ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 320862

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

PIN # 3793-44-9857

APPLICANT/OWNER: Cornerstone III Properties APPLICANT ADDRESS: 249 Textile Way FT Mill SC 29715

SITE ADDRESS: 133 Top Flite Drive Statesville NC 28677 PHONE: 704-301 3229 ALT. PHONE

SITE DIRECTIONS: Mock Mill Rd E/Rt on Titleist Drive Rt on Top Flite SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Augusta Greens SECTION: LOT # 16 LOT AREA: .974 Ac DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank 1000 (gal) STB 760 Date 12-30-2021 ☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

Pump Tank (gal) PT Date System Description: Horizontal - PPBPS - 55 i. Rock

Pump Make Model Serial # Repair System Description: Horizontal PPBPS - 55 i. Rock

Nitrification Fields 1 # Lines 4 Linear Ft: 200 Maintenance Agreement Required: ☐ YES ☒ NO

Trench Width 36 in Trench Bottom Depth(Low side) 17 in Gravel Depth ☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3 | ☐ Business No. Persons 6 | ☐ Other No. Employees | ☐ Slab ☒ Crawl Space | ☐ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: ICHD Approval cover needed

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:

Piedmont Environmental Associates, PA.

LSS # 1229 Dated Revl Sept 21, 2021

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.

Installed as Drawn

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: Stan Pauly Date: 12/8/21 Installed by: LENTZ WASTEWATER

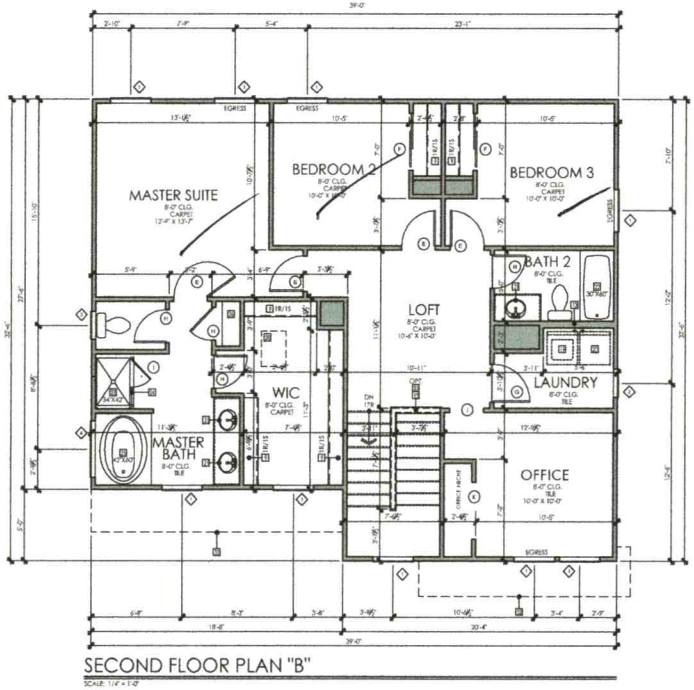
IMPROVEMENT PERMIT by: Benjamin A Boone Date: 9-27-2021 OPERATION PERMIT by: Cory Whitt Date: 4/13/23

AUTHORIZATION TO CONSTRUCT by: Benjamin A Boone Date: 9-27-21 Existing System Inspected by: Date:

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

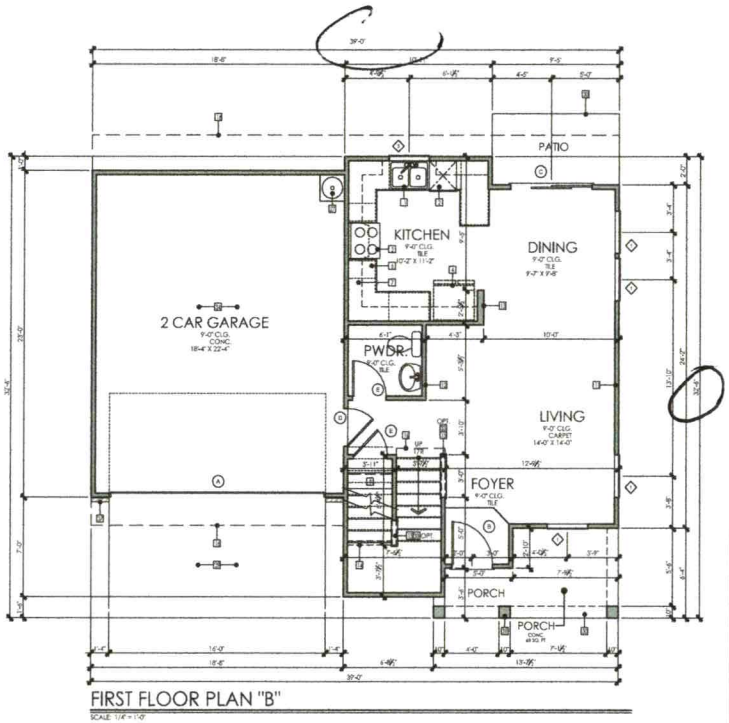
Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

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? _____	



SECOND FLOOR PLAN "B"

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



FIRST FLOOR PLAN "B"

