IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 220022

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

PIN # 4615-82-8258

APPLICANT: STEVE WATERS APPLICANT ADDRESS: 236 TUSKARORA TRAIL

SITE ADDRESS: 175 FAWN LN. MOORESVILLE, NC PHONE: 704-746-4531 ALT. PHONE:

SITE DIRECTIONS: BSR, TR STONEMARKER, TR FAWN LN., ON L

SUBDIVISION: CL&T SECTION: 6 LOT # 120 LOT AREA: .65 AC DESIGN FLOW: 360 L.T.A.R.: .275 (.3R)

Septic Tank EXISTING (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 1 Linear Ft: 110'

Trench Width 36" Max. Trench Bottom Depth 29" Gravel Depth

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

System Description: GRAVE + 25% REDUCTION

Repair System Description: PRE TREAT DRIP

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☐ Crawl Space

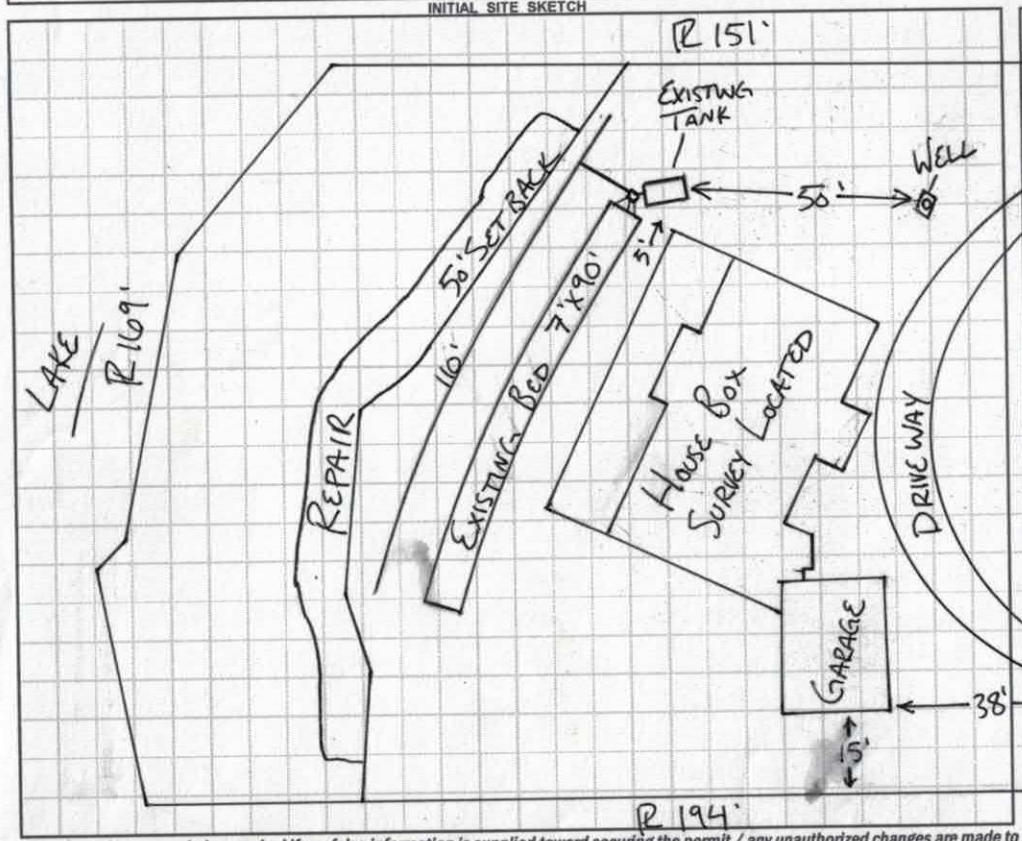
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

