IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 228305

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

PIN # 4624236279

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

SITE ADDRESS: 2595 Brawley School Rd. Mooresville, NC | PHONE: 704-928-9215 | ALT. PHONE 704-576-3887

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

SUBDIVISION: Lakeside on Brawley | SECTION: — | LOT # 2 | LOT AREA: .689ac | DESIGN FLOW: 480gpd | L.T.A.R.: 3(.3 repair)

Septic Tank	1000	(gal)	STB 794	Date	1-26-18	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000	(gal)	PT 283	Date	5-18-17	System Description: PM PPBPS				☐ Business	No. Persons 8	☑ Private
Pump Make	Liberty		Model 280	Serial #		Repair System Description: PM PPBPS				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1		# Lines 4	Linear Ft	267'	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space	☐ Community
Trench Width	24"		Trench Bottom Depth(Low side)		36"	Gravel Depth —	☐ GRAVITY	☑ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Install PM PPBPS with drain lines on contour.

INITIAL SITE SKETCH

See attached site plan by Michael Athanas & Associates

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: 7/27/17 | Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Krupa Wilson | Date: 7-13-17 | OPERATION PERMIT by: Lynn Nelson | Date: 6/4/18

AUTHORIZATION TO CONSTRUCT by: Krupa Wilson | Date: 8-2-17 | Existing System Inspected by: | Date:

APPROVED JUL 13 2017

Scale: 1" = 40'

N

LOT 2
0.689 ACRES
30,015 SQ.FT.
Includes Sign Easement

FAIRFAX COURT
50' PRIVATE R/W

BRAWLEY SCHOOL ROAD
S.R. 1100
60' PUBLIC R/W
(PLAT BOOK 34 PAGE 55)

NO ACCESS

35' Front Setback

35' Rear Setback

15' Side Setback

25' Corner Side Setback

15' Side Setback

Sign Easement 366 sq.ft.

Access Easement 451 sq.ft.

Found #4 Rebar

RCP

CCM

R/W

DRIVE

well

Area

Repair

N88°39'00"E 91.96' (T)

N 14°15'20" W 189.28' (T)

S 17°30'07" W 150.29'

164.28'

61.96'

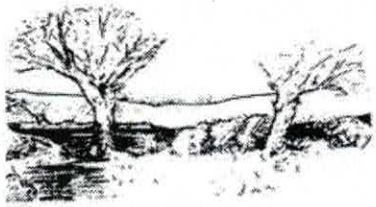
30.00'

25.00'

37.42'

45'

45.00'



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

Reference: Data Sheet for 2595 Brawley Sch Rd., Lakeside on Brawley Lot 2
House Footprint: 70' x 50'
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: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Pressure Manifold
Flow per Tap: 7.11 GPM
Tap Size & Material: ½" SCH 40
System Flow: 28.44 GPM
Dosing Volume: 223.2 gallons
Pump Run Time: 7.8 minutes
Elevation Head: 8.9'
Friction Head: 2.9'
Pressure Head: 2'
Total Dynamic Head: 13.8'
Supply Line Length: 155' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36"

APPROVED JUL 13 2017
KW

Line	Design Length	Actual Length	Elevation
Blue 1	**68' (16 panels)**	**70'**	**5.1'**
Orange 2	**67' (15 panels)**	**70'**	**5.0'**
Yellow 3	**68' (16 panels)**	**70'**	**5.0'**
White 4	**67' (15 panels)**	**70'**	**4.9'**

Initial System: 270' **Repair System:** 270+'
Pump Tank: 9.0' **House Corner:** 5.2' **Benchmark:** 5.6'

Comments:
The septic area slope is 2% or less. The septic lines are stacked 9' on center.