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

FLOOR PLAN NOTES

1	DOUBLE BASIN SINK W/GARBAGE DISPOSAL-VERIFY DIMS. W/SPECS.
2	DISHWASHER-PROVIDE SURFACE MOUNT AIR GAP-VERIFY DIMS. W/SPECS.
3	RANGE WITH MICROWAVE HOOD ABOVE - VENT TO OUTSIDE AIR AND PROVIDE BACK DRAFT DAMPER - VERIFY DIMENSIONS WITH MFR. SPECS.
4	REFRIGERATOR/FREEZER SPACE W/ COLD WATER STUB-OUT FOR ICE MAKER RECESSED IN WALL
5	NOT USED
6	BASE CABINETS - REFER TO CABINET MANUFACTURER SHOP DRAWINGS
7	UPPER CABINETS-REFER TO CABINET MANUFACTURER SHOP DRAWINGS
8	NOT USED
9	SHELF AND POLE - PER PLAN
10	NOT USED
11	ALL EXTERIOR WALLS TO BE 2x4 STUDS AT 16" O.C. - U.N.O.
12	ALL INTERIOR WALLS TO BE 2X4 STUDS AT 24" O.C. - U.N.O.
13	2X6 STUDS AT 24" O.C. - U.N.O.
14	LOW WALL - REFER TO PLAN FOR HEIGHT
15	GUARDWALL - 36" ABOVE FINISHED FLOOR
16	LINE OF FLOOR ABOVE
17	LINE OF WALL BELOW
18	UTILITY SINK
19	WASHER SPACE - PROVIDE DRAIN PAN AND HOT AND COLD WATER SUPPLY WITH WASTE LINE RECESSED IN WALL
20	DRYER SPACE - PROVIDE SHEET METAL DRYER BOX WITH DRYER VENT - VENT RUN SHALL COMPLY WITH MANUFACTURER'S SPECS. AND M.C. AND LOCAL JURISDICTION.
21	VANITY SINK
22	TUB/SHOWER COMBO - TILE SURROUND
23	SHOWER - TILE SURROUND
24	SHATTERPROOF (TEMPERED) GLASS SHOWER ENCLOSURE w/ DOOR
25	DROP-IN TUB w/ DECK
26	LINEN WITH (5) SHELVES
27	WATER HEATER - INSTALL PER MANUFACTURER'S SPECS.
28	22" x 30" ATTIC ACCESS
29	MOTOR COURT-SLOPE AWAY FROM STRUCTURE-REFER TO LANDSCAPE PLAN
30	CONCRETE PATIO - SLOPE AWAY FROM STRUCTURE
31	10"X10" WRAPPED POST - REFER TO ELEVATION
32	ROOF BELOW
33	GUARDRAIL - 36" ABOVE FINISHED WALKING SURFACE
34	GARAGE SLAB - REFER TO STRUCTURAL PLANS
35	MANUFACTURED STONE VENEER, PER SPEC.
36	SCREENED PORCH - ALUMINUM WIRE MESH w/ .011 DIAMETER
37	BRICK, PER SPEC.

DOOR SCHEDULE

MARK	WIDTH	HEIGHT	QUANTITY	REMARK
DOOR SCHEDULE				
A	16'-0"	7'-0"	1	NON-INSULATED STEEL GARAGE DOOR
B	3'-0"	6'-8"	1	ENTRY DOOR W/ 12" TRANSOM WINDOW
C	6'-0"	6'-8"	1	SLIDING GLASS DOOR
D	2'-8"	6'-8"	1	SELF-CLOSING FIRE RATED DOOR
E	2'-6"	6'-8"	7	HOLLOW CORE PASSAGE DOOR
F	4'-0"	6'-8"	3	HOLLOW CORE BI-PASS DOOR
G	2'-8"	6'-8"	1	HOLLOW CORE PASSAGE DOOR
H	2'-4"	6'-8"	4	HOLLOW CORE PASSAGE DOOR
I	2'-0"		1	TEMP. GLASS SHOWER DOOR

DRYWALL WRAPPED OPENING SCHEDULE

MARK	WIDTH	HEIGHT	QUANTITY	REMARK
OFFICE ENTRANCE AND OFFICE NICHE				
J	2'-9"	8'-11"	1	OFFICE ENTRANCE
K	4'-3"	6'-11"	1	OFFICE NICHE

WINDOW SCHEDULE

MARK	WIDTH	HEIGHT	QUANTITY	REMARK
WINDOW SCHEDULE				
1	3'-0"	5'-0"	13	SINGLE HUNG - EGRESS
2	2'-0"	3'-0"	2	SINGLE HUNG
3	3'-0"	3'-0"	3	SINGLE HUNG
4	4'-0"	4'-0"	1	FIXED GLASS - TEMPERED

AREA CALCULATION

FIRST FLOOR (GROSS)	81193
SECOND FLOOR (GROSS)	169080
TOTAL GROSS LIVING AREA	250273
PORCH	7543
GARAGE	61824

Acknowledgement of Plans Submittal ONLY!

BAD Date 1/27/2021

Stan Purnell Date 10/8/21

CHARLOTTE, NC

REVISIONS

FLOOR PLANS - BEDFORD ELEVATION 'B'

CORNERSTONE III PROPERTIES
4509 Faith Church Road
Indian Trail, NC 28079

SHEET No. A1-2.0

DATE: 03-13-17

PLOTTED: May 15, 2017 / Karla / BEDFORD CD 05 11 17.DWG

PIEDMONT
ENVIRONMENTAL
ASSOCIATES, P.A.