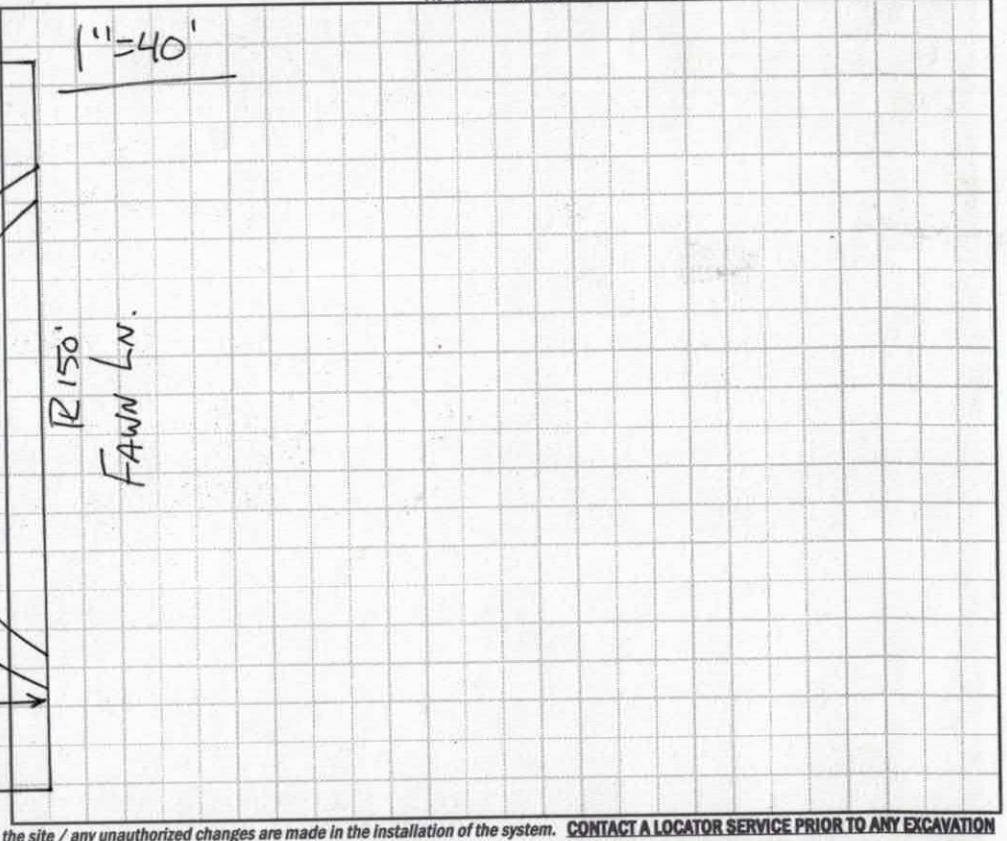
Comments / Conditions: ADD NEW LINE AS SHOWN. USE DISTRIBUTION BOX W/ SPEED LEVELERS TO FEED RED FIRST.

Installed Quick 4 as shown. verified feeding old bed

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

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

Owner / Applicant Signature: Date: 11-8-16 Installed by: R&H

IMPROVEMENT PERMIT by: Date: 10-17-16 OPERATION PERMIT by: Marvin Dotson RS Date: 8/24/17

AUTHORIZATION TO CONSTRUCT by: Date: 10-20-16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

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

Sheet 1 of 1
PROPERTY ID #: 4615-82-8255
COUNTY: IREDELL

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

OWNER: STEVE WATERS
ADDRESS: 236 TUSKARORA TRAIL
PROPOSED FACILITY: SFR
LOCATION OF SITE: CLET-6-120
APPLICATION DATE: 7-5-16
DATE EVALUATED: 10-6-16
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: .65AC
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LINEAR 10%	0-22	SLGR	NS	CH2C 45"	48"	—	45"	.275 TO 45"
		22-35	RCMSBK	SS					
		35-48	RCMABK	SS					
2	L 4%	0-24	RCMSBK	SS	—	36"	—	36"+	.3
		24-36	RCLMSBK	SS					
3	L 4%	0-29	RCMSBK	SS	—	36"	—	36"+	.3
		29-36	SCLWSBK	SS					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	DRIP
Site LTAR	.275	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: BA
OTHER(S) PRESENT: STEVE WATERS

COMMENTS: _____

OK

220022

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Pd $250 7/5/16

(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)

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ✓ Existing System Inspection

Paid $250.00 11-8-16

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
STEVE WATERS	236 TUSCARORA TRAIL MVILLE 28117	704-230-0206	704-746-4531
ROBERT BUTLER (Owner Name)	Mailing Address	Home Phone #	631-428-5302 Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
175 FAWN LANE MVILLE 28117	CLOT	6/120

Driving Directions: BRANTLEY SCHOOL RD WEST INTO THE POINT, GO AROUND CIRCLE AND CONTINUE ON BSR, TURN RT. INTO STONEMARKER, TURN RT INTO FAWN LANE, LOT ON LEFT

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(✓) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* (✓) EXISTING SYSTEM installed No record / Year

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other EXISTING

8. Please Answer The Following ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes ( ) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: _____ 7-5-2016
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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, ROBERT BUTLER, am the legal owner(s) of the property located at 175 FAWN LANE MOORESVILLE NC 28117, identified as PIN (Parcel Identification Number) 4615828258.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) STEVE WATERS ENCORE BUILDING GROUP, 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.

Robt Butler 7/5/16 — Kim J. Butler 7.5.16

Signature of Owner(s) Date 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*:

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:

✓ Property Line measurements are clearly identified... **____ All proposed structures are indicated...**

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

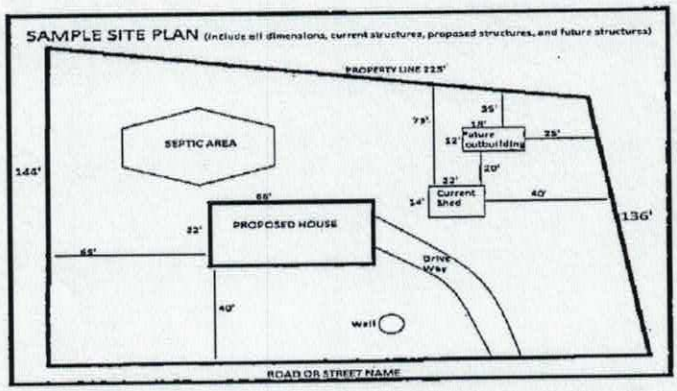
✓ Front and side setbacks from property line... **____ Preferred driveway location and configuration, preferred well location...**

