IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3825 | PERMIT # 22824-5

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

PIN # 4624239656 3775

APPLICANT/OWNER: Peachtree Residential LLC | APPLICANT ADDRESS: 7380 McGinnis Ferry Rd.

SITE ADDRESS: 2584 Brawley School Rd Mooresville, NC | PHONE: 704-928-9215 | ALT. PHONE 704-576-3887

SITE DIRECTIONS: Brawley School Rd near end on R | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Lakeside on Brawley | SECTION: N/A LOT # 9 | LOT AREA: .689ac | DESIGN FLOW: 480gpd | L.T.A.R.: .3 (.3 repair)

Septic Tank	1000 (gal)	STB	760	Date	6-30-19	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT		Date		System Description:	25% reduction
Pump Make		Model		Serial #		Repair System Description:	25% reduction
# Nitrification Fields	1	# Lines	3	Linear Ft	400'	Maintenance Agreement Required:	☐ YES ☑ NO
Trench Width	36"	Trench Bottom Depth(Low side)	33" / 36" high side	Gravel Depth	N/A		☑ 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: Install 25% reduction with serial distribution and drain lines on contour. Lot recorded 7-19-17 DB:66 Pg 147
Recommend pumping septic tank every 3-5 years.

INITIAL SITE SKETCH

See attached site plan by Michael Athanas + Associates

AS BUILT SKETCH

Installed As Drawn

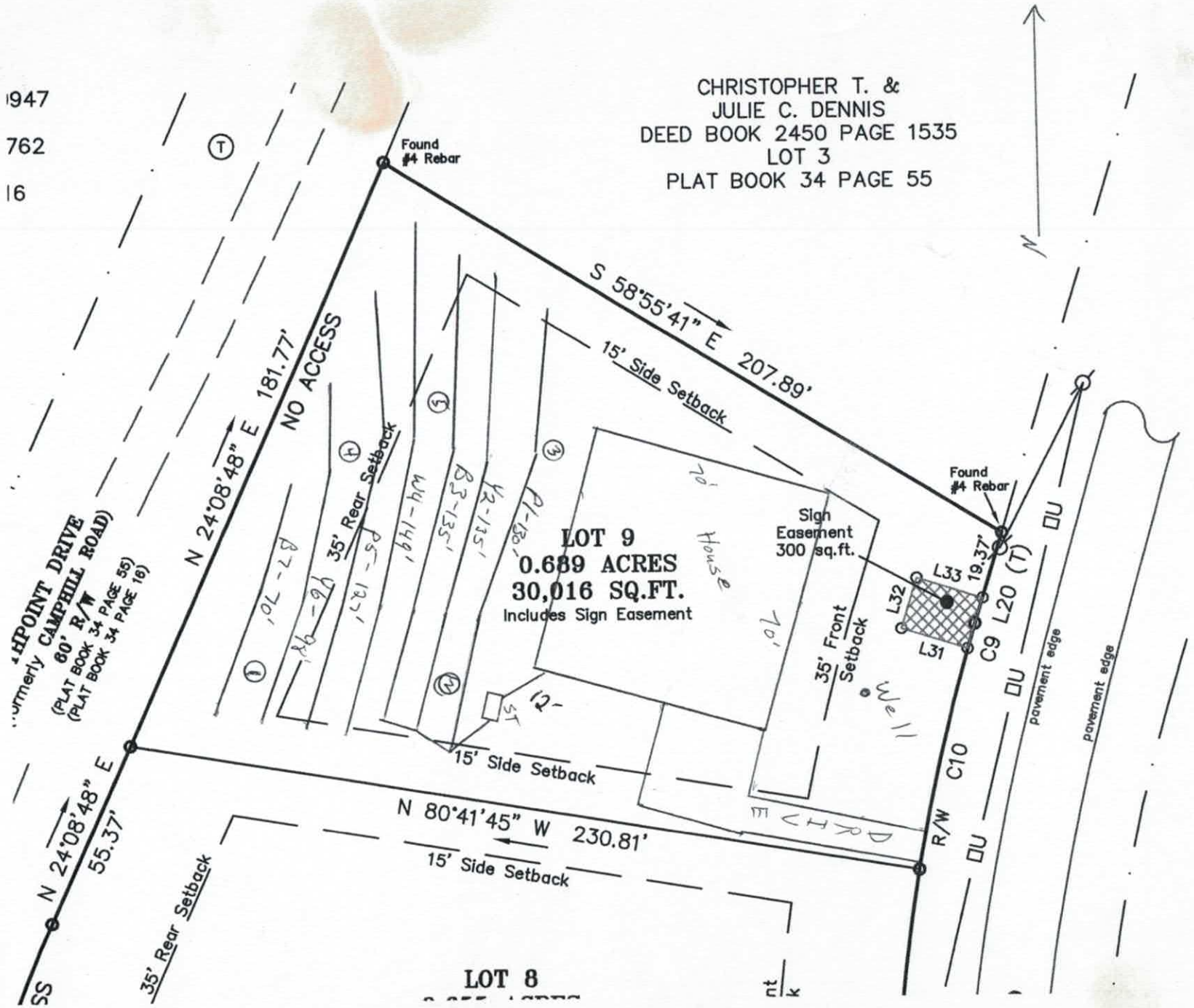
Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