July 29, 2021
Rev 1 September 21, 2021

Project #2410

Soil Report

SL 114

Client:

Buller River Development Partners

Attn: Stan Pressley

Site:

Lot 16, 133 Top Flite Dr., 3793449857

Iredell County, NC

Prepared by:

R. Edwin Stott

NC Licensed Soil Scientist #1229

216 S. Swing Rd, Suite 1, Greensboro, NC 27409

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July 29, 2021 Project # 2410

Buller River Development Partners
Attn: Mr. Stan Pressley
259 Textile Way
Suite 102
Fort Mill, SC 29715

RE: SL 114 Soil Report, 133 Top Flite Dr., Iredell County, NC

Dear Mr. Pressley,

This report details the findings of a detailed site and soil evaluation performed on the property described above. The evaluation was conducted at the clients request in order to determine the site's suitability for the installation of sub-surface wastewater disposal systems to serve domestic strength wastewater for a three-bedroom single family residence using conventional or accepted type wastewater disposal systems.

The evaluation was conducted during moist soil conditions with the use of hand auger. Characteristics that affect the suitability of sub-surface systems include soil depth to expansive clay, seasonal high-water table, rock, and unusable saprolite. Topography and slope also affect the suitability of an area for septic systems. The evaluation of these components was conducted on the site in accordance with 15A NCAC 18A .1900 "Laws and Rules for Sewage Treatment and Disposal Systems". This report is intended to fulfill the requirements for a permitting process described in S.L. 2018-114 section 11(c). Criteria for this application process are given below:

§ 130A 335. Wastewater collection, treatment and disposal; rules
(a1) Any proposed site for a residence, place of business, or a place of public assembly located in an area that is not served by an approved wastewater system for which a new wastewater system is proposed or repair is necessary for compliance may be evaluated for soil conditions and site features by a person licensed pursuant to Chapter 89F of the General Statutes as a licensed soil scientist. For purposes of this subsection, "site features" include topography and landscape position; soil characteristics (morphology); soil wetness; soil depth; restrictive horizons; available space; and other applicable factors that involve accepted public health principles. A person licensed pursuant to Chapter 89E of the General Statutes as a licensed geologist may evaluate the proposed site or repair area, as applicable, for geologic and hydrogeologic conditions.
(a2) Evaluations conducted by a licensed soil scientist or a licensed geologist pursuant to subsection (a1) of this section to produce design and construction features for a new proposed wastewater system or a proposed repair project for an existing wastewater system, including the addressing of any special hydrologic conditions that may be required under the applicable rules for an authorization to construct or for permitting, shall be approved by the applicable permitting authorities under G.S. 130A 336 and G.S. 130A 336.1, provided both of the following conditions are met:
(1) The evaluation of soil conditions, site features, or geologic and hydrogeologic conditions satisfies all requirements of this Article. The evaluation shall not cover areas outside the scope of the applicable license.

(2) The licensed soil scientist or licensed geologist conducting the evaluation maintains an errors and omissions liability insurance policy issued by an insurer licensed under Chapter 58 of the General Statutes in an amount commensurate with the risk.

Findings

Soils were found to be provisionally suitable with a recommended LTAR of .3 gpd/ft^2. A layout was performed on site and yielded enough line for a three-bedroom horizontal panel block type wastewater system. After slope correction, the soil depth in the most limiting profile description is 30 inches. This system would need a maximum trench depth of 17 inches. A cap would be needed so that after settling a minimum cover of 6 inches is maintained. Adequate space exists for a horizontal panel block type repair system. Installation must maintain a proper setback of 50 feet from any well. Please note that mechanical grading or traffic over the drain field area is strictly prohibited. Traffic over the drain field area could render the site unsuitable. Take every possible precaution to protect and preserve the wastewater disposal area.

Design flow with residential systems utilizes the number of bedrooms and assumes no more than two residents per bedroom at 60 gallons per resident or 120 gallons per bedroom. This is how the design flow of 360 gallons per day is calculated. The wastewater system is designed to handle a *maximum* flow of 360 gallons per day. This flow should not be maintained for any sustained length of time or oversaturation can occur in the trenches. An average daily water usage of 50% is recommended for peak performance. **No garbage disposals should be added to the wastewater stream.** Water softener waste should not be added to the wastewater stream. Fats, oils and greases or FOG should not be added to the wastewater stream and can cause premature failure. Dispose of fats, oils, greases and garbage properly in household waste. There should be no traffic over the wastewater system area. Piedmont Environmental recommends a preconstruction conference prior to any installation to ensure that the system is placed in the correct area once the site is cleared of vegetation. Please note that mechanical clearing that is done in wet conditions or done by someone not following best management practices can render an otherwise usable site unsuitable. Piedmont Environmental Associates, PA highly recommends using a reputable septic system installer that is licensed in North Carolina to perform or oversee any clearing.

This report discusses the general location of potentially usable soils for on-site wastewater disposal and the soil and site limitations on the property that exists at the time of the evaluation. Piedmont Environmental Associates, PA ("Piedmont") provides professional consulting specializing in the practice of soil science and wastewater management. Piedmont is therefore hired for its professional opinion regarding these matters. This report is being prepared as part of a packet to obtain an improvement permit under SL114. Piedmont Environmental Associates provides no warranty either written or implied regarding the lifespan of any type of septic system. Piedmont Environmental Associates utilizes accepted soil science practices and assigns LTAR's and proposes trench depths based on field observation, law, rule, published data and accepted practice of the profession. Piedmont Environmental Associates however cannot guarantee the life span of any type of septic system component, trench media, pretreatment device, distribution device, distribution method, or installation method as there are simply too many variables that are not within the control of Piedmont Environmental Associates.