✓ 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:

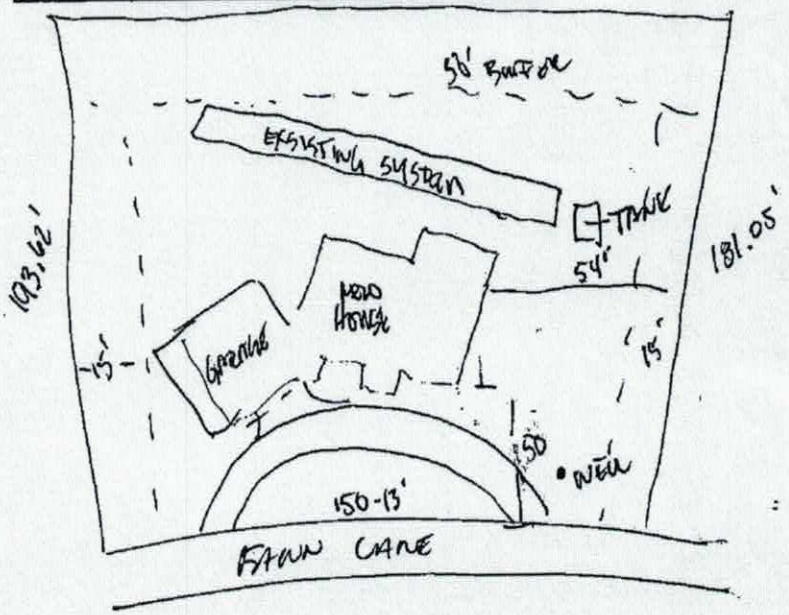
____ Location of septic systems and wells within 100' of your property... N/A

____ 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

LAKE NORMAN



Signature: Steven Watts

REQUIRED property owner or owner's legal representative signature.

7-5-2016

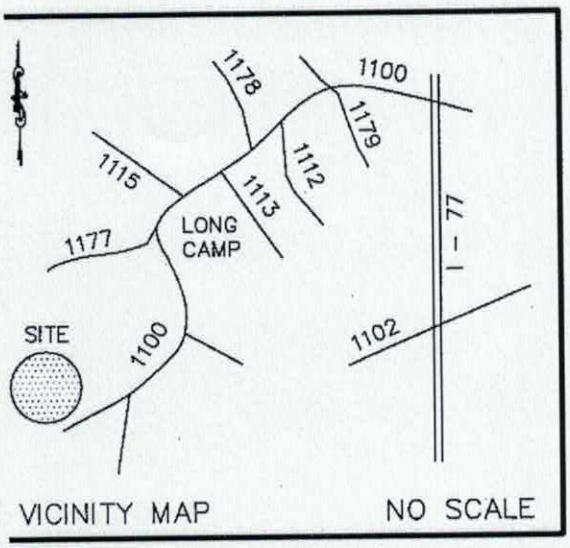
DATE

plat book 14, page 23, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C.

my hand and seal on the 14, day of OCTOBER, A.D. 20 16.

WILLIAM M. ALLEN, PLS

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN



VICINITY MAP NO SCALE

LAKE NORMAN

760 CONTOUR LINE PER ACTUAL FIEL SURVEY

PB. 14 PG. 23

S85°28'11"W 50.45'

N36°53'00"W 9.17'

N72°05'00"W 58.24'

N43°53'00"W 51.09'

85.0'

50' BUFFER FROM 760 CONTOUR

LOT 120
0.65 AC.

15' SETBACK

S06°22'23"W 193.41'

LOT 121
WILLIS C.
JENKINS, III
1941/360

PROPOSED HOUSE

34.6'

15' SETBACK

N07°09'00"E

LOT 119
DOUGLAS
WILLIAM
LAMBERT
1881/1615

15.1'

35' SETBACK

38.0'

