ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 324646

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

PIN # 3793 -- 44 -- 7749

APPLICANT/OWNER: Cornerstone III Properties | APPLICANT ADDRESS: 234 Kingsley Park DR FT Mill SC 29715

SITE ADDRESS: 137 Top Flite Drive Statesville NC | PHONE: 704-301-3229 | ALT. PHONE

SITE DIRECTIONS: Mocksville to Titlist RT on Big Brother.

SAP CONTROLLED: ☐ YES ☒ NO

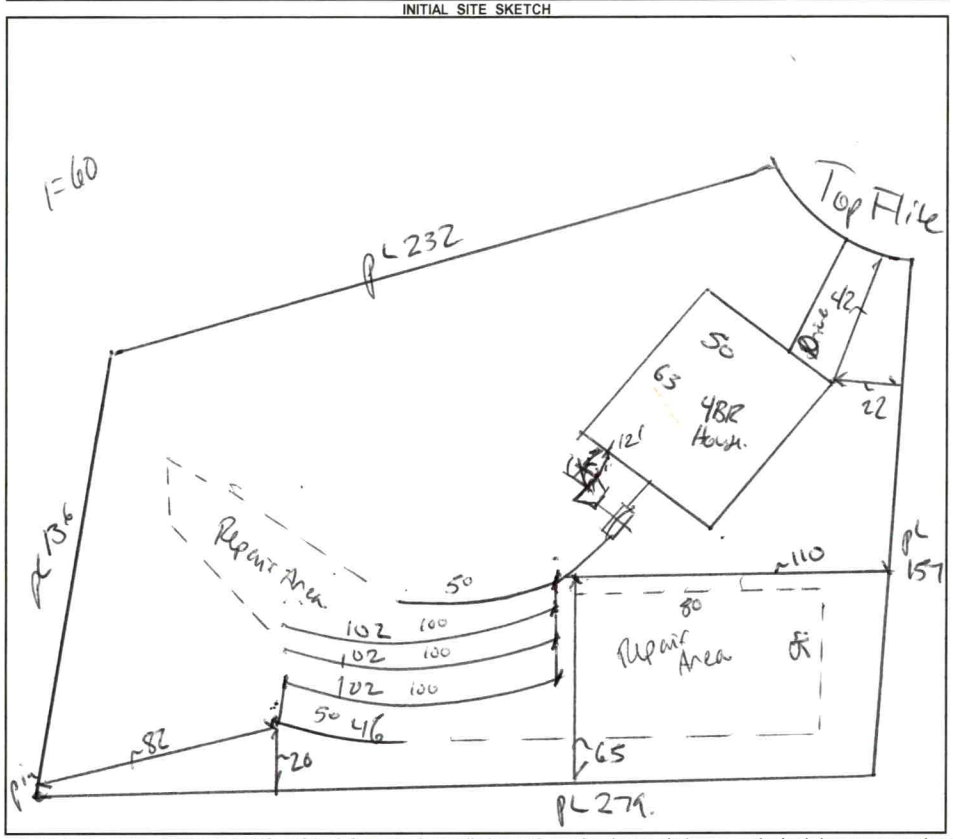
SUBDIVISION: Augusta Greens | SECTION: – | LOT # 15 | LOT AREA: 1.00 AC | DESIGN FLOW: 480 | L.T.A.R.: 30

Septic Tank	1000 (gal)	STB	760	Date	3-12-2023	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	– (gal)	PT	–	Date	–	System Description:	CR-25% Reduction.		
Pump Make	–	Model	–	Serial #	–	Repair System Description:	50% Reduction		
# Nitrification Fields	1	# Lines	5	Linear Ft	400	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth(Low side)	28in	Gravel Depth	–	☑ GRAVITY	☐ PRESSURE		

☑ Residence	No. Bedrooms	4	**Water Supply**
☐ Business	No. Persons	8	☐ Private
☐ Other	No. Employees		☒ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions:

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.