If you have any further questions, please feel free to call. Thank you for the opportunity to serve.

Sincerely,



R. Edwin Stott, REHS, MSEH
NC Licensed Soil Scientist
Piedmont Environmental Associates

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

15A NCAC 18A .1950 LOCATION OF SANITARY SEWAGE SYSTEMS

(a) Every sanitary sewage treatment and disposal system shall be located at least the minimum horizontal distance from the following:

(1) Any private water supply source, including any well or spring 100 feet;
(2) Any public water supply source 100 feet;
(3) Streams classified as WS-I 100 feet;
(4) Waters classified as S.A. 100 feet, from mean high water mark;
(5) Other coastal waters 50 feet, from mean high water mark;
(6) Any other stream, canal, marsh, or other surface waters 50 feet;
(7) Any Class I or Class II reservoir 100 feet, from normal pool elevation;
(8) Any permanent storm water retention pond 50 feet, from flood pool elevation;
(9) Any other lake or pond 50 feet, from normal pool elevation;
(10) Any building foundation 5 feet;
(11) Any basement 15 feet;
(12) Any property line 10 feet;
(13) Top of slope of embankments or cuts of 2 feet or more vertical height 15 feet;
(14) Any water line 10 feet;
(15) Drainage Systems:
    (A) Interceptor drains, foundation drains, and storm water diversions
        (i) upslope 10 feet,
        (ii) sideslope 15 feet, and
        (iii) downslope 25 feet;
    (B) Groundwater lowering ditches and devices 25 feet;
(16) Any swimming pool 15 feet;
(17) Any other nitrification field (except repair area) 20 feet;

(b) Ground absorption sewage treatment and disposal systems may be located closer than 100 feet from a private water supply, except springs and uncased wells located downslope and used as a source of drinking water, for repairs, space limitations, and other site-planning considerations but shall be located the maximum feasible distance and in no case less than 50 feet.

(c) Nitrification fields and repair areas shall not be located under paved areas or areas subject to vehicular traffic. If effluent is to be conveyed under areas subject to vehicular traffic, ductile iron or its equivalent pipe shall be used. However, pipe specified in Rule .1955 (e) may be used if a minimum of 30 inches of compacted cover is provided over the pipe.

(d) In addition to the requirements of Paragraph (a) of this Rule, sites to be used for subsurface disposal for design units with flows over 3,000 gallons per day, will require more stringent setback requirements.

PIEDMONT
ENVIRONMENTAL
ASSOCIATES, P.A.

July 29, 2021 Project # 2410

Iredell County Department of Public Health
Attn: Director or County Manager
318 Turnersburg Highway, Statesville, NC 28625

To whom it may concern,

In accordance with Regulatory Reform Act of 2018; Session Law 2018-114 Sections 9 through 12, this statement is submitted respectfully to satisfy signed and dated statement requirement from the property owner or owner's legal representative:

"The 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)."

Sincerely,

Mr. Stan Pressley
Buller River Development Partners
Cornerstone III

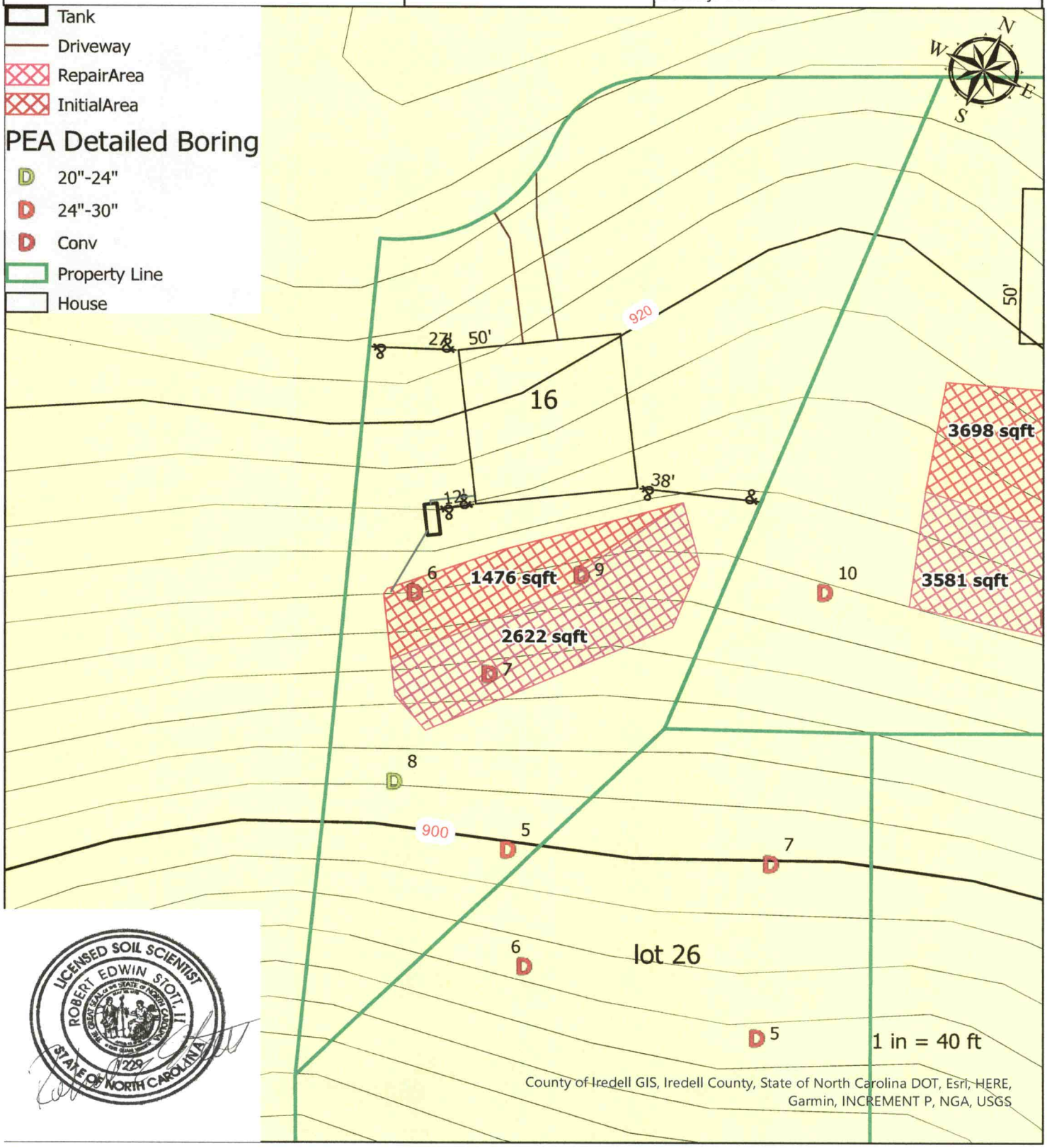
216 S. Swing Rd., Suite 1 Greensboro, NC 27409 (336) 344-4008