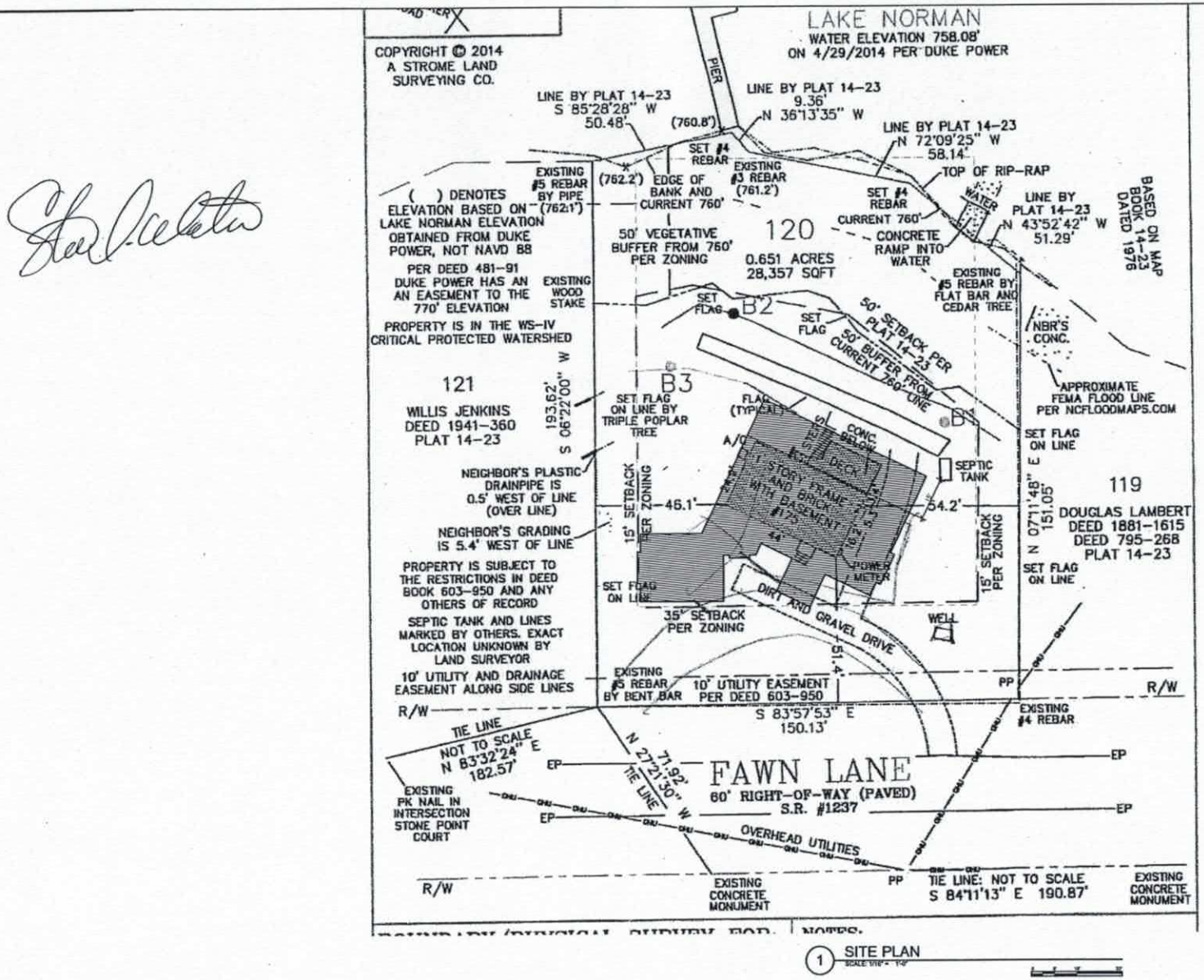
151.00'

S83°59'49"E 150.12'

FAWN LANE
60' PUBLIC R/W

0' 20' 40' 100'

SCALE IN FEET



1 SITE PLAN

ISSUED FOR CONSTRUCTION

JBA
JENNIFER BENSON ARCHITECTURE, PLLC
735 MATTHEWS TOWNSHIP PKWY
MATTHEWS, NC 28105
980-245-8447
980-225-0449 FAX
www.jbensonarch.com

5-10-16

BUTLER RESIDENCE
175 FAWN LN.
MOORESVILLE, NC 28117

Δ	Date:	Revision:

