Rajapakse

) - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 319970

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

PIN # 3792--46--4225

NT/OWNER: Freedom Homes - Kelly Wood APPLICANT ADDRESS: 1124 Charlotte Highway, Troutman NC 28166

DRESS: 115 Rosa Jane Ct. Statesville NC 28677 PHONE: 704-881-2326 ALT. PHONE

ECTIONS: (W) Old Mountain → (L) Hwy 70 → (L) Rosa Jane - lot @ end SAP CONTROLLED: ☐ YES ☒ NO

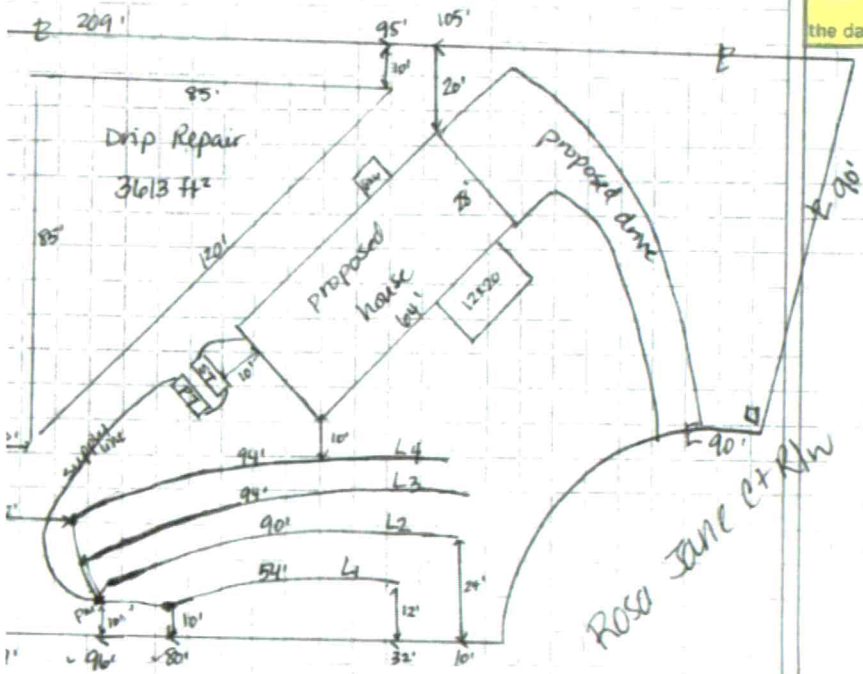
ION: CA Stewart Estates SECTION: — LOT # 3 LOT AREA: 0.56 ac DESIGN FLOW: 360 gpd L.T.A.R.: 0.275 (I)/0

nk 1000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
k 1000 (gal)	PT	Date	System Description: 25% Reduction - Pump				☐ Business	No. Persons 6	☐ Private
ke	Model	Serial #	Repair System Description: Drip - 3613 ft²				☐ Other	No. Employees	☒ Public
tion Fields 1	# Lines 4	Linear Ft 332	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
dth 36"	Trench Bottom Depth (~~max~~) 36" max	Gravel Depth N/A		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing

s / Conditions: Do not grade, pave, park, drive, or bury utilities infield area. Install on contour, use pressure manifold distribution

No foundation drains along house where drainlines are less than 25' away (see L4).

INITIAL SITE SKETCH



AS BUILT SKETCH

the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

2" supply line, 2' pressure head

Manifold

L1 = 3/4" SCH 80

L2, L3, L4 = 1/2" SCH 80 each

Run time: 5.7 min

Flow: 26.54 gpm

Dose: 151.06 g

Drawdown: 7.2"

COPY

9/13/22

Flocts

PM

Pressurized:

Electrical.