PROPERTY ID #: _____

COUNTY: _Iredell____

APPROVED JUL 1 3 2017

KW

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: Peachtree Residential LLC_____ APPLICATION DATE_____

ADDRESS: Suwanee, GA_____ DATE EVALUATED: _____

PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): __480 GPD_____ PROPERTY SIZE: _0.689 AC_____

LOCATION OF SITE: 2595 Brawley Sch Rd, Lakeside on Brawley Lot 2_____ PROPERTY RECORDED: __2017____

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 0-2%	0-4	Br CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		4-32	R C SBK	FR SS SP SEXP					
		32-48	R CL WSBK	FR SS SP SEXP					
2	LS 0-2%	0-12	Br CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		12-45	R C SBK	FR SS SP SEXP					
		45-48	R CL WSBK	FR SS SP SEXP					
3	LS 0-2%	0-10	Br CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		10-36	R C SBK	FR SS SP SEXP					
		36-48	R CL WSBK	FR SS SP SEXP					
4	LS 0-2%	0-14	Br CL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		14-32	R C SBK	FR SS SP SEXP					
		32-48	R CL WSBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	810 FT2	810+ FT2
System Type(s)	PPBPS	PPBPS
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)

Sheet _2___ of _2___

PROPERTY ID #: _____

DATE OF EVALUATION: _____

COUNTY: _IREDELL____

APPROVED JUL 13 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%	0-13	Br SCL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		13-33	R C SBK	FR SS SP SEXP					
		33-48	R CL WSBK	FR SS SP SEXP					
6	LS 8%	0-12	Br SCL WSBK	FR SS SP SEXP	N/A	48"		N/A	PS 0.3
		12-28	R C SBK	FR SS SP SEXP					
		28-48	R SCL WSBK	FR SS SP SEXP			F-C SAP		

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Peachtree Residential LLC
ADDRESS: 2595 Brawley School Rd
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480gpd
LOCATION OF SITE: Brawley School Rd near end → lot on L
APPLICATION DATE 6-30-17
DATE EVALUATED: 7-13-17
PROPERTY SIZE: 6.89ac
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	2% LS (init)	0-10	WSBK SCL	Fr,SS,SP,SEXP	—	48	33-48" com-many SAP inc		PS .3
		10-33	SBK C	Fr,SS,SP,SEXP					
		33-48	WSBK CL	Fr,SS,SP,SEXP					
2	2% LS (repair)	0-11	WSBK SCL	Fr,SS,SP,SEXP	—	48	32-48" few SAP inc		PS .3
		11-32	SBK C	Fr,SS,SP,SEXP					
		32-48	WSBK CL	Fr,SS,SP,SEXP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PM PPBPS	PM PPBPS
Site LTAR	.3	.3

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

COMMENTS:

RECEIVED JUN 3 0 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM* #228305 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 Paid $700.00 1-27-17

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: 2595 Brawley Sch Rd

Subdivision Name: Lakeside on Brawley **Section/Phase:** _____ **Lot Number:** 2

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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

****

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 #
Mark Benitez	9525 Birkdale crossing Dr. Suite 208 Huntersville, 28078	704-928-9215	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Peachtree			

****

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
2595 Brawley school rd	Lakeside on Brawley	Lot 2

Driving Directions: Brawley School Rd to End 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 4
Maximum Number of Occupants 8
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 _____ *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

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: _____ 7/31/17

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

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

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, Mark Benitez, am the legal owner(s) of the property located at 2595 Crowley Sch Rd, Lakeside on Crowley Lot 2, 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

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

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 / Dave Borreson, am the legal owner(s) of the property located at 2595 Brawley School Rd., identified as PIN (Parcel Identification Number) 4624238144, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Mark Benitez, Peachtree, 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
	7/31/17		7/31/17