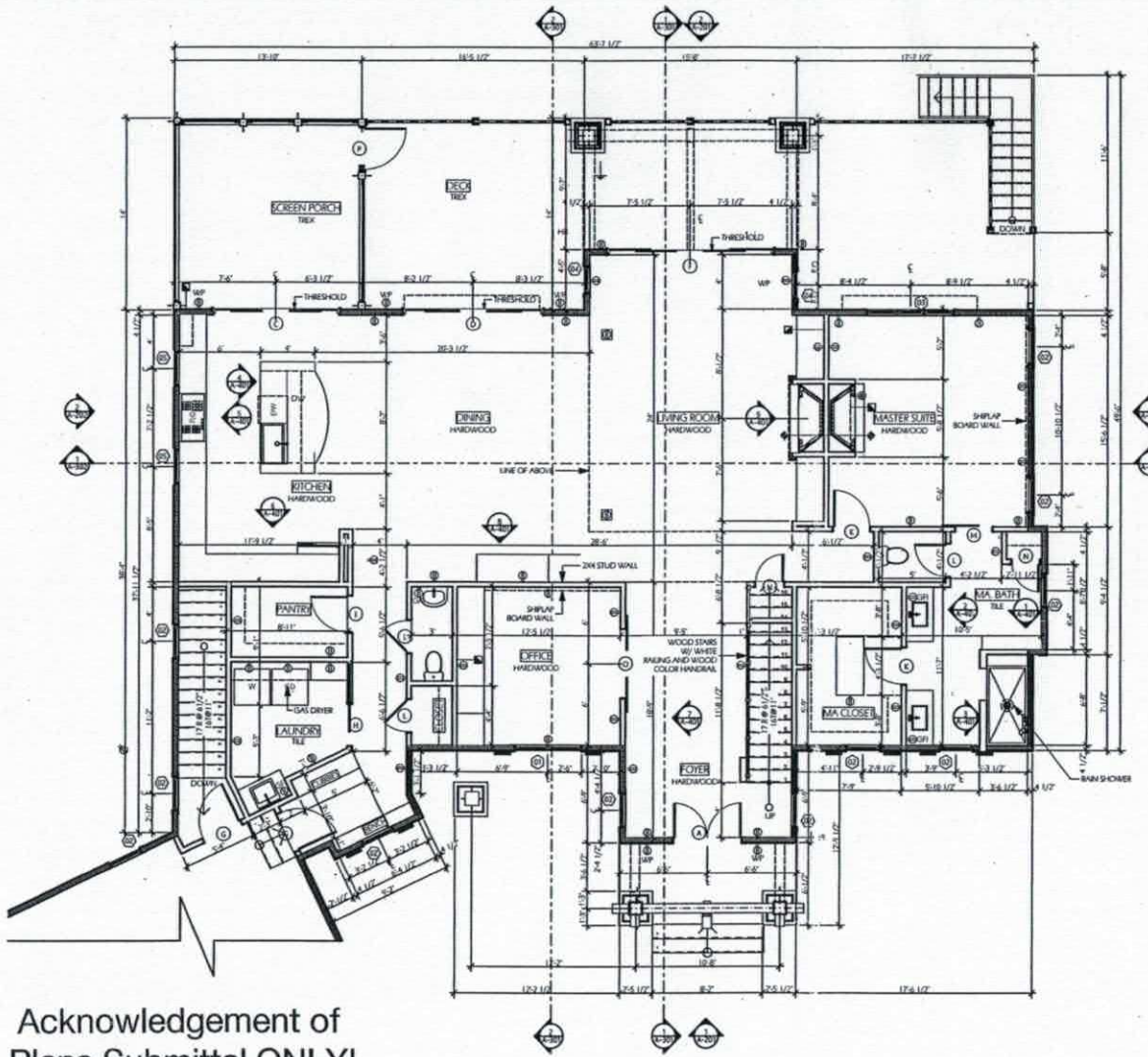
THE DRAWINGS AND PLANS SET FORTH ON THIS SHEET AS INSTRUMENTS OF SERVICE ARE AND SHALL REMAIN THE PROPERTY OF JENNIFER BENSON ARCHITECTURE. USE OF THIS DRAWING IS LIMITED TO A SPECIFIED PROJECT FOR THE PERSONS NAMED HEREON AND FOR THE CONSTRUCTION OF ONE BUILDING. ANY USE OR REUSE OF SAID DRAWINGS IS STRICTLY PROHIBITED WITHOUT PERMISSION FROM JENNIFER BENSON ARCHITECTURE

DATE:	DRAWN BY:
5/10/2016	LCGR
SCALE:	PROJECT NO:
	15.950

CHECKED BY: JENNIFER BENSON

SHEET TITLE: SITE PLAN

SHEET NUMBER: A-101



NOTES
1. ALL DIMENSIONS ARE TO THE FACE OF STUD
2. ALL CLOSETS TO HAVE ROD AND SHELF TYP.
3. 4" BASEBOARD THROUGH OUT
4. 6" CEILING MOULDING THROUGH OUT
5. PROVIDE CONTINUOUS 7/16" OSB ON ALL EXTERIOR WALLS
6. EXTERIOR WALLS TO BE 1/2" GWB, 2X4 W/O STUDS @ 16" O.C. - 5½" R-15 BATT INSULATION, 7/16" OSB, TYVEK BUILDING WRAP OR SIM. AND EXTERIOR FINISH AS NOTED ON ELEVATIONS.
7. ALL INTERIOR WALLS TO BE 2X4 WOOD STUDS @ 16" O.C. - 5½" R-2 W/ 1/2" G.W.B. EA. SIDE
8. PROVIDE WOOD STRUCTURAL PANELS MIN. 4'-0" AT CORNERS FOR WALL BRACING.
9. PROVIDE (2) 2X8 HEADERS FOR ALL WINDOW AND DOOR OPENINGS TO 6'-6" AND (2) 2X10 HEADERS TO OPENINGS TO 8'-0"
10. PROVIDE (2) JACK STUDS EA. SIDE AT ALL WINDOW AND DOOR LOCATIONS.
11. 5" PLANK DARK WOOD FLOOR TO BE INSTALLED AS SHOWN ON PLANS
12. TILE FLOOR FOR ALL BATHROOMS TO BE INSTALLED AS SHOWN ON PLANS
13. CARPET TO BE INSTALLED ON BEDROOM 2 AT SECOND FLOOR
14. WOOD COLOR TREX FLOOR AND RAILING SYSTEM TO BE INSTALLED IN DECK AREA.
15. ALL EXTERIOR DOORS TO BE ALUMINUM/WOOD CLAD SYSTEM
16. ALL INTERIOR DOOR TO BE HOLLOW CORE, PAINT GRADE 4 EQ. PANELS WITH OIL RUBBED BRONZE KNOBS.
17. ALL WINDOWS TO BE ALUMINUM/WOOD CLAD SYSTEM WITH 4" INTERIOR TRIM SURROUND
18. 5' HIGH WAINSCOTING PANELS TO BE INSTALLED IN FOYER AN ALL HALLWAYS FOR 1ST AND 2ND FLOOR