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

VEMENT 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.

licant Signature: Kimberly Freeze Date: 10/18/21 Installed by: Craig Thompson

NT PERMIT by: D. Mekeel Date: 10/13/21 OPERATION PERMIT by: Benjamin A Ball Date:

TION TO CONSTRUCT by: D. Mekeel Date: 10/13/21 Existing System Inspected by: Date:

MD 10:00

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 319970

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

PIN # 3792--46--4225

APPLICANT/OWNER: Freedom Homes/Kelley Wood APPLICANT ADDRESS: 1124 Charlotte Highway, Troutman NC 28166

SITE ADDRESS: 115 Rosa Jane Ct, Statesville NC 28677 PHONE: 704-881-2326 ALT. PHONE

SITE DIRECTIONS: W Old Mountain → L Hwy 70 → L Rosa Jane - lot @ end SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CA Stewart Estates SECTION: — LOT # 3 LOT AREA: 0.56 ac DESIGN FLOW: 360 gpd L.T.A.R.: 0.275 (I)/0.114

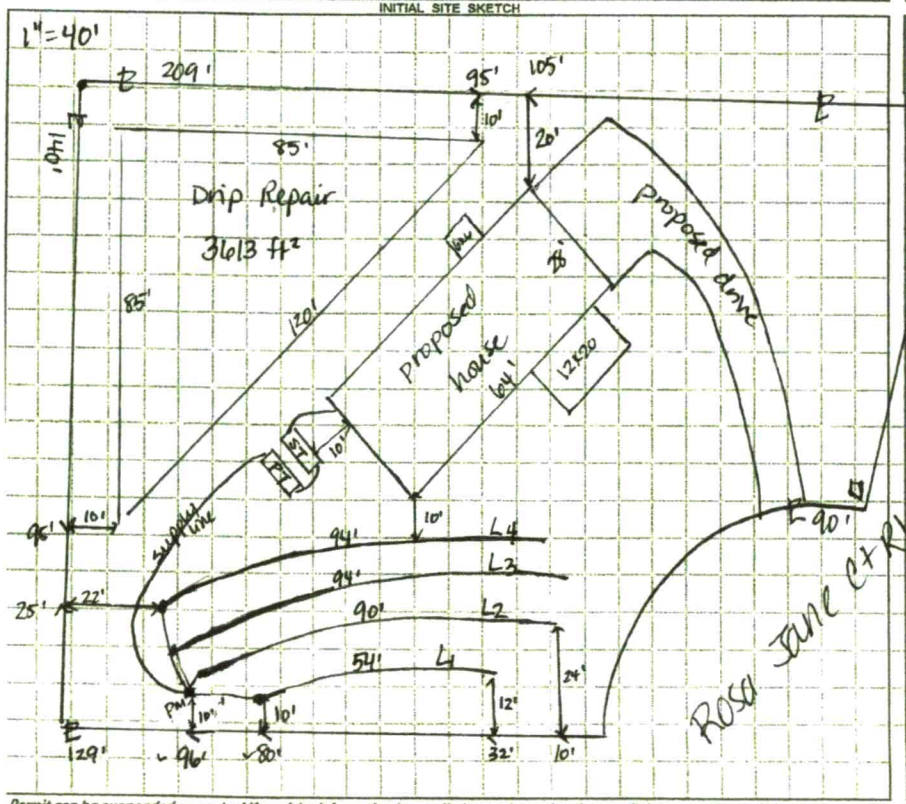
Septic Tank	1000	(gal)	STB	766	Date	12-13-21	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	1000	(gal)	PT	8500	Date	1-7-22	System Description:	25% Reduction - Pump			
Pump Make	Zoeller		Model	N98	Serial #		Repair System Description:	Drip - 3613 ft²			
# Nitrification Fields	1		# Lines	4	Linear Ft	332	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"		Trench Bottom Depth (~~from site~~)	36" max	Gravel Depth	N/A		☐ 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: Do not grade, pave, park, drive, or bury utilities in drainfield area. Install on contour, use pressure manifold distribution

No foundation drains along house where drainlines are less than 25' away (see L4).
Red filter

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.

2" supply line, 2' pressure head
Manifold

L_1 = 3/4" SCH 80
L_2, L_3, L_4 = 1/2" SCH 80 each
Run time: 5.7 min

Flow: 26.54 gpm
Dose: 151.06 g
Drawdown: 7.2"

2/21/22 Checked Quick 4 drainlines, PM

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: Kelley Lynge Date: 10/18/21 Installed by: Craig Thompson Grading

IMPROVEMENT PERMIT by: D. Mekerz Date: 10/13/21 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Mekerz Date: 10/13/21 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 inspector to confirm your time.