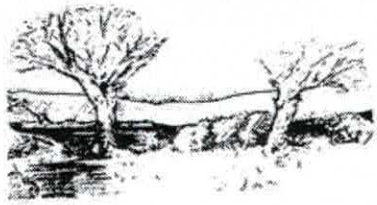
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date: 7-27-17 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: _____ Date: 7-13-17 OPERATION PERMIT by: _____ Date: 8-23-19

AUTHORIZATION TO CONSTRUCT by: _____ Date: 11/1/2017 Existing System Inspected by: _____ Date: _____


1947
762
16
APPROVED JUL 13 2017
KW
Scale 1"=40'
CHRISTOPHER T. &
JULIE C. DENNIS
DEED BOOK 2450 PAGE 1535
LOT 3
PLAT BOOK 34 PAGE 55
Found #4 Rebar
S 58°55'41" E 207.89'
15' Side Setback
NO ACCESS
N 24°08'48" E 181.77'
HPOINT DRIVE
formerly CAMPHILL ROAD)
60' R/W
(PLAT BOOK 34 PAGE 55)
(PLAT BOOK 34 PAGE 16)
35' Rear Setback
LOT 9
0.689 ACRES
30,016 SQ.FT.
Includes Sign Easement
Sign Easement 300 sq.ft.
House
Well
35' Front Setback
Found #4 Rebar
L33 19.37'
L32
L31
C9 L20 (T)
pavement edge
pavement edge
15' Side Setback
N 24°08'48" E 55.37'
N 80°41'45" W 230.81'
15' Side Setback
35' Rear Setback
R/W C10
LOT 8



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 2584 Brawley Sch Rd., Lakeside on Brawley Lot 9
House Footprint: 70' x 70'
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: 25% Reduction
Proposed Repair System Type: 25% Reduction
Distribution: Gravity-End cap/Drop boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 24-36"

Line	Design Length	Actual Length
Pink 1	**130'**	**134'**
Yellow 2	**135'**	**138'**
Blue 3	**135'**	**142'**
White 4		149'
Pink 5		127'
Yellow 6		98'
Blue 7		70'

Initial System: 400' **Repair System:** 444'

Comments:

APPROVED JUL 13 2017
KW

PROPERTY ID #: _____
COUNTY: _Iredell____

APPROVED JUL 1 for KW

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: Peachtree Residential LLC_____ APPLICATION DATE 6-30-17
ADDRESS: _Suwanee, GA_____ DATE EVALUATED: _____
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): __480 GPD_____ PROPERTY SIZE: _0.689 AC_____
LOCATION OF SITE: 2584 Brawley Sch Rd, Lakeside on Brawley Lot 9_____ PROPERTY RECORDED: _____
WATER SUPPLY: Ξ Private Public Ξ Well Spring Other _____
EVALUATION METHOD: Ξ Auger Boring Pit Cut TYPE OF WASTEWATER: Ξ 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	LS 6%	0-14	RBr CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		14-48	R C SBK	FR SS SP SEXP					
2	LS 6%	0-7	RBr CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		7-48	R C SBK	FR SS SP SEXP					
3	LS 6%	0-5	Br CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		5-48	R C SBK	FR SS SP SEXP					
4	LS 6%	0-6	RBr CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		6-48	R C SBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT2	1332 FT2
System Type(s)	25% Reduction	25% Reduction
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: _____