PIEDMONT ENVIRONMENTAL ASSOCIATES, P.A.

Lot 16 Soil map

216 S. Swing Rd. Suite 1
Greensboro, NC 27409
piedmontsoil.com

Job# 2410
Date: 7/29/2021
Client: Buller River Development Partners
County: Iredell



LICENSED SOIL SCIENTIST
ROBERT EDWIN STOTT, II
1229
STATE OF NORTH CAROLINA

0 10 20 40 60 80
Feet

Client: Buller River Development
Lot Number: Lot 16
Parcel#: 3793449857
DATE: 7/29/2021
LSS: Edwin Stott
Eval Method: Auger
Facility/Flow: 3 BR/360 GPD

Site Classification: S
Initial System: Panel
Initial System LTAR: 0.3
Repair System: Panel
Repair System LTAR: 0.3
Others Present: -
Water Supply: Public

PIEDMONT ENVIRONMENTAL ASSOCIATES, P.A.

Number	UsableDep	LTAR	Boring Type	Horizon1	Horizon2	Horizon3	Horizon4	Landscape	Slope	Comments
5	30	0.275	24"-30"	A 0-2 cl	Bt 2-30 c,f,ss,sp,bcky,se	30 ar		s	18	rock, not in soil area
6	35	0.3	Conv	A 0-2 cl	Bt 2-20 c,f,s,sp,bcky	bc 20-35 cl,fr,ss,sp,bcky,se	35 loam sap	s	15	sap
7	38	0.3	Conv	A 0-10 cl,l	Bt 10-38 c,f,s,sp,se,bcky			s	15	
8	21	0.25	20"-24"	A 0-7 l	Bt 2-24 c,f,s,p,bcky,se	bc 24-27 c,cfrags,f,s,sp,se	27 ar	s	19	not in soil area
9	36	0.3	Conv	A 0-2 l	Bt 2-20 c,f,s,sp,bcky,se	bc 20-36 cl,fr,ss,sp,bcky,se		r	4	

Notes: 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, U - Unsuitable
LTAR - Long Term Acceptance Rate
Landscape Position: SU - summit, SH - shoulder, BS - backslope, FS - footslope, TS - toeslope, SS - sideslope, HS - headslope
Mineralogy: SE - slightly expansive, EXP - expansive

PIEDMONT ENVIRONMENTAL ASSOCIATES, P.A.

