# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 201033 |
| Issue Date: 01/03/2014 |

## Permit Type: IMPROVEMENT PERMIT APPLICATION

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4626263144.000 | 105 LINDEN FALLS COURT | MOORESVILLE |

| Owner Information | Applicant Information | Contractor Information |
|---|---|---|
| Owner: BUNGARNER MARK+JACQUELINE<br>Address: ,<br><br>Phone: | Applicant: MICHAEL ATHANAS & ASSO<br>Address: 1999 CANDLEWICK DRIVE<br>FORT MILL, SC 29715<br><br>Phone: 704-576-3887 | Contractor: MICHAEL ATHANAS & ASSO<br>Address: 1999 CANDLEWICK DRIVE<br>FORT MILL, SC 29715<br>Phone:<br>License Type License Number |

### Project Description

NEW SINGLE FAMILY - IREDELL

### Scope of Work

SFD

### Permit Details:

| | | | |
|---|---|---|---|
| | IMPROVEMENT PERMIT FEE | Amount: | 350.00 |
| | | Amount: | |
| | | Amount: | |
| | | Amount: | |
| | | Amount: | |
| | | Amount: | |
| | | Amount: | |

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

**Date:** 01/03/2014

Signature of Owner/Contractor

***ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.***

| Permit Number | 4105 | TOTAL FEES: | $ 350.00 |
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