DATE OF EVALUATION: _____

COUNTY: _IREDELL____

APPROVED JUL 1 3 2017
KW

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	
5	LS 6%	0-48	R C SBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3

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

Sheet 1 of 1
PROPERTY ID #: —
COUNTY: Iredell

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

OWNER: Peachtree Residential LLC
APPLICATION DATE: 6-30-17
ADDRESS: 2584 Brawley School Rd lot 9
DATE EVALUATED: 7-12-17
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480gpd
PROPERTY SIZE: —
LOCATION OF SITE: Brawley School Rd near encl on R
PROPERTY RECORDED: no
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 repair	5% FS	0-12	WSBK SCL	Fr,SS,SP,SEXP	—	48	36-48" few SAP inc.		PS .3
		12-28	SBK C	Fr-Fi,SS,SP,SEXP					
		28-48	WSBK CL	Fr,SS,SP,SEXP					
2 repair	4% TS	0-11	WSBK SCL	Fr,SS,SP,SEXP	—	48	40-48" few SAP inc		PS .3
		11-33	SBK C	Fr,SS,SP,SEXP					
		33-48	WSBK CL	Fr,SS,SP,SEXP					
3 init	6% LS	0-10	WSBK SCL	Fr,SS,SP,SEXP	—	48	—		PS .3
		10-27	SBK C	Fr,SS,SP,SEXP					
		27-48	WSBK CL	Fr-Fi,SS,SP,SEXP					
4 init	6% LS	0-9	WSBK SCL	Fr,SS,SP,SEXP	—	48	—		PS .3
		9-32	SBK C	Fr,SS,SP,SEXP					
		32-48	WSBK CL	Fr,SS,SP,SEXP					

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

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT: —

RECEIVED OCT 2 7 2017

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Peachtree Residential Address: 9525 Birkdale Crossing Dr ste 208 Zip: 28078
Applicant Email: mbenitez@peachtreeresidential.com Phone: 704-928-9215 Alt. Phone: 980-689-2235
Owner Name: Peachtree Residential Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 2584 Brawley School Rd, Mooresville
Subdivision Name: Lakeside on Brawley Section/Phase: _____ Lot Number: 9
Driving Directions: Brawley to end on right

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: _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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: _____ 10/27/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED JUN 3 0 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM* Paid $500.00 # 228295

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.

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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: Peachtree Residential LLC **Address:** 7380 McGinnis Ferry Rd, Suwanee, GA **Zip:** 30024

Applicant Email: mbenitez@peachtreeres.com **Phone:** Mark-704-928-9215 **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 2584 Brawley Sch Rd

Subdivision Name: Lakeside on Brawley **Section/Phase:** _____ **Lot Number:** 9

Driving Directions: BSR near end

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — **Maximum Number of Bedrooms:** 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — **Maximum Number of Occupants:** _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) 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:** _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well **Number of Houses:** _____ **Number of Persons:** _____