Bcw 5-8-2023
- TANK
- TOP DRAINLINE

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: [signature] Date: 5-6-22 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: [signature] Date: 5-2-2022 OPERATION PERMIT by: [signature] Date: 5/9/23

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 5-2-2022 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 #: 3293 4647748
COUNTY: Iredell

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

OWNER: Cornerstone
ADDRESS: 234 Wright Brothers Ext Mill
PROPOSED FACILITY: HBR? PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: 137 Top Flite

APPLICATION DATE 1/12/22
DATE EVALUATED: 4-12-22
PROPERTY SIZE:
PROPERTY RECORDED: Y

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Linear Side 12-15%	0-25	C MABK	SSSp FRSBK	2.5YR4/6	46	PS	NA Some MM concSot Inches	PS .30 Some SAP Increase C20 Inches
		25-46	CL WSBK	SSSp FR I					
		46-56	LSAP M	NSNp VFR					
2	Linear Side 10%	0-21	CMSBK	SSSp FRSBK	2.5YR 4/6	c17	PS	NA Mn+Mica beginning 30 Inches	PS .30 SAP Band Increase Inches
		21-47	CL WSBK	SSSp FR I					
		47-60	M LSAP	NSNp VFR					
3	Linear Side 8%	0-28	C ABK	SSSp FR SBK	2.5YR4/6	56	—	Mica beginning 30 inches +	PS .30 Many SAP Inclusions C42 Inches
		28-56	CL WSBK	SSSp FR I					
4	Linear Side 6-8%	0-32	C-ABK	SSSp FR SBK	2.5YR4/6	58	-	0-11 Compacted	PS .30 Many SAP Inclusions 40 Inches
		32-58	CL	SSSp FR SBK					
		58-65	LSAp-M	NSNpVFR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400	267
System Type(s)	III 25	IV 50
Site LTAR	.30	.30

OTHER FACTORS (.1946): PZ
SITE CLASSIFICATION (.1948):
EVALUATED BY: Bass
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014

LEGEND

use the following standard abbreviations

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

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

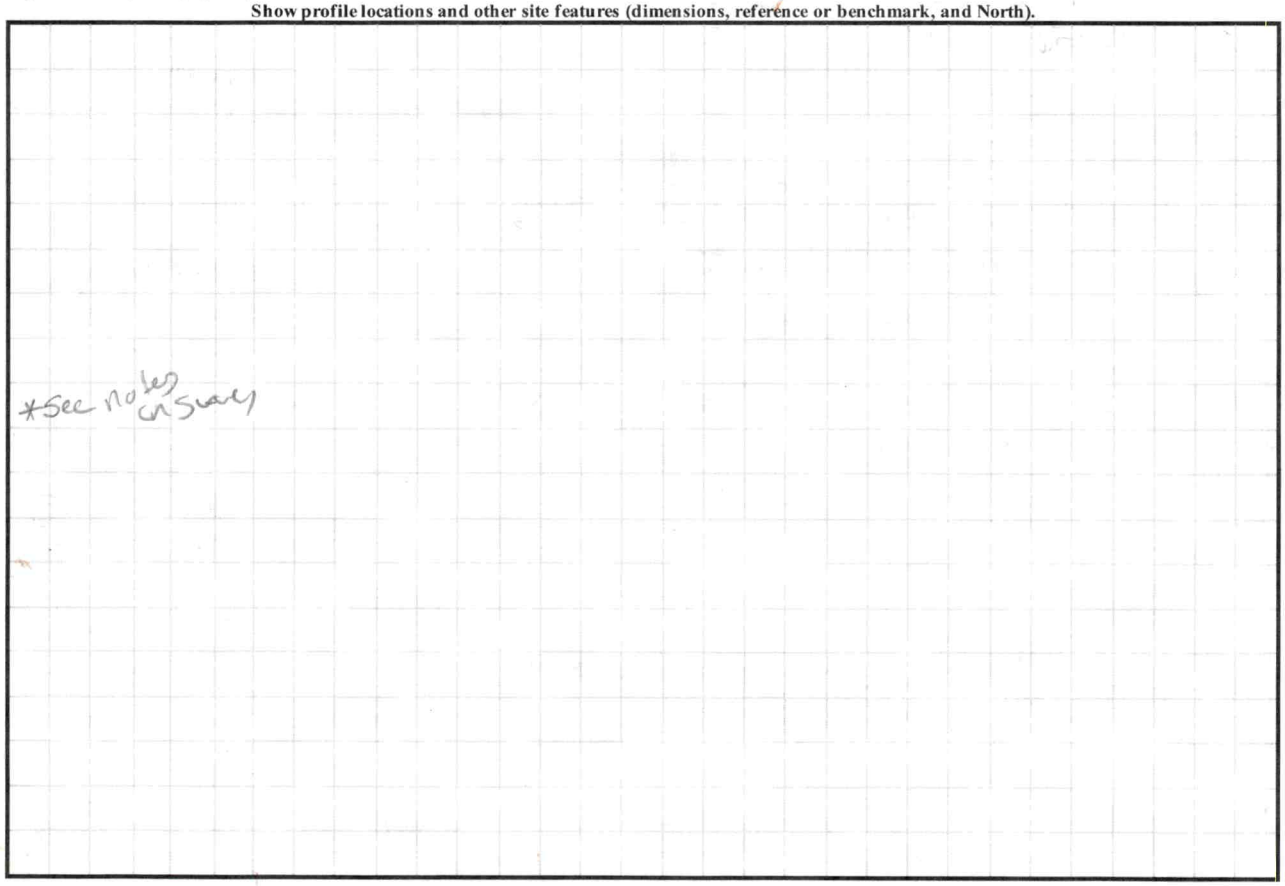
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