LEGEND

- EXTERIOR WALL 2X4" STUDS @ 16" O.C. VINYL FINISH
- 2X4 W/O STUDS @ 16" O.C. WALL W/ INSULATION
- LINE OF ABOVE
- LINE OF BELOW
- DOUBLE DUPLEX OUTLET
- WP WEATHERPROOF 110 VOLT OUTLET
- FLOOR 110 VOLT OUTLET
- QUAD OUTLET
- HOSE CONNECTION
- HB
- TV CABLE OUTLET
- PROPANE CONNECTION

DOOR SCHEDULE

ID	SIZE W	SIZE H	DESCRIPTION
A	5'	7'-0"	(2) 4D MOULDED SWING DOOR W/ SIDELIGHT
B	8'	8'	(2) 4D ANDERSEN BIFOLD GARAGE DOOR
C	6'	6'-8"	4 PANEL TEMP GLASS SLIDING DOOR
D	10'	6'-8"	4 PANEL TEMP GLASS SLIDING DOOR
E	12'	8'	4 PANEL TEMP GLASS SLIDING DOOR WITH FIX TRANSOM
F	3'	6'-8"	30 MIN. SELF CLOSING TIGHT FITTING HC BP
G	2'	6'-8"	8D HC 4 EQ HORIZONTAL BP POCKET
H	2'-6"	6'-8"	8D GRADE (SCANTLING)
I	2'-6"	6'-8"	8D HC 4 EQ HORIZONTAL BP
J	2'-8"	6'-8"	8D HC 4 EQ HORIZONTAL BP
K	2'-4"	6'-8"	8D HC 4 EQ HORIZONTAL BP
L	2'-0"	6'-8"	8D HC 4 EQ HORIZONTAL BP BARN DOOR
M	3'	6'-8"	8D HC 4 EQ HORIZONTAL BP
N	3'	6'-8"	8D HC 4 EQ HORIZONTAL BP
O	5'	6'-8"	8D LHC WITH GLASS 2 PANEL BARN DOOR
P	5'	6'-8"	8D HC SLIDING PRAIRIE SCREEN PANEL
Q	5'	6'-8"	8D HC 4 EQ HORIZONTAL BP FRENCH

TG= PAINT GRADE TEMP = TEMPERED
BP= RAISED PANEL HC= HOLLOW CORE
FIX= FIXED
ALL EXTERIOR DOOR AND WINDOWS TO BE VINYL CLAD SYSTEM
ALL INTERIOR DOORS TO BE 4 EQUAL HORIZONTAL RP. WITH OIL RUBBED BRONZE KNOBS

WINDOW SCHEDULE

ID	SIZE W	SIZE HT	DESCRIPTION
01	6'	5'	DOUBLE CASEMENT W/ FIX TR. TRANSOM AT 2ND GBD
02	4'-0"	5'	CASEMENT WITH FIX. TRANSOM AND GBD
03	4'-0"	5'	TRIPLE CASEMENT WITH FIX. TRANSOM
04	4'	5'	CASEMENT WITH FIX. TRANSOM AND GBD
05	4'-0"	4'	CASEMENT
06	2'	4'	(2) W/ GBD
07	3'	4'	DBL CASEMENT W/ GBD
08	4'	3'-6"	FIX. TEMP
09	2'-6"	4'	CASEMENT WITH FIX. TRANSOM
10	5'	3'	FIX. TEMP
11	3'	3'	FIX. TEMP
12	1'-10"	2'-6"	FIX. W/ GBD (SEE LOCATION SEE RIGHT ELEVATION)

Acknowledgement of Plans Submittal ONLY!

Date 10-20-16

Date 11-8-16

ISSUED FOR CONSTRUCTION

JBA
JENNIFER BENSON ARCHITECTURE, PLLC
735 MATTHEWS TOWNSHIP PKWY
MATTHEWS, NC 28105
980-245-8447
980-225-0449 FAX
www.jbensonarch.com

JENNIFER A. BENSON — REGISTERED ARCHITECT — NORTH CAROLINA — MATTHEWS, NC

5-10-16

BUTLER RESIDENCE
175 FAWN LN.
MOORESVILLE, NC 28117

Date:	Revision:

THE DRAWINGS AND PLANS SET FORTH ON THIS SHEET AS INSTRUMENTS OF SERVICE ARE AND SHALL REMAIN IN THE PROPERTY OF JENNIFER BENSON ARCHITECTURE. USE OF THIS DRAWING IS LIMITED TO A SPECIFIED PROJECT FOR THE PERSONS NAMED HEREON AND FOR THE CONSTRUCTION OF ONE BUILDING. ANY USE OR REUSE OF SAID DRAWING IS STRICTLY PROHIBITED WITHOUT PERMISSION FROM JENNIFER BENSON ARCHITECTURE