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

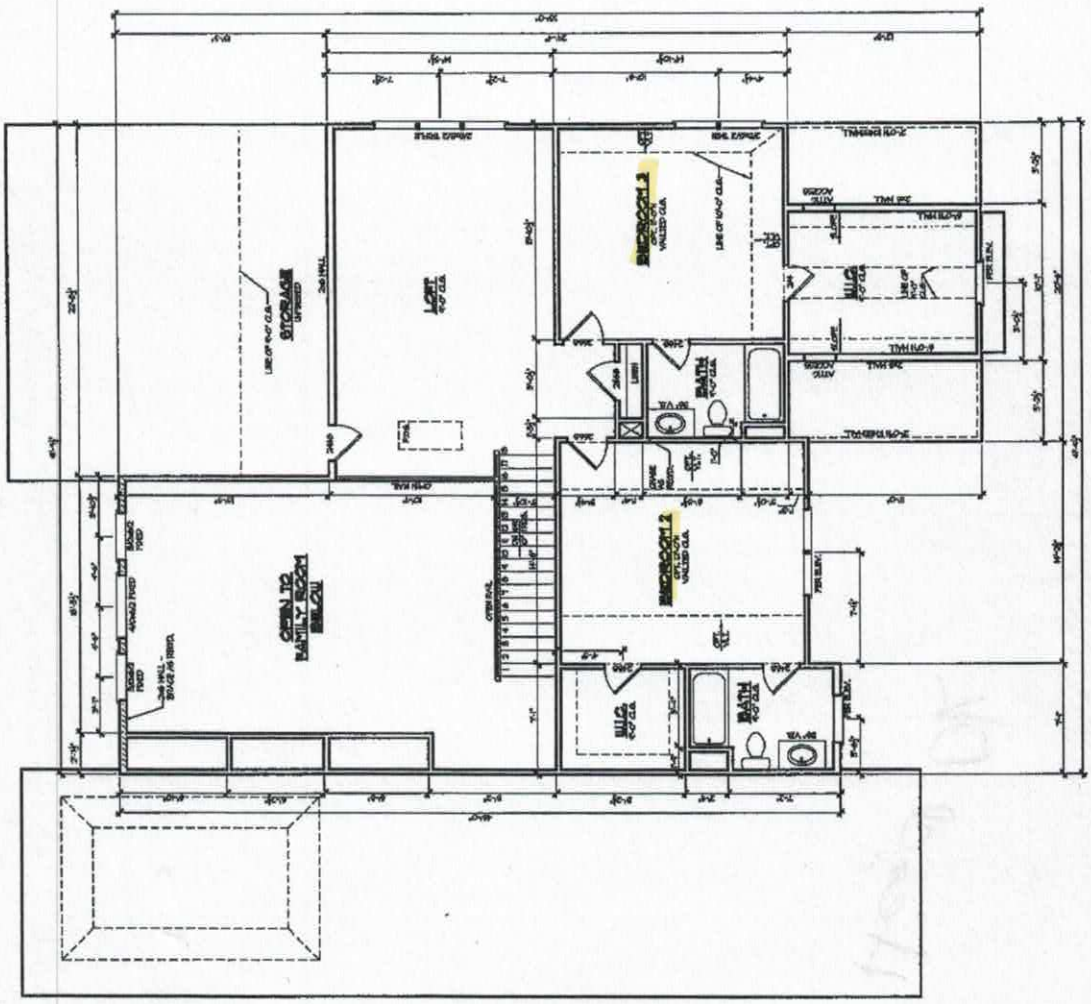
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

PEACHTREE RESIDENTIAL PROPERTIES The Builder Who Listens 7360 McGinnis Ferry Rd. Suwanee, Georgia 30174 Voice (770) 622-2622 • Fax (770) 622-8171	This drawing is the property of Peachtree Residential Properties and may not be copied or reproduced without the written permission of Peachtree Residential Properties.	Drawn By: RED Date: 07/06/17 Plan No:	Revisions:	Model Name: MANCHESTER Sheet Title: SECOND FLOOR PLAN	SHEET NO. A3.2

Acknowledgement of
Plans Submittal ONLY!