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



5) 0-29 C SBK
29-56 CL wBK. PS .30
SAPRolite
e40+

JB

RECEIVED JAN 14 2022

Paid $500.00

AP- 324646

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*

SEPTIC

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: CORNERSTONE III PROPERTIES Address: 234 KINGSLEY PARK DR. FT. MILL SC Zip: 29715

Applicant Email: STAN@CORNERSTONE3P.COM Phone: 704 301 3229 Alt. Phone: X

Owner Name: BUTLER RIVER DEVELOPMENT Address: 234 KINGSLEY PARK DR. FT MILL SC Zip: 29715

Owner Email: N/A Phone: N/A Alt. Phone: N/A

Property Information:

Street Address: 137 TOP FLITE DRIVE PIN# 3793-44-7749

Subdivision Name: AUGUSTA GREENS Section/Phase: _____ Lot Number: 15

Driving Directions: I-40 EAST / RT. GOBLE RD / LEFT MOCK MILL RD. / RT. TITLEIST DR / RT ON BIG BERTHA

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: 4
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

(✓) 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: 1 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] 1/12/22

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, PAM _____, am the legal owner(s) of the property located at 137 TOP FLITE DRIVE _____, identified as PIN (Parcel Identification Number) 3793-44-7749, located in Iredell County, North Carolina.

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

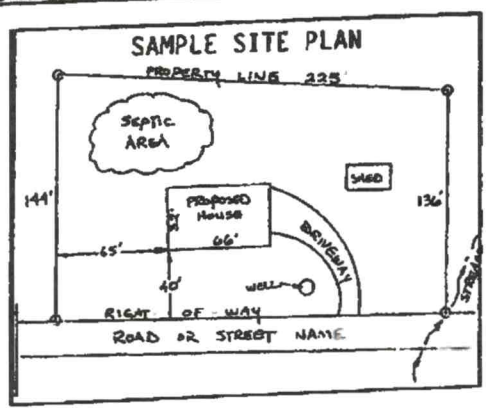
_____ 1/16/22
Signature of Owner(s) Date

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

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

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!