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

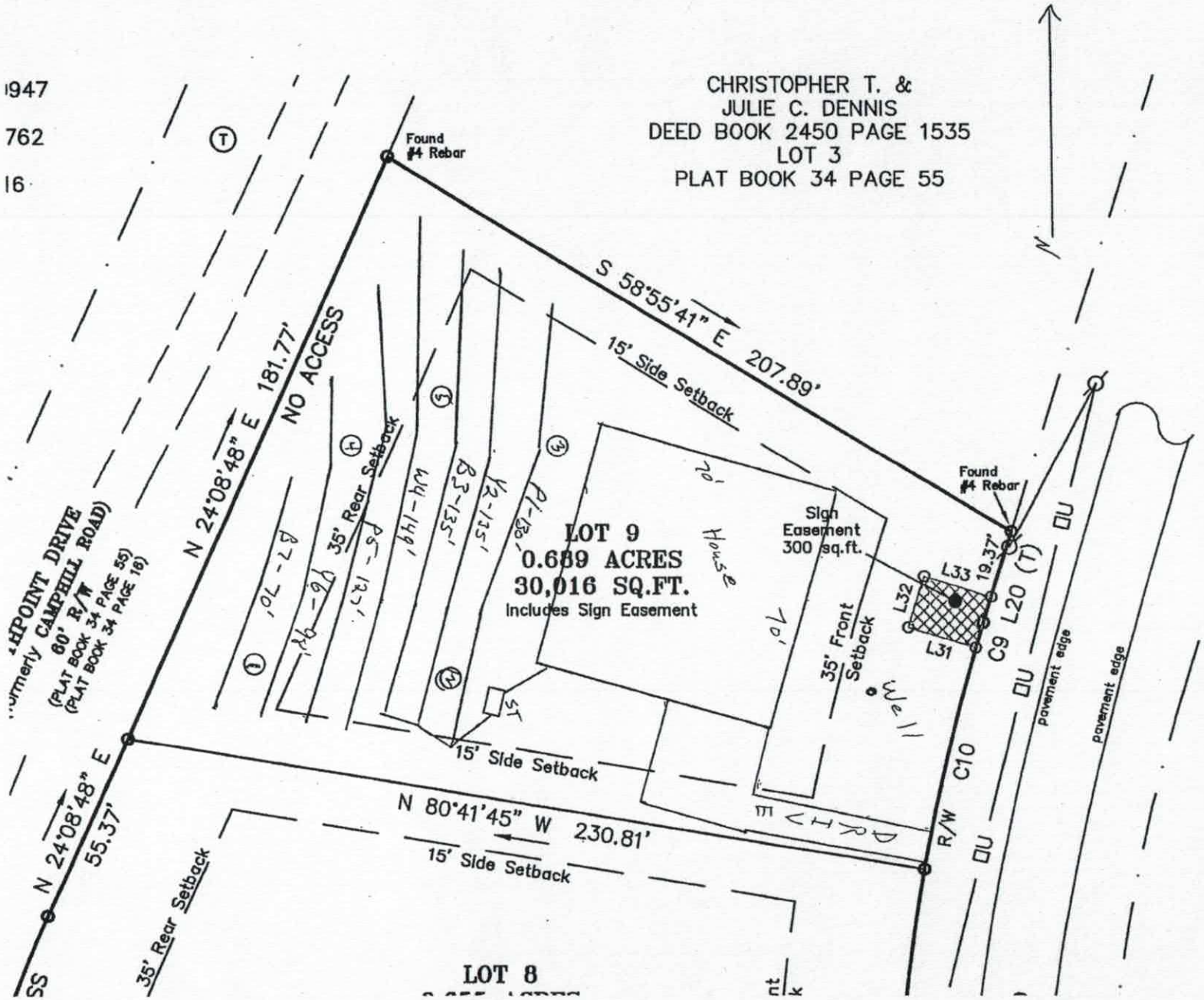
Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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: _____ 6/30/2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**



APPROVED JUL 13 2017
KW

Scale 1" = 40'

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, Peachtree Residential, am the legal owner(s) of the property located at 2584 Brawley School Rd, Mooresville, identified as PIN (Parcel Identification Number) 4624233156, located in Iredell County, North Carolina.

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

_____ 10/27/17 _____ 10/27/17

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

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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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, Mark Benitez, am the legal owner(s) of the property located at 2584 BSR, Lakeside on Brawley Lot 9, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Assoc., _____, 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.