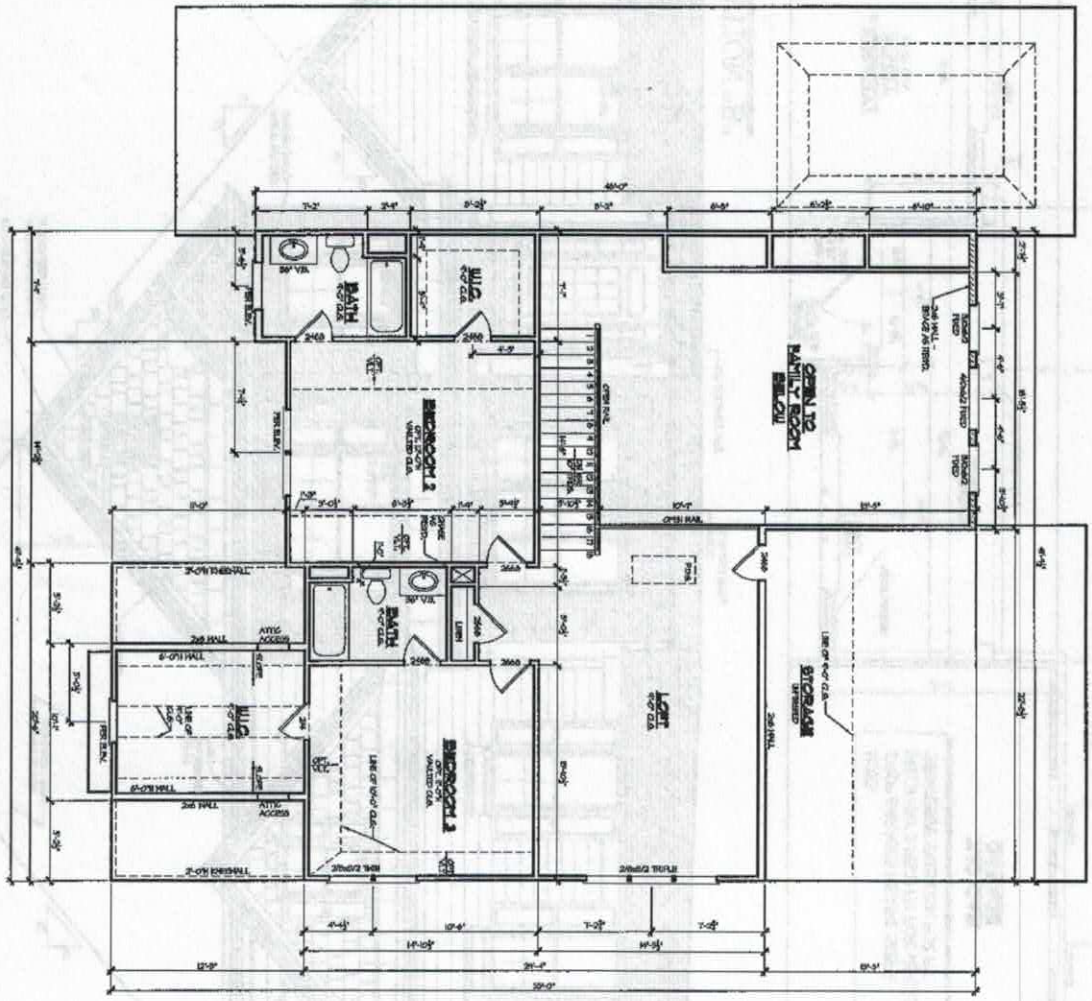
Date 8-2-17

Date 8-2-17



SECOND FLOOR PLAN

7/31/17



SHEET NO. A3.2

Model Name:
MANCHESTER

Sheet Title:
SECOND FLOOR PLAN

Revision:

Drawn By: RED
Date: 01/06/11
Plan No:

This drawing is the property of Peachtree Residential Properties and may not be copied or reproduced without the written permission of Peachtree Residential Properties.

PEACHTREE RESIDENTIAL PROPERTIES
The Builder Who Listens
7360 McGinnis Ferry Rd. Suwanee, Georgia 30174
Voice (770) 622-2622 • Fax (770) 622-9171

IREDELL COUNTY

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

APPLICATION NUMBER
228305
Issue Date: 06/28/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4624238144.000	2595 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
2.880	35.00	35.00	25.00	25.00	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	107582	TOTAL FEES:	$ 77.25