DATE:	DRAWN BY:
5/10/2016	LCGR
SCALE:	PROJECT NO:
	15.950

CHECKED BY: JENNIFER BENSON

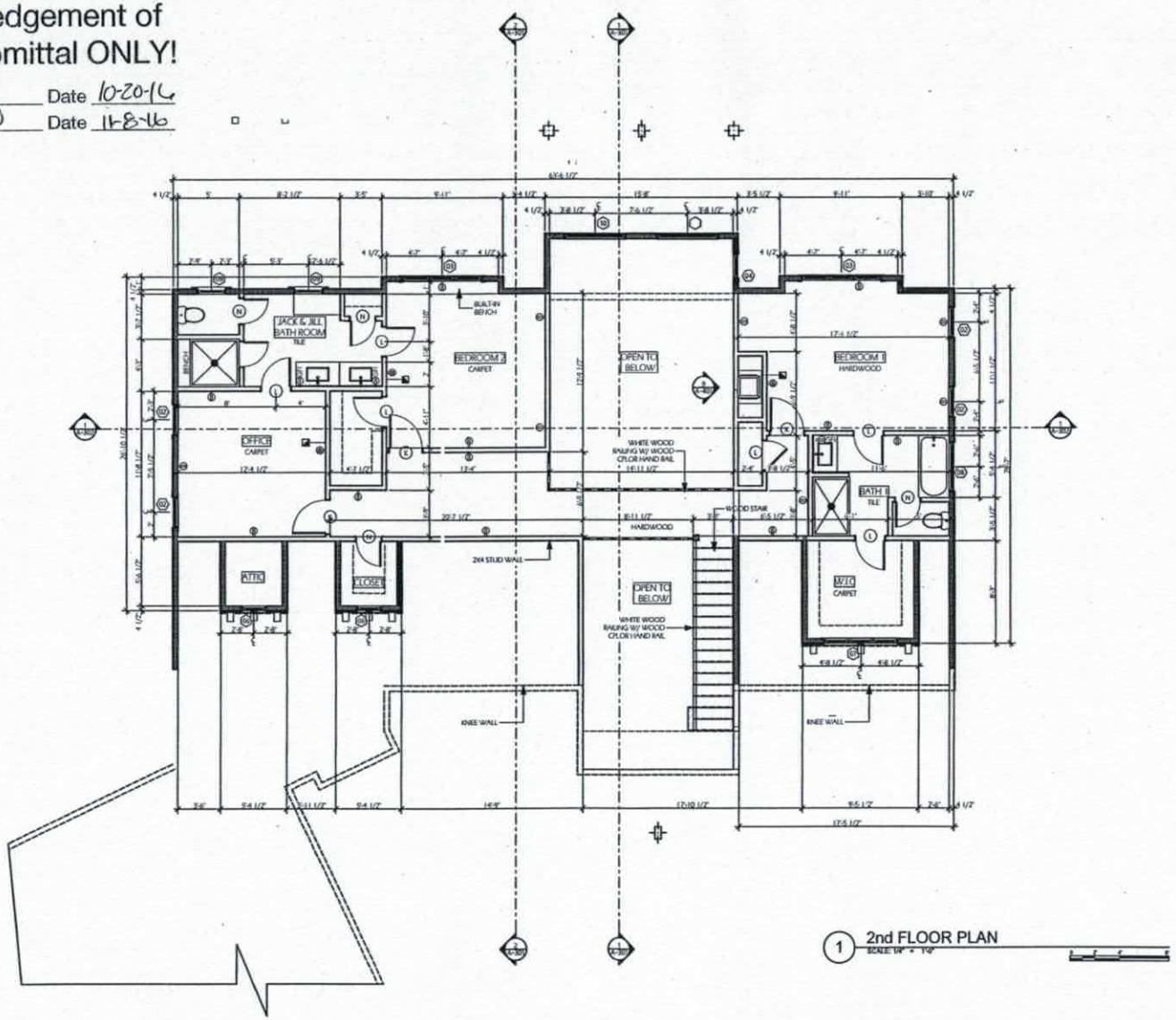
SHEET TITLE: 1st FLOOR PLAN

SHEET NUMBER: A-103

Acknowledgement of
Plans Submittal ONLY!