Lot 16 layout map

216 S. Swing Rd. Suite 1
Greensboro, NC 27409
piedmontsoil.com

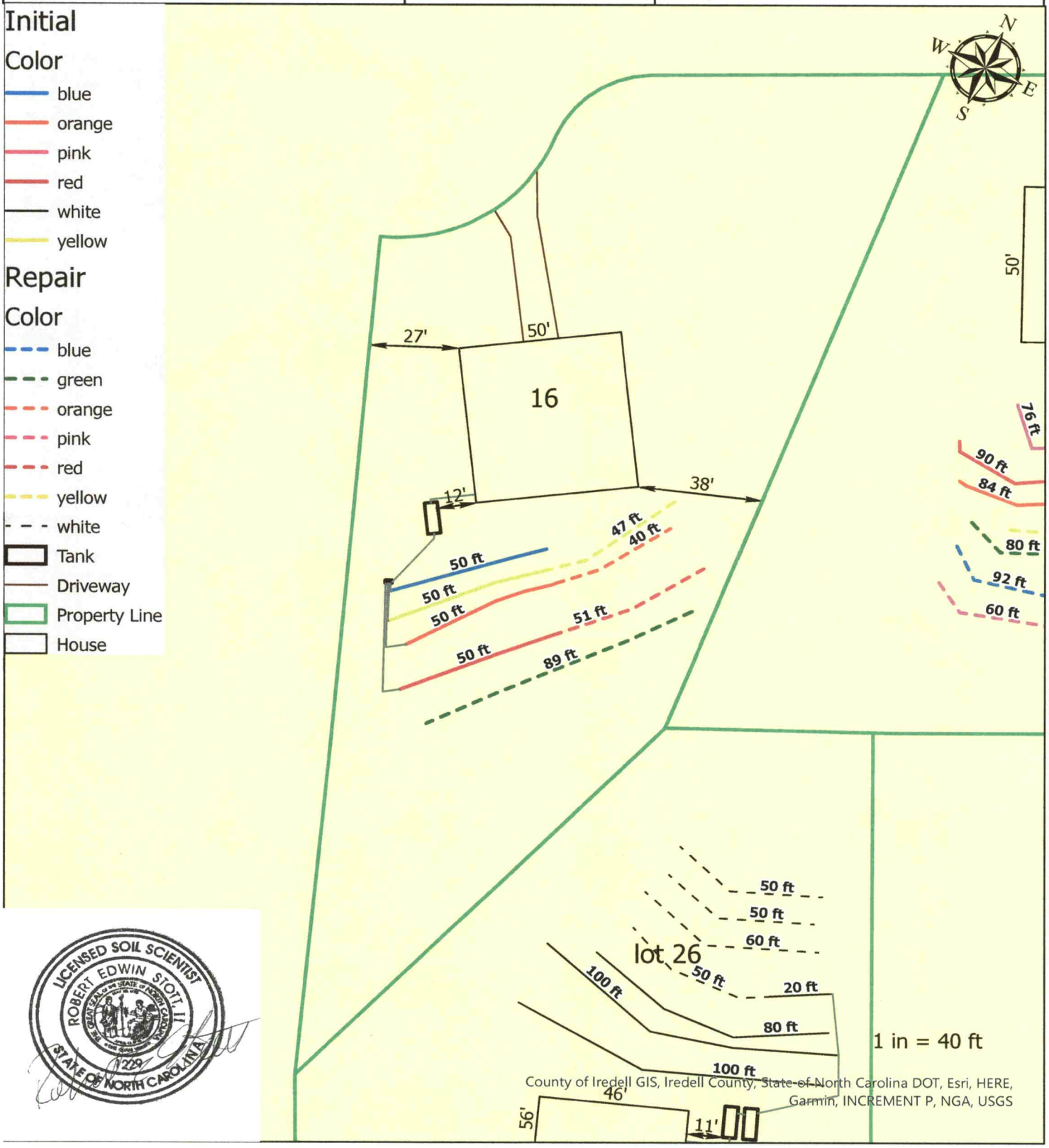
Job# 2410
Date: 7/29/2021; 9/21/2021rev
Client: Buller River Development Partners
County: Iredell

Initial

Color
- blue
- orange
- pink
- red
- white
- yellow

Repair

Color
- blue
- green
- orange
- pink
- red
- yellow
- white
- Tank
- Driveway
- Property Line
- House



LICENSED SOIL SCIENTIST
ROBERT EDWIN STOTT, III
1229
STATE OF NORTH CAROLINA

Top Flite Dr., Iredell County, NC - Lot 16

Piedmont Environmental Associates Job # 2410

Layout for a 3-BR home

LINE #	FLAG COLOR	FLAGGED LINE LENGTH (ft)	DESIGN LINE LENGTH (ft)
TBM INSTR. 1			
1	**blue**	**62**	**50**
2	**yellow**	**97**	**50**
2a	*yellow*		*47*
3	**orange**	**90**	**50**
3a	*orange*		*40*
5	**red**	**101**	**50**
5a	*red*		*50*
6	*green*	*89*	*50*
6a	*green*		*39*
	Total:	**439**	**426**

	DESIGN LINE LENGTH (ft)	SOIL LTAR GPD/FT^2	SYSTEM TYPE	DESIGN LTAR GPD/FT^2	DISTRIBUTION MEDIA	DISTRIBUTION METHOD	DESIGN FLOW (GPD)
System	**200**	**0.3**	**Accepted**	**0.3**	PPBPS	**Grav. to serial**	**360**
Repair	226	0.3	**Accepted**	0.3	PPBPS	**Grav. to serial**	360

Notes: **All measures in feet.

**Nitrification lines are demonstrated on contour via colored pin flags.

July 29, 2021 rev. September 21, 2021 Job#2410

SL 114 - SITE/SYSTEM SUMMARY AND SPECIFICATIONS

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

☒ IMPROVEMENT PERMIT **☒ CONSTRUCTION AUTHORIZATION**

Applicant: Stan Pressley **Lot Number:** 16 **Subdivsion:** Augusta Greens
County: Iredell **Pin or Tax Map Number:** 3793449857
Site Address: 133 Top Flite Dr. **Directions:**

Number Bedrooms (residence): **3** **Daily Design Flow:** **360**

INITIAL SYSTEM: **50% RED. (Horiz.)** **LTAR: .3** **LINEAR FOOTAGE: 200'**
TRENCH DEPTH: **17" with a cap required so that final cover at least 6" thick.**

REPAIR SYSTEM: 50% RED. (Horiz.) **LTAR:** .3 **LINEAR FOOTAGE:** 200'
TRENCH DEPTH: **17" with a cap required so that final cover at least 6" thick.**

SEPTIC TANK: 1000 gal **PUMP TANK:** N/A
DISTRIBUTION: Gravity to distribution box.