Item	Date	Initials
Drain Lines Checked	2/21/22	MD
Tanks Checked	2/21/22	MD
Pressure Manifold or Valve Box Checked	2/21/22	MD
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		
Supply line	2/21/22	MD

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? _____	

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 319970

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

PIN # 3792--46--4225

APPLICANT/OWNER: Freedom Homes/Kelley Wood APPLICANT ADDRESS: 1124 Charlotte Highway, Troutman NC 28166

SITE ADDRESS: 115 Rosa Jane Ct. Statesville NC 28677 PHONE: 704-881-2326 ALT. PHONE

SITE DIRECTIONS: (W) Old Mountain → (L) Hwy 70 → (L) Rosa Jane - 1st @ end SAP CONTROLLED: ☐ YES ☒ NO

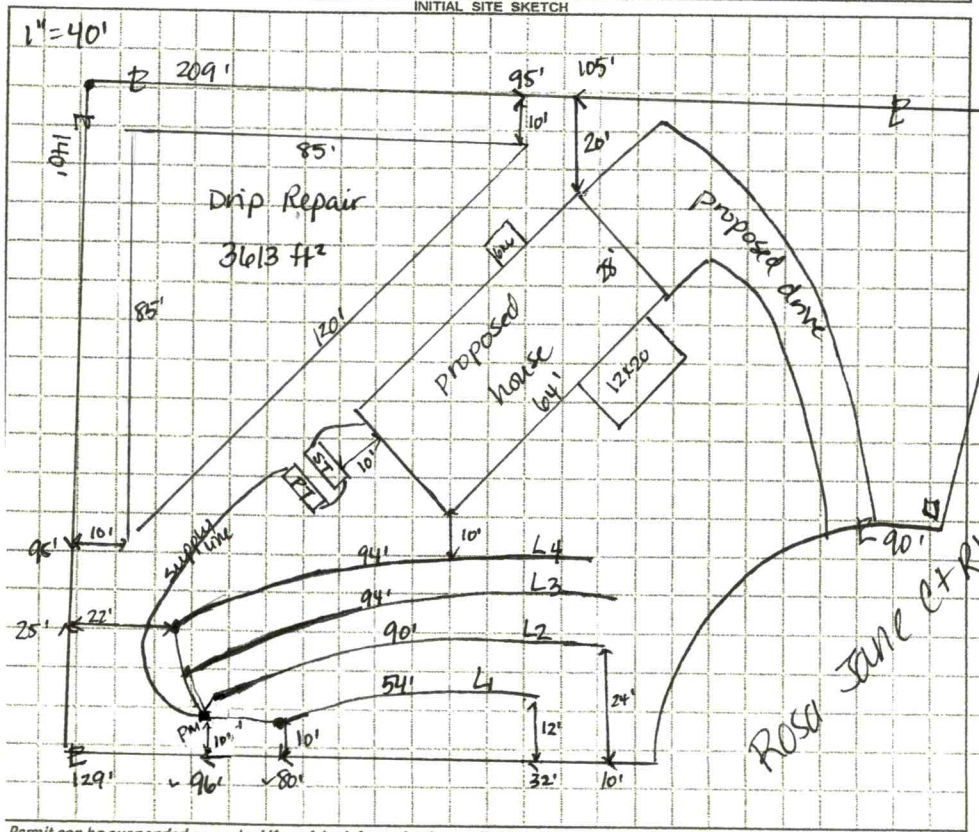
SUBDIVISION: CA Stewart Estates SECTION: — LOT # 3 LOT AREA: 0.56 ac DESIGN FLOW: 360 gpd L.T.A.R.: 0.275 (I)/0.11

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	1000	(gal)	PT		Date		System Description: 25% Reduction - Pump				☐ Business	No. Persons 6	☐ Private
Pump Make			Model		Serial #		Repair System Description: Drip - 3613 ft²				☐ Other	No. Employees	☒ Public
# Nitrification Fields	1		# Lines	4	Linear Ft	332	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"		Trench Bottom Depth (~~Low side~~)		36" max		Gravel Depth	N/A	☐ GRAVITY	☒ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Do not grade, pave, park, drive, or bury utilities in drainfield area. Install on contour, use pressure manifold distribution

No foundation drains along house where drainlines are less than 25' away (see L4).