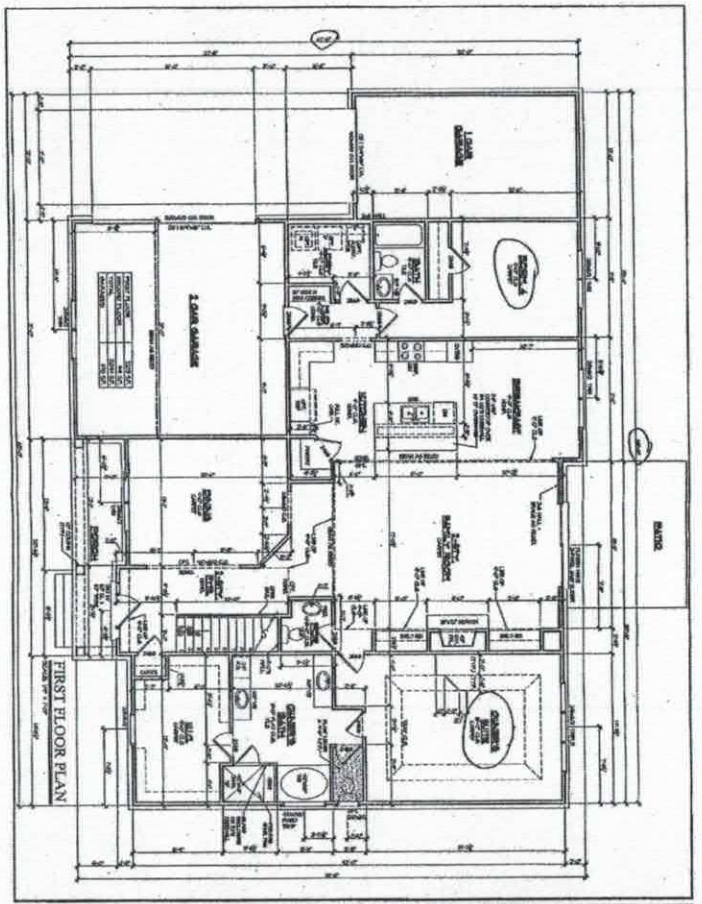
Signature of Owner(s) Date

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



A3.1

Model Name:
TIBURON "B-MC"

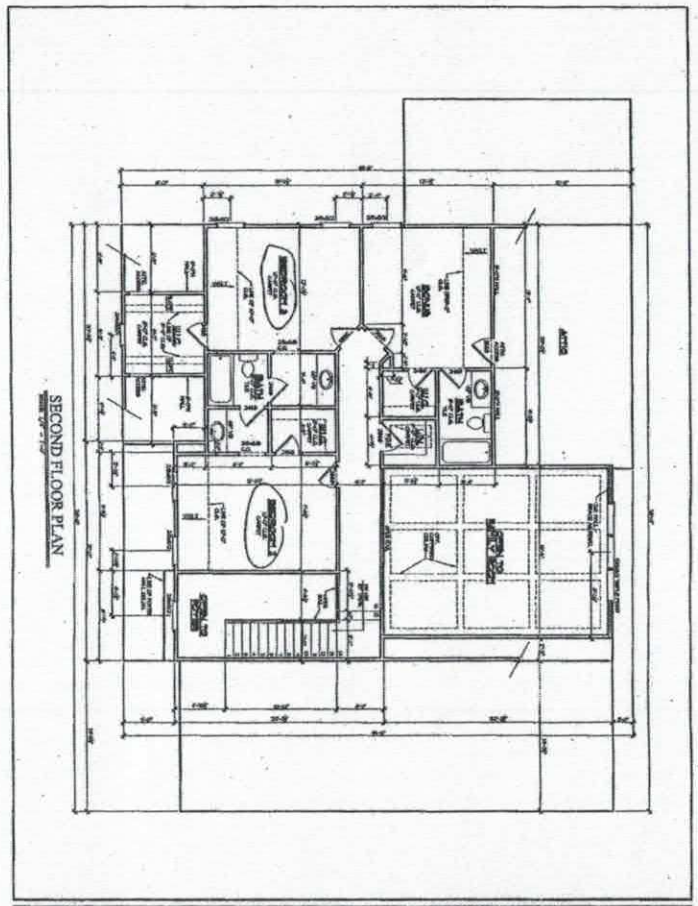
Sheet Title:
FIRST FLOOR PLAN

PEACHTREE
RESIDENTIAL PROPERTIES
The Builder Who Listens

Acknowledgement of
Plans Submittal ONLY!

Date 11/1/2017

11/1/17



Model Name:
TIBURON "B-MC"

Sheet Title:
SECOND FLOOR PLAN

A3.2

PEACHTREE RESIDENTIAL PROPERTIES
The Builder Who Listens

Acknowledgement of
Plans Submittal ONLY!

Date 9/1/2017

Date 11-1-17

IREDELL COUNTY

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

APPLICATION NUMBER
228295
Issue Date: 06/28/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4624233656.000	2584 BRAWLEY SCHOOL ROAD, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: PORTOFINO MANAGEMENT CORP	Applicant: PEACHTREE RESIDENTIAL
Address: 7380 MCGINNIS FERRY RD SUWANEE, GA 30024	Address: 7380 MCGINNIS FERRY RD SUWANEE, GA 30024
Phone: - -	Phone:

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.000	35.00	35.00	15.00	15.00	CACL	X

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	107565	TOTAL FEES:	$ 77.25

Needs Addresses