BA Date 10-20-16

SW Date 11-8-16



1 2nd FLOOR PLAN
SCALE: 1/4" = 1'-0"

ISSUED FOR CONSTRUCTION

JBA
JENNIFER BENSON ARCHITECTURE, PLLC
735 MATTHEWS TOWNSHIP PKWY
MATTHEWS, NC 28105
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Δ	Date:	Revision:

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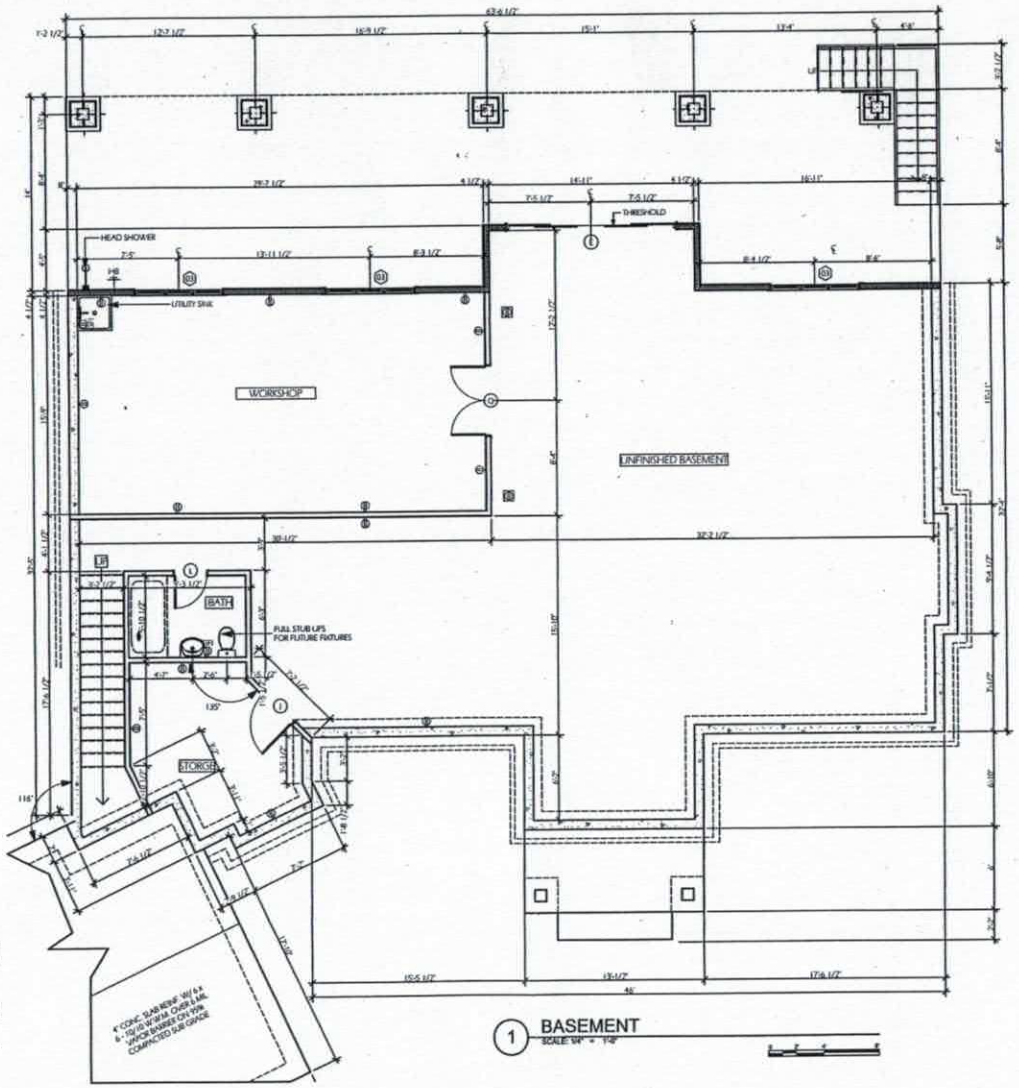
DATE:	DRAWN BY:
5/10/2016	LCGR
SCALE:	PROJECT NO:
	15.950

CHECKED BY: JENNIFER BENSON

SHEET TITLE: 2nd FLOOR PLAN

SHEET NUMBER:

A-104



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

Acknowledgement of Plans Submittal ONLY!

BA Date 10-20-16

SW Date 11-8-16

ISSUED FOR CONSTRUCTION

JBA
JENNIFER BENSON ARCHITECTURE, PLLC
735 MATTHEWS TOWNSHIP PKWY
MATTHEWS, NC 28105
980-245-6447
980-225-0449 FAX
www.jbensonarch.com

JENNIFER A. BENSON REGISTERED ARCHITECT NORTH CAROLINA MATTHEWS, NC

5-10-16

BUTLER RESIDENCE
175 FAWN LN.
MOORESVILLE, NC 28117

Δ	Date:	Revision:

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DATE:	DRAWN BY:
5/10/2016	LCGR
SCALE:	PROJECT NO.
	15.950

CHECKED BY: JENNIFER BENSON

SHEET TITLE: BASEMENT

SHEET NUMBER: A-105

IREDELL COUNTY

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

APPLICATION NUMBER
220022
Issue Date: 07/05/2016

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4615828258.000	175 FAWN LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: BUTLER ROBERT D+KIM F	Applicant: ENCORE BUILDERS INC
Address: 175 FAWN LANE MOORESVILLE, NC 28117	Address: 236 TUSKARORA TRAIL MOORESVILLE, NC 28117
Phone:	Phone: 704-746-4531

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.650	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

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.

Applicant: _____ Date: _____

Permit Number	73407	TOTAL FEES:	$ 77.25