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.

2" supply line, 2' pressure head

Manifold

L_1 = 3/4" SCH 80

L_2, L_3, L_4 = 1/2" SCH 80 each

Run time: 5.7 min

Flow: 26.54 gpm

Dose: 151.06 g

Drawdown: 7.2"

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: Kimberly Sage Date: 10/18/21 Installed by:

IMPROVEMENT PERMIT by: D. Weberg Date: 10/13/21 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Weberg Date: 10/13/21 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 #: 3792 & 64225
COUNTY: Iredell

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

OWNER: Kelly Wood
APPLICATION DATE
ADDRESS: 410 Holland Dr. Statesville 28677
DATE EVALUATED: 9/29/21
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: 0.56
LOCATION OF SITE: 115 Rosa Jane Ct, Statesville NC
PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

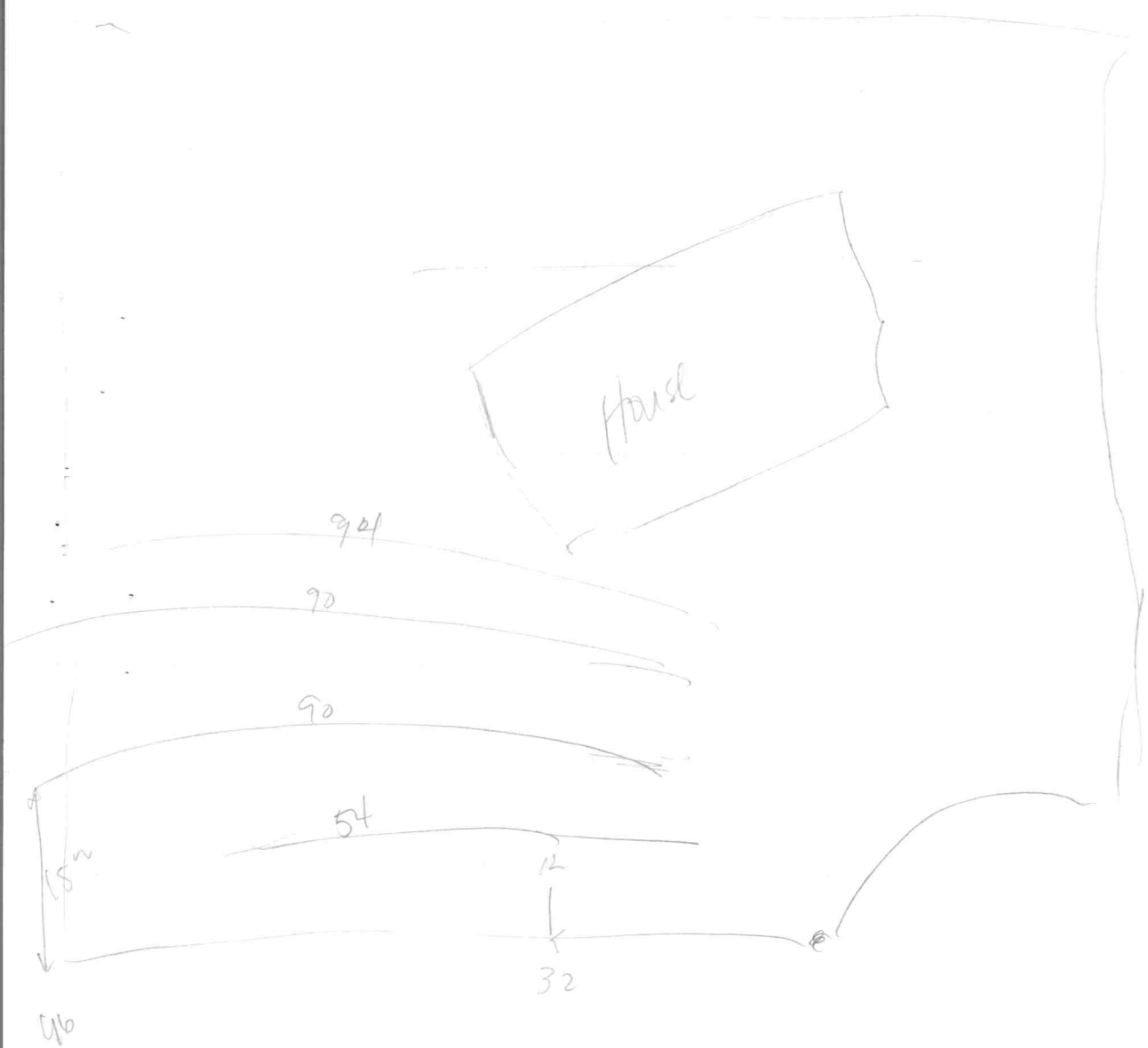
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 10%	0-4 4-29 29-48	SCL - SBK C - ABK CL - ABK/PL	SSSP - FR - SEXP ↓	2.5Y 5/2 @ 18" 7.5YR 7/2 @ 24 2.5Y 8/2 @ 44"	(48")	N/A	N/A	PS Drip 0.1
2	LS 8-10	0-6 6-20 20-48	SCL/CL - SBK C - ABK CL - ABK Trending to PL	SSSP - FR - SEXP ↓	2.5Y 6/2 @ 19" 2.5YR 6/2 @ 26" 2.5Y 7/1 @ 36" 5Y 8/1 @ 48"	(48")	N/A	N/A	PS Drip 0.1
3	LS 5%	0-6 6-29 29-48	CL/SCL - SBK C - SBK CL - SBK	SSSP - FR - SEXP ↓	few YB 29"+ mn mihor throughout sap incl (few) 29"+	(48")	N/A	N/A	PS 0.275
4	LS 5%	0-6 6-25 25-48	SCL - SBK C - SBK CL - SBK	SSSP FR - SEX ↓	few YB 20-25" sap incl 25"+	(48")	N/A	N/A	PS 0.275