Square Footage: 4,100 **Distance to property line:** 10 ft
Distance to house: 5 ft min **Distance to wells:** 50 ft min
Permit Conditions: Install on contour. Do not install during wet soil conditions. Do not clear septic area in wet conditions, keep disturbance to minimum when clearing septic area. Variation from design must be approved by LSS and Iredell County. Stepdowns must be correct height and on distal ends
Disclaimer: No warranty written or implied on any septic system. SEE REPORT.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/10/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Younts Insurance Agency Inc
121 N Talbert Blvd
Lexington NC 27292

CONTACT NAME: Valerie Leonard
PHONE (A/C, No, Ext): 336-238-1053 **FAX (A/C, No):** 336-238-1054
E-MAIL ADDRESS: valerie@yountsinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Continental Casualty Company	2186
INSURER B : Penn National Mutual Casualty Insurance Company	14990
INSURER C : Ohio Casualty Insurance Company	24074
INSURER D :	
INSURER E :	
INSURER F :	

INSURED PIEDENV-02
Piedmont Environmental Associates, PA
216-1 S. Swing Road
Greensboro NC 27409

COVERAGES **CERTIFICATE NUMBER:** 1456259960 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	**COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE / OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / LOC OTHER:			BP9 0741038	6/1/2021	6/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 2,000,000 $ 300,000 $ 10,000 $ 2,000,000 $ 4,000,000 $ 4,000,000 $
B	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY X 19			AU90741038	6/1/2021	6/1/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Medical Payments	$ 1,000,000 $ $ $ $ 2,000
B	X **UMBRELLA LIAB** / OCCUR **EXCESS LIAB** / CLAIMS-MADE DED X RETENTION $ 0			UL9 0741038	6/1/2021	6/1/2022	EACH OCCURRENCE AGGREGATE $	$ 1,000,000 $ 1,000,000 $
C	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		XWO55203240	6/1/2021	6/1/2022	X PER STATUTE / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	Professional Liability			EEH288330253	6/1/2021	6/1/2022	Each Claim Aggregate Deductible	2,000,000 2,000,000 3,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Piedmont Environmental Associates, PA
216-1 S. Swing Road
Greensboro NC 27409

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Diana Evans

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RECEIVED AUG 3 1 2021 AP- 320862

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

Iredell County Health Department – Environmental Health Division

SEPTIC PAGE 1: *APPLICATION FORM* Paid $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
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: CORNERSTONE II Properties Address: 259 Textile Way Ft Mill SC Zip: 29715

Applicant Email: Stan@Cornerstone[illegible].com Phone: 704 301 3229 Alt. Phone: X

Owner Name: Bolles River Mall P. Address: 259 TEXTILE WAY FT.MILL, SC Zip: 29715

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

Property Information:

Street Address: 133 TOP FLITE DRIVE PIN# 3793 44 9857

Subdivision Name: AUGUSTA GREENS Section/Phase: _____ Lot Number: 16

Driving Directions: MOCK MILL RD EAST / RT. ON TITLEIST DR.
RT. ON TOP FLITE

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 5
( ) 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?

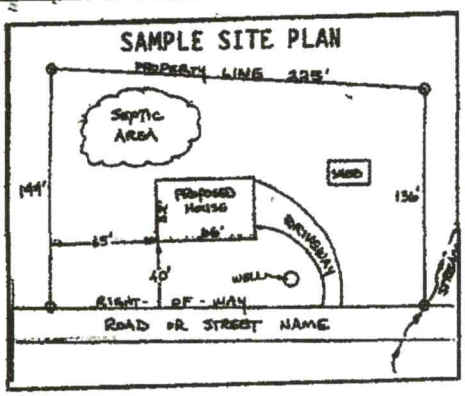
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Stan Cowley 8/20/21
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:

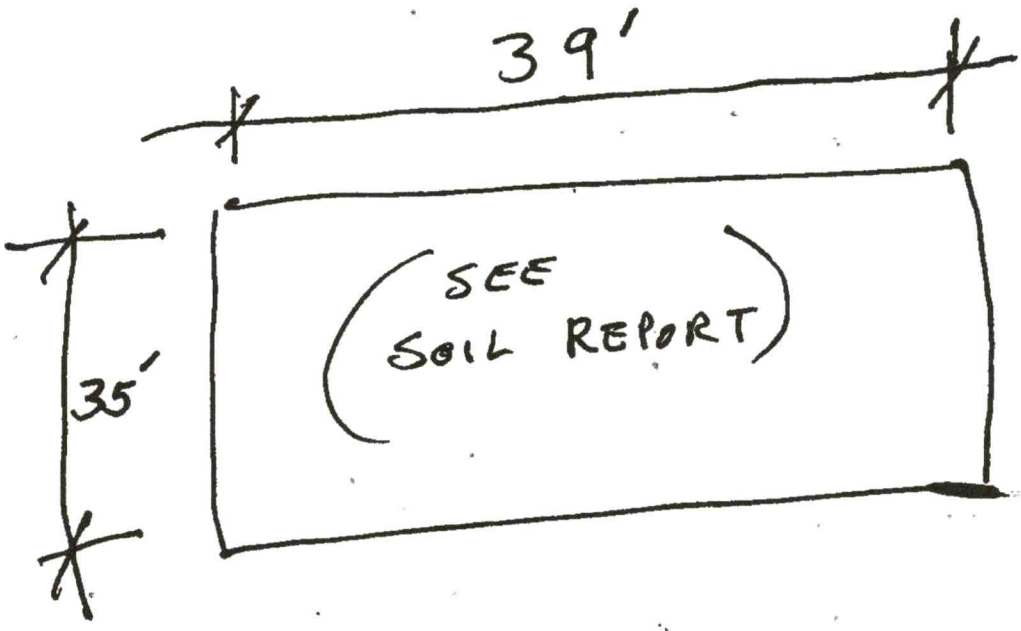
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator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



