Site Address: 110 Stamford Court - Mrsvl 28117

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 139333 233692 PIN# ~~4626.58.1913.576~~ 4626.57.7756 DATE 3-6-07

OWNER OR APPLICANT The Farms LLC / Lakeshore Hold PHONE: Business _____ Home _____

ADDRESS 2214 Brawley School Rd Mooresville NC 28117

LOCATION Brawley School Rd TR McKendree TR Grasshopper TR Cherry Tree corner of Cherry Tree & Stamford Ct

SUBDIVISION The Farms BLOCK / SECTION 5 LOT 576 LOT AREA .91 AC SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. 3/.25 Septic

Septic Tank: 1500 * Gallons: ST8 769 Date 9-14-18

Pump Tank: 1500 * Gallons: PT 353 Date 6-22-18

Pump Make: Gould Model WE05111HH Serial No. _____

Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 270

No Lines 3 Trench Width 24" Max Trench Bottom Depth 36"

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

System Description: LP PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons 8 No. Employees _____

Water Supply: ☐ Individual ☒ Public ☒ Community

Gravel Depth NA ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: * Per plan specs
10/17/18 Checked tanks & draintes
Found all draintines.
10/17/18 Checked tanks however may have to change per HOA

Comments/Conditions: am
Drilled 5/32" hole.

INITIAL SITE SKETCH

See Plan From S+ME

	Date	Initials
Drain Lines Checked	10/17/18	MD
Tanks Checked	10/17/18	MD
Pressure Manifold or Valve Box Checked	12-6-18	BCW
Pressure Head Set	12-6-18	BCW
Electrical Checked	12/5	KW
Floats Set	12-6-18	BCW
Alarm Checked	12/5	KW
Maintenance Contract (Y) N	12/5	KW

* No water in tank 12/5

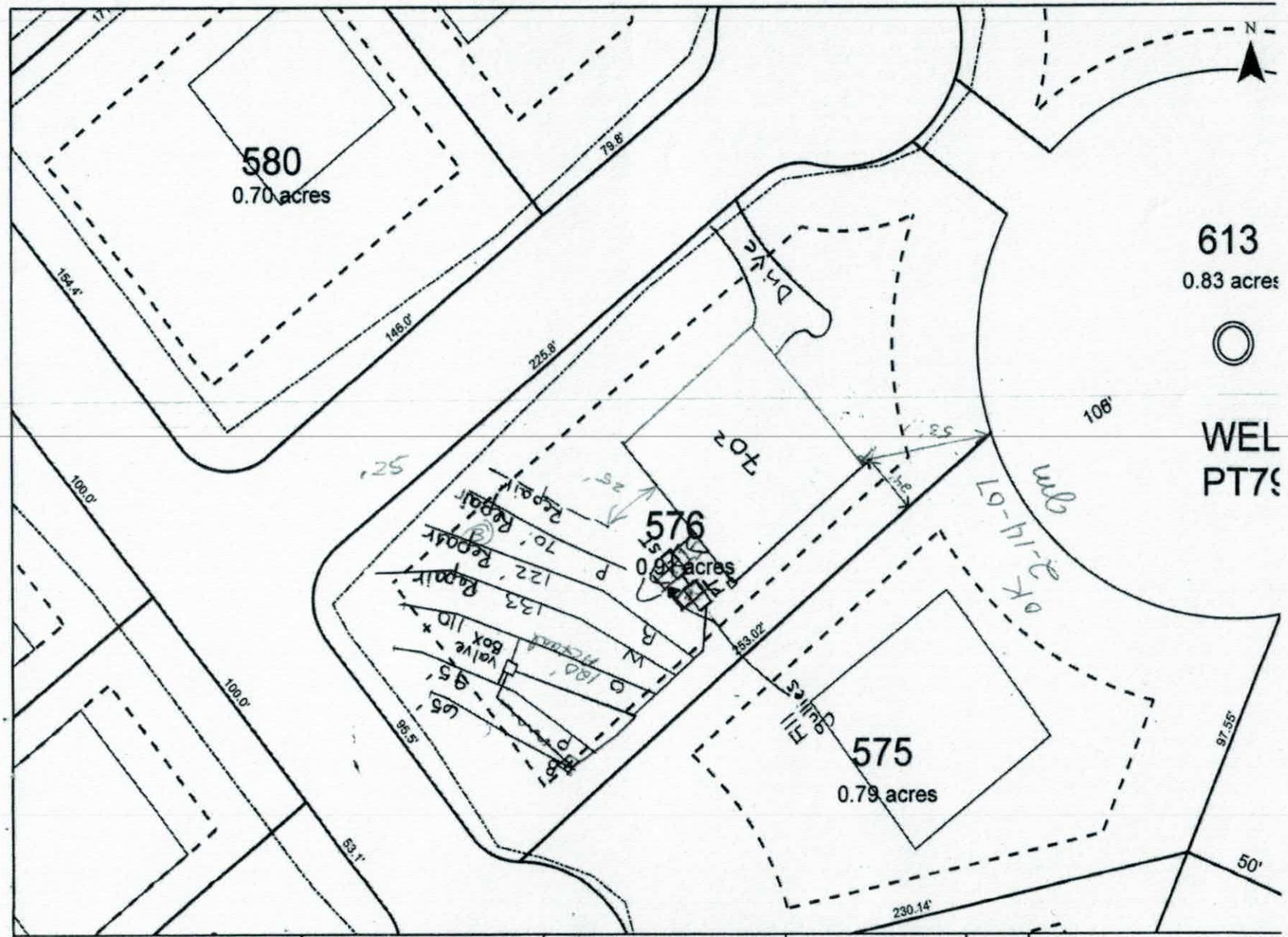
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 5-30-07 Installed by: Gunter Grading