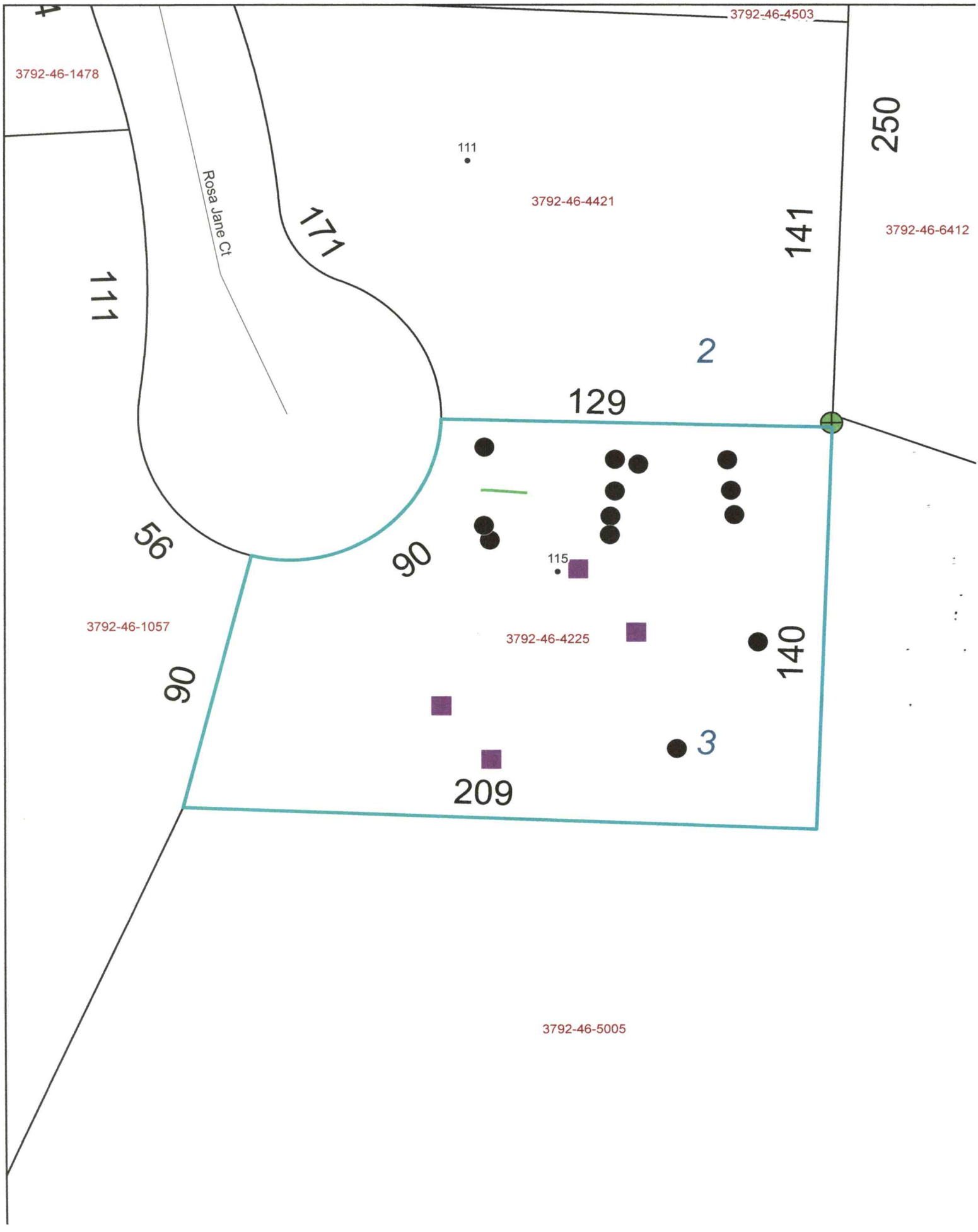
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		Drip
Site LTAR	0.275	0.1