Place an (X) beside each item as you complete the site plan:

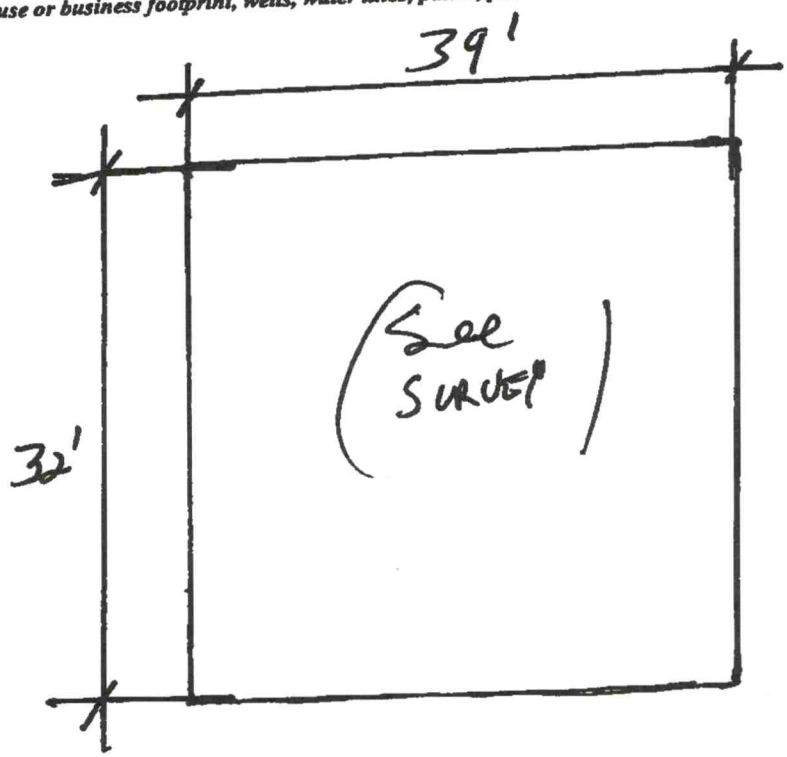
- X Property Line measurements are clearly identified
- X All proposed structures are indicated
- X Front and side setbacks from property line
- X Preferred driveway location and well location
- X Area you prefer your septic system to be placed
- X North arrow, or other sufficient indicator of direction

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



Signature: Tom Presley
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1/12/22
DATE

Notice

* Property subject to any easements and right of way on record, and all NCDOT easements and rights of way.

* This survey is subject to any facts that may be disclosed by a full and accurate title search.

* This survey plat does not show any unrecorded, written or unwritten easements, dedications or other encumbrances. Such burdens could exist on this property and not appear on this plat. Accordingly, users of this plat are warned to remain alert for the existence of such unrecorded burdens not shown hereon.

* This plat was drawn for the exclusive use of the party named hereon. Said certificates do not extend to any unnamed person without an express recertification by the surveyor naming said person.

* This plat represents an actual field survey that meets or exceeds the minimum requirements of a Class A Survey in accordance with the Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1607.

* The Global Navigation Satellite System (GNSS) was used to perform to geospatial positioning accuracy standards, part 2 standards for geodetic networks at the 95% confidence accuracy classifiction (95% confidence) using real time kinematic.

I, Ted M Benbow, certify that this map was drawn under my supervision from an actual GPS survey made under my supervision and the following information was used to perform the survey.

Class of Survey: CLASS A
Positional Accuracy: 0.06'
Type of GPS Field Procedure: RTK
Dates of Survey: 12/03/2021-12/07/2021
Datum/Epoch: NAD83 (2011)
Published/Fixed-Control Use: VRS
GEOID Model: 2018
Combined Grid Factor: 0.99987296
Units: US Survey Feet

* Area determined by coordinate computations.

* No NGS or NCGS Horiz. Control Monument found within 2,000 feet of the site.

Witness this my original signature, registration number and seal this 8th day of December, 2021 A.D.

Ted M. Benbow NC PLS L-3175
Firm License # C-1588

NORTH CAROLINA PROFESSIONAL SEAL L-3175 LAND SURVEYOR TED M. BENBOW

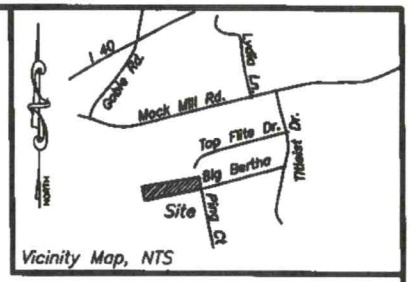
TED BENBOW Land Surveying
Proudly Surveying Iredell County Since 1989
630 SIGNAL HILL DRIVE EXT., STATESVILLE, NC 28625
PHONE (704) 878-9661
www.boundarydevelopment.com

Flood Hazard Area Certificate

According to mapping provided by the Federal Emergency Management Agency and shown on the Digital Flood Insurance Rate Map (DFIRM) Panel 3793, Iredell County, North Carolina, effective date: 3/18/2008, the property shown hereon is not located within a special flood hazard area. The property is entirely within an area designated "Zone X - other areas". Areas determined to be outside the 0.2% annual chance floodplain: areas outside future conditions 1% annual chance floodplain.