Signature: Stan Crosby

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

8/20/21

DATE

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/10/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Younts Insurance Agency Inc
121 N Talbert Blvd
Lexington NC 27292

CONTACT NAME: Valerie Leonard
PHONE (A/C, No, Ext): 336-238-1053 **FAX (A/C, No):** 336-238-1054
E-MAIL ADDRESS: valerie@yountsinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Continental Casualty Company	2186
INSURER B : Penn National Mutual Casualty Insurance Company	14990
INSURER C : Ohio Casualty Insurance Company	24074
INSURER D :	
INSURER E :	
INSURER F :	

INSURED PIEDENV-02
Piedmont Environmental Associates, PA
216-1 S. Swing Road
Greensboro NC 27409

COVERAGES **CERTIFICATE NUMBER:** 1456259960 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [ ] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			BP9 0741038	6/1/2021	6/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 2,000,000 $ 300,000 $ 10,000 $ 2,000,000 $ 4,000,000 $ 4,000,000 $
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY [X] 19			AU90741038	6/1/2021	6/1/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Medical Payments	$ 1,000,000 $ $ $ $ 2,000
B	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 0			UL9 0741038	6/1/2021	6/1/2022	EACH OCCURRENCE AGGREGATE $	$ 1,000,000 $ 1,000,000 $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		XWO55203240	6/1/2021	6/1/2022	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	Professional Liability			EEH288330253	6/1/2021	6/1/2022	Each Claim Aggregate Deductible	2,000,000 2,000,000 3,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Piedmont Environmental Associates, PA
216-1 S. Swing Road
Greensboro NC 27409

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Diana Evans

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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 Harding/Buller River, am the legal owner(s) of the property located at 133 Top Flite, identified as

PIN (Parcel Identification Number) 3793 44 9857, 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.

Pam Harding/Buller River Developer _____ 8/20/21
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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

Complete all Environmental Health forms:

- _____ Application
- _____ Site Plan including the dimensions of proposed structure, addition, pool etc.
- _____ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- _____ Copy of Zoning Permit when applicable
- _____ Sign this sheet after you have completed all items

_____ **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

_____ **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

_____ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. must be staked out on the property as per the site plan.

_____ **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Stan Crowley **Date** 8/20/21

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY · NC

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

APPLICATION NUMBER
320862 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3793449857.000	133 TOP FLITE DR	Iredell County

Owner Information	Applicant Information
Name: AUGUSTA DEVELOPERS LLC	Name: CORNERSTONE III PROPERTIES INC use this one
Address: C/O DARYL SUTHER 2200 OLD SALISBURY RD CONCORD, NC 28025	Address: 4509 FAITH CHURCH 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
0.974	35	35	15	15	WSIV-CA South Yadkin	NO

Remarks
sfd

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: 08/26/2021

Signature of Owner/Contractor

Permit Number	320862

TOTAL FEES:	$77.25

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built 1 Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? Yes No If residence how many bedrooms? ___ and stories? 2

If an addition, please describe project: NEW SNGL FAMILY

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): ___

Does the property have community water? Yes No If yes, please list who provides it: ___

Does the property have community sewer? Yes No If yes, please list who provides it: ___

Owner Information

Property Owner's Name Buller River Development Phone # 704 301 3229

Owner's Current Address 259 TEXTILE WAY FT. MILL, SC 29715

Property Information

Property Address 133 TOP FLITE DR. Parcel# 3793 44 9857

Subdivision AUGUSTA GREENE Lot: ___ Zoning: ___ Watershed: Y or N Flood Plain: Y or N Township: ___

Directions to property (from a MAIN ROAD) MOCK MILL RD. EAST / RT. ON TITLEIST DR. / RT. ON TOP FLITE

Application Information

Applicant's Name or Company STAN PRESSLEY Applicant's Phone # 704 301 3229

Applicant's Address 259 TEXTILE WAY FT. MILL, SC 29715

If Company, Representative's Name and Title STAN PRESSLEY / CONTRACTOR

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT Stan Pressley DATE 8/20/21

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
WEB14737

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$2,886.25**
AP-320858 Address: 115 TOP FLITE DR APN: 3793543911.000			**$577.25**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
AP-320860 Address: 121 TOP FLITE DR APN: 3793542910.000			**$577.25**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
AP-320861 Address: 127 TOP FLITE DR APN: 3793540875.000			**$577.25**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
AP-320862 Address: 133 TOP FLITE DR APN: 3793449857.000			**$577.25**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	~~$500.00~~
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
AP-320864 Address: 103 TAYLOR MADE DR APN: 3793535482.000			**$577.25**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
TOTAL FEES PAID BY RECEIPT:WEB14737			**$2,886.25**

Date Paid: Tuesday, August 31, 2021

Paid By: Buller River Development Partners, LP

Cashier: EPRS

Pay Method: CREDIT 034107

SUPERION