Improvement Permit by: _____ date 3-6-07 Operation Permit by: Bryant C. White date 12-6-18

Authorization to Construct by: _____ date 4-5-18 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK


580
0.70 acres
576
0.91 acres
575
0.79 acres
613
0.83 acres
N
154.4'
146.0'
225.8'
79.8'
100.0'
100.0'
95.5'
53.1'
153.02'
97.55'
50'
230.14'
106'
Notes:
Scale: 1 inch equals 50 feet
Drawn by: JBP
S&ME
The Farms - Phase V
Lot 576
FIGURE
1

Lot 576 The Farms Fast Track Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Basement w/Plumbing**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.3
Primary System Type	**LP PPBPS**
No. Lines	3 (See Table)
Total Linear Feet	270
Trench Width	2' min.
Trench Spacing	8' min.
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	100' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	30.5 gpm
Elevation head	Approx. 12.6'
Pressure head	3.0'
Friction head	1.6'
20% Contingency	3.4'
Total Head	20.6'
Pump Requirements	30.5 gpm @ 20.6' of head To be designed by installer.
Maximum Dosing Volume	219.6 gal -2.2 doses/day @ design flow*
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 7.2 min.
Check Valve	Yes
Siphon Break hole	No
Repair System	**LP PPBPS**
Total Linear Feet	325 .25 LTAR

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	System	Blue	LPPPBPS	65 endfed	3.0	15	15	1 per panel	5/32"
2	System	Pink	LPPPBPS	95 centerfed		21	21	1 per panel	5/32"
3	System	Orange	LPPPBPS	110 centerfed		25	25	1 per panel	5/32"
4	Repair	White	LPPPBPS	133					
5	Repair	Red	LPPPBPS	122	7.6				
6	Repair	Pink	LPPPBPS	70					
						Total: 61	Total: 61 (1 in each panel turned up)		
				Total System: 270'					
				Total Repair: 325'					

Tank	Red	1500 gal (2 compartment)	9.6
Pump Tank	Red	1500 gal.	9.6
House	Blue		10.6

Note: Fill all minor gullies.

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

Sheet 1 of 1
PROPERTY ID #: 1162657775
COUNTY: Iredell