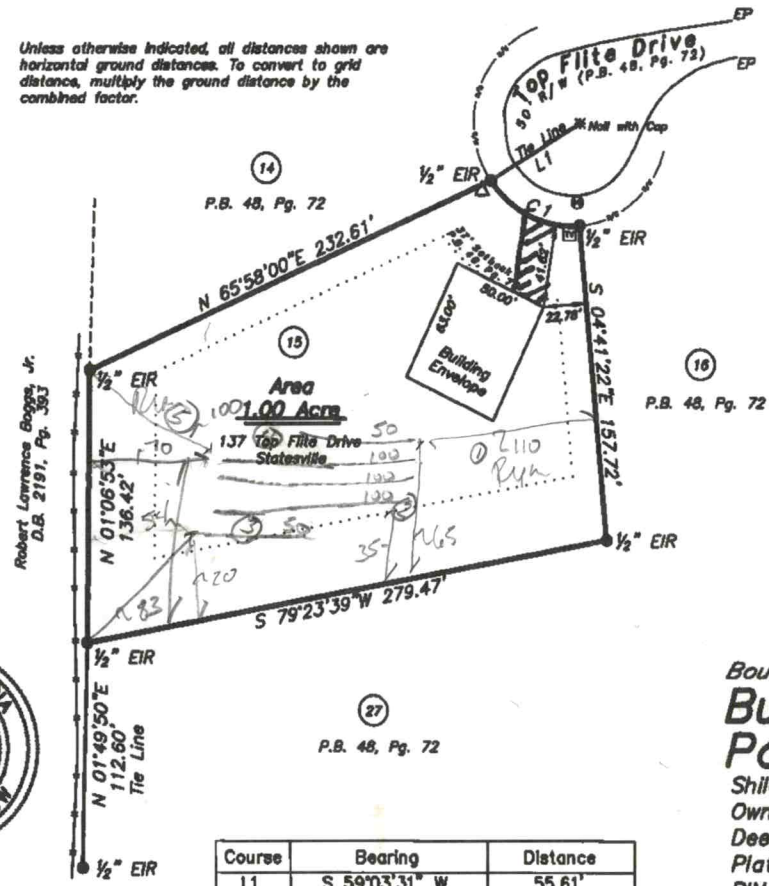
Zoning

ZONING: RA (Iredell County)
Building Setbacks
Front - 35'
Side - 15'
Rear - 35'



Vicinity Map, NTS

Unless otherwise indicated, all distances shown are horizontal ground distances. To convert to grid distance, multiply the ground distance by the combined factor.



Course	Bearing	Distance
L1	S 59°03'31" W	55.61'

Curve	Radius	Length	Chord	Chord Bear.
C1	51.00'	54.38'	51.84'	S 64°16'41" E

Legend

CAPS ON MONUMENTS SET CONTAIN THE SURVEYORS NAME AND LICENSE NUMBER.

- EXISTING MONUMENT FOUND AS INDICATED
- △ ..... UTILITY HOOKUP
- TV ..... TV BOX
- WV ..... WATER VALVE
- EIR ..... EXISTING IRON ROD AS SHOWN
- PIN ..... PARCEL IDENTIFICATION NUMBER
- EP ..... EDGE OF PAVEMENT
- R/W ..... RIGHT OF WAY
- NTS ..... NOT TO SCALE
- LINE SURVEYED
- TIE LINE SURVEYED
- LINE NOT SURVEYED
- R/W — RIGHT-OF-WAY LINE
- WIRE FENCE LINE
- SETBACK LINE