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: D. Wiebery
OTHER(S) PRESENT: J. McIntosh

COMMENTS: very dry soil

Updated February 2014


House
90
90
54
12
32
46


3792-46-4503
3792-46-1478
111
Rosa Jane Ct
171
250
3792-46-4421
141
3792-46-6412
111
2
129
56
90
115
3792-46-1057
3792-46-4225
140
90
3
209
3792-46-5005

9129 1200

RECEIVED JUL 26 2021

DW

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-319970 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Freedom Homes/Kimberly Frye **Address:** 1124 Charlotte Hwy Troutman **Zip:** 28166
Applicant Email: Kimsneed.Sneed04@gmail **Phone:** 704-881-2326 **Alt. Phone:** ____
Owner Name: Kelly Wood **Address:** 410 Holland Dr Statesville **Zip:** 28677
Owner Email: ____ **Phone:** ____ **Alt. Phone:** ____

Property Information:

Street Address: 115 Rosa Jane Court Statesville, NC
Subdivision Name: C A STEWART Estates **Section/Phase:** ____ **Lot Number:** 3
Driving Directions: I-40 Toward Hickory, @ Sharon School Rd. Onto Hickory Hwy, R onto Rosa Jane Ct, Lot at End on left

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: ____
Non-Residential Site Development: Type of Business: ____
Square Footage of Building: ____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: ____

CHECK FOUNDATION TYPE
(X) 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 (X) 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: Kimberly Frye 7-22-2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DocuSign Envelope ID: E207DC92-FC47-42DF-9E0C-427C4EBE9772

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Kelly L Wood, am the legal owner(s) of the property located at 124 Rosa Jane Ln, Statesville NC 28677, identified as PIN (Parcel Identification Number) 3792416422 5.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) CMH dba Freedom Homes 1124 Charlotte Hwy, Troutman, NC 28166, 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.

DocuSigned by: Kelly Wood — 7/6/2021 | 2:56:12 PM EDT
Signature of Owner(s) — Date

DocuSigned by: Kristi Pfeufer — 7/6/2021 | 4:51:16 PM EDT
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

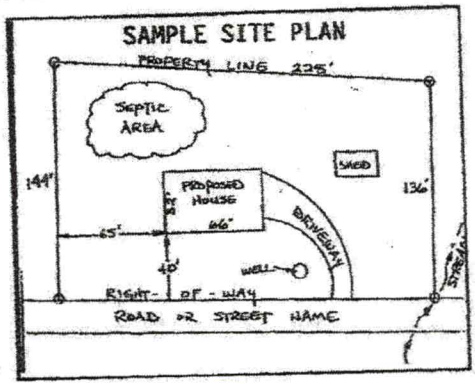
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location and well location**
- (X) **Area you prefer your septic system to be placed**
- ( ) **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

Attached

Signature: Kristin Bryce

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

7-22-2021

DATE

PLOT PLAN

N.T.S.