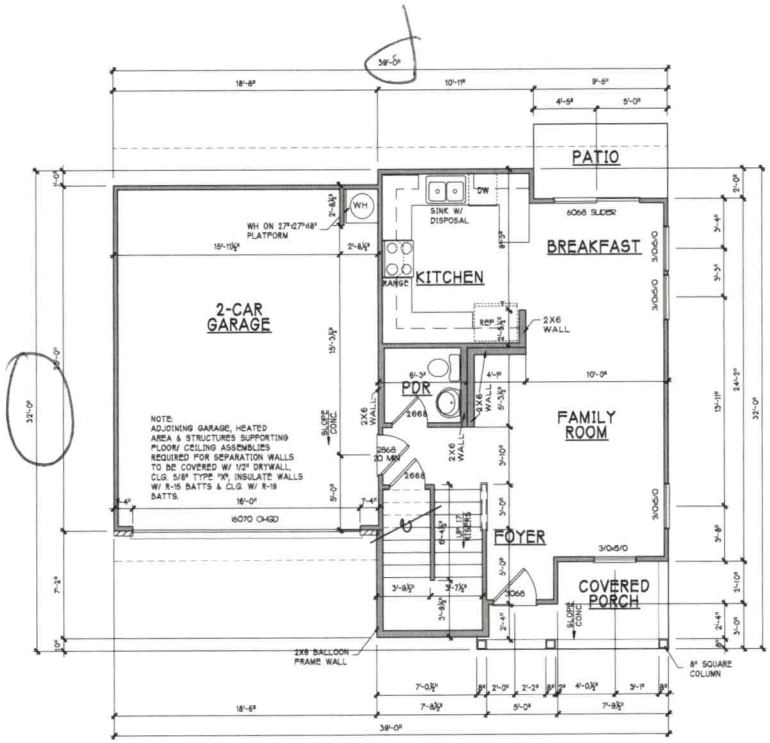
RELATIVE TO P.B. 48, Pg. 72

60 0 60 120 180
GRAPHIC SCALE - 1" = 60'

Boundary Survey For:

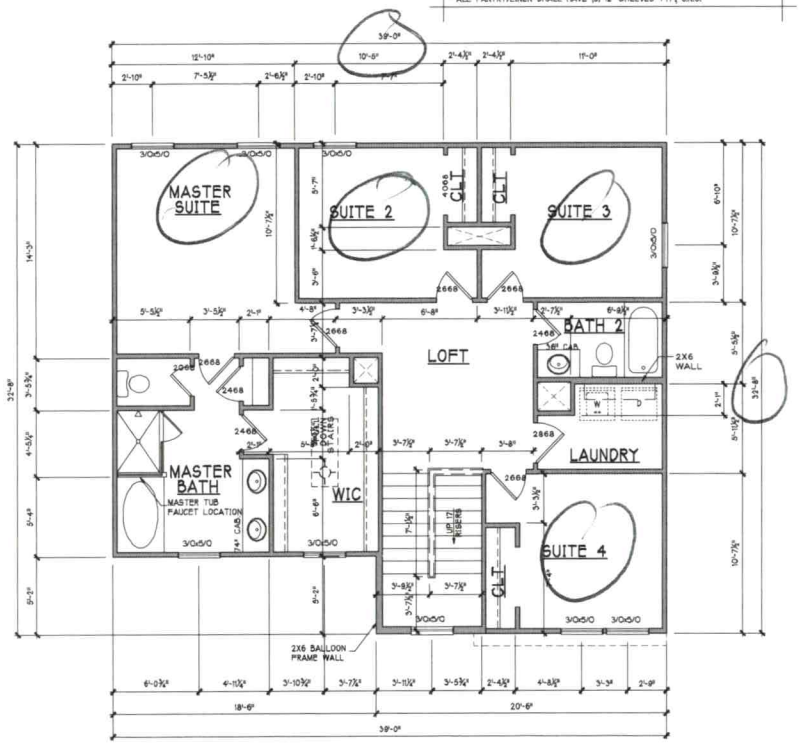
Buller River Development Partners, LP

Shiloh Township, Iredell County, NC
Owners of Record: Ismael Agosto
Deed Reference: D.B. 1710, Pg. 2028
Plat Reference: P.B. 48, Pg. 72
PIN: 3793-44-7749
Job Number: 2112402.DWG (2112401.CRD)
Field Work: 12/03/2021
Plat Date: 12/08/2021



1 40A ELEV. "A" FIRST FLOOR PLAN

SCALE: 1/8"=1'-0" (11"X17" SHEET SIZE)
SCALE: 1/4"=1'-0" (22"X36" SHEET SIZE)



2 40A ELEV. "A" SECOND FLOOR PLAN

SCALE: 1/8"=1'-0" (11"X17" SHEET SIZE)
SCALE: 1/4"=1'-0" (22"X36" SHEET SIZE)

FIRST FLOOR NOTES:

- FULL 4" OR 6" EXTERIOR WALL WERE USED IN DETERMINING DIMENSIONS ON PLANS.
- FRAMERS SHALL START ALL WALL LAYOUTS FROM THE REAR OF THE HOUSE
- ALL ANGLED WALL ARE 45 DEGREES OR 90 DEGREES UNLESS NOTED OTHERWISE
- ALL OVERALL DIMENSIONS SHALL BE FROM OUT TO OUT OF FRAMING, INTERIOR DIMENSIONS SHALL BE FROM ONE SIDE OF STUD
- ALL INTERIOR DOORS ARE 4" FROM WALL (UNLESS NOTED OTHERWISE)
- WHEN HOUSE IS REVERSED, WASHER AND DRYER HOOKUPS TO REMAIN ORIENTED WITH WASHER ON LEFT AND DRYER ON RIGHT
- MASTER MOUNTS SHALL BE PLACED ON ALL EXTERIOR LIGHTS AND HOSE BIBBS.
- FRAMED CAVITY WALLS (IE. TUBS, SHOWERS, STAIRS & FIREPLACES) SHALL BE INSULATED WITH AIR BARRIER PER ENERGY CODE.
- ANY WINDOW W/ A SILL OF LESS THAN 24" AFF. OR EQUAL TO OR GREATER THAN 72" BFF. MUST HAVE WOOD & MAY BE SUBJECT TO FALL PROTECT RULE.
- ALL SHEETROCK OPENING SHALL BE 12" BELOW CEILING TYP, U.N.O.
- ALL PANTRY/LINEN SHALL HAVE (5) 12" SHELVES TYP, U.N.O.

SQUARE FOOTAGE:

1ST FLR:	567 SQ. FT.
2ND FLR:	1178 SQ. FT.
TOTAL HEATED:	1745 SQ. FT.
FRONT PORCH:	52 SQ. FT.
REAR PATIO:	47 SQ. FT.
2-CAR GARAGE:	429 SQ. FT.
TOTAL UNHEATED:	528 SQ. FT.
TOTAL UNDER ROOF:	2273 SQ. FT.

Acknowledgement Of Plans Submittal ONLY!

Date

Date 5-6-22

CORNERSTONE III PROPERTIES

PROJECT TITLE
BEDFORD PLAN

PROJECT NUMBER
ISSUE DATE

DRAWING DATA
DRAWN BY:
CHECKED BY:
FILE NUMBER:

SHEET TITLE
FLOOR PLAN

SHEET NUMBER
4.0A

©2021 PROJECTS\21-18 BEDFORD II HOUSE Cornerstone III\Sheets Floor Electrical.dwg, 8/8/2021 10:44:20 AM, AutoCAD PDF (General Documentation).pc3

IREDELL COUNTY · NC

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

APPLICATION NUMBER
324646 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3793447749.000	137 TOP FLITE DR	Iredell County

Owner Information	Applicant Information
Name: AGOSTO ISMAEL	Name: CORNERSTONE III PROPERTIES INC use this one
Address: 4650 HICKORY TREE RD	Address: 4509 FAITH CHURCH
ST CLOUD, FL 34772	INDAIN TRAIL, 28 28203
Phone:	Phone: (704)906-6212

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.022	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

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.

Date: 01/14/2022

Signature of Owner/Contractor

Permit Number	324646	TOTAL FEES:	$77.25