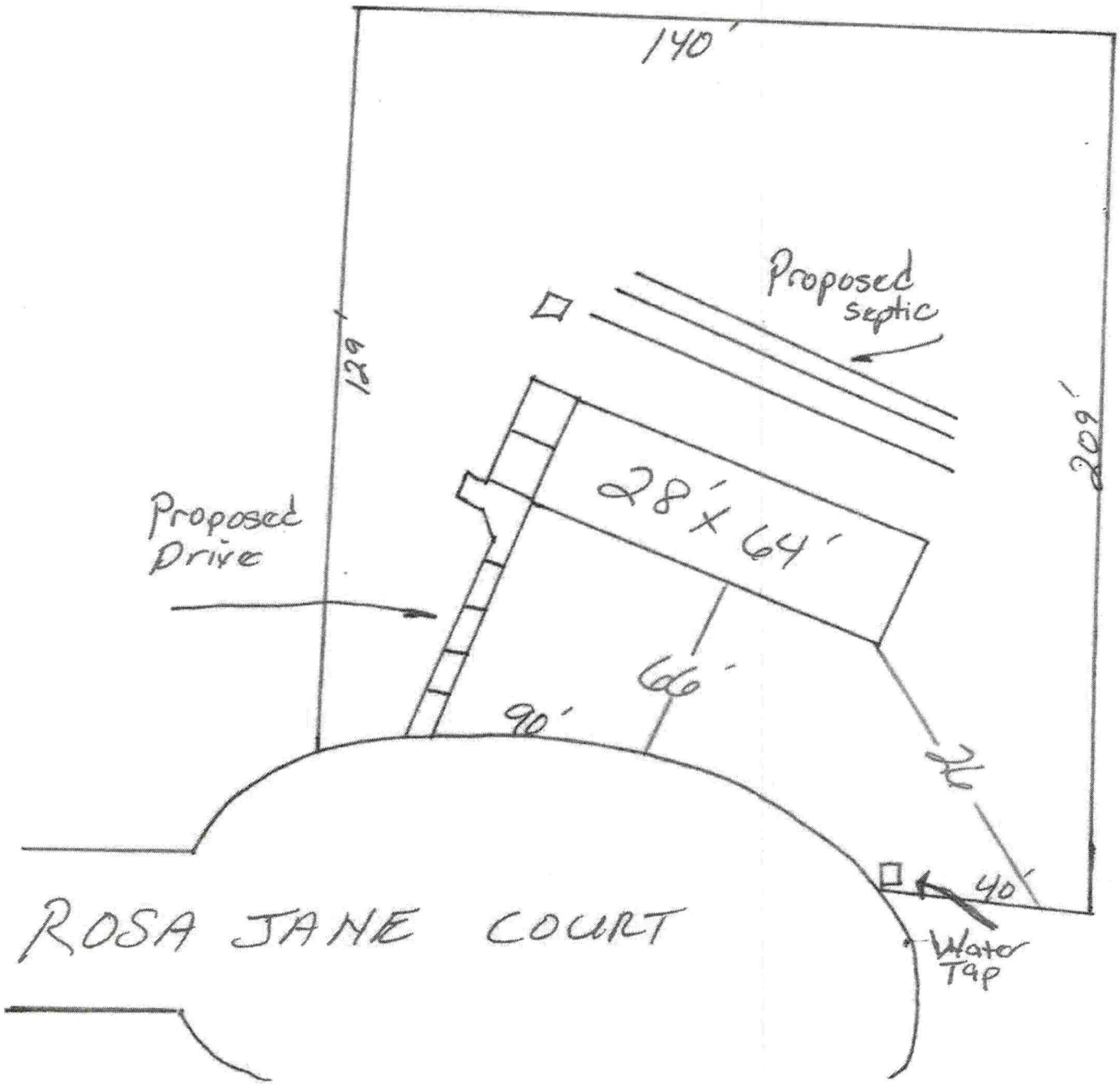
P. RAJAPAKSA

115 ROSA JANE COURT
STATESVILLE

APPROVED

SIGNATURE: _____

DATE: 7/22/21



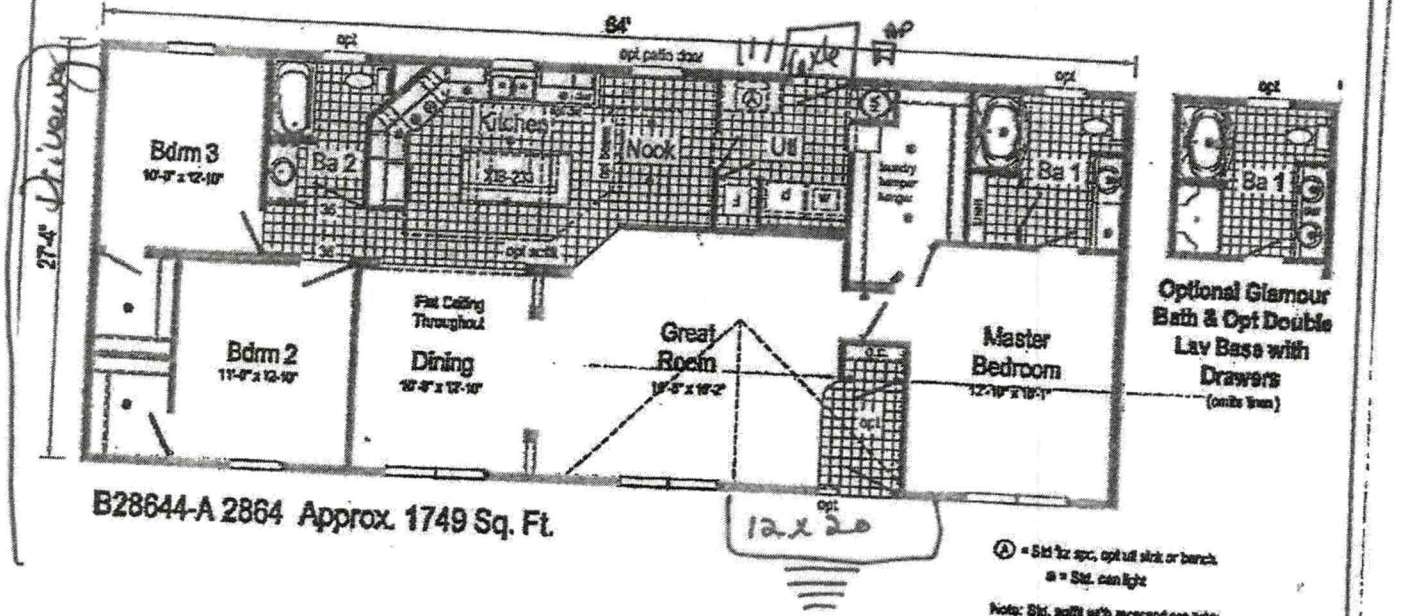
Sarij Rajapaksa

FREEDOM HOMES

1124 Charlotte Highway
Troutman, NC 28166
freedomhomestroutman.com

Breckenridge

ASK ABOUT THE ENERGY SMART HOME



B28644-A 2864 Approx. 1749 Sq. Ft.

Breckenridge Max 28

Opt. Recessed Covered Entry with Columns

R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp. | Cut-off 2864 | Elevations | Scale 1/8" = 1'-0" | Drawn By DY | Date 1/3/17 | Revised 102644 | Cust. - | Dlr. - | B28644-A LIT

Literature

Acknowledgement Of Plans Submittal ONLY!

D. Date 10/13/21

Date 10/18/21

IREDELL COUNTY · NC

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

APPLICATION NUMBER
319970 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3792464225.000	115 ROSA JANE CT	IREDELL COUNTY

Owner Information	Applicant Information
Name: WOOD KELLY R	Name: FREEDOM HOMES-TROUTMAN #667- USE THIS ONE
Address: 410 HOLLAND DR STATESVILLE, NC 28677	Address: 1124 CHARLOTTE HWY TROUTMAN, NC 28166
Phone:	Phone: (704)528-7960

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.56	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks
MODULAR

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: 07/26/2021

Signature of Owner/Contractor

Permit Number	319970

TOTAL FEES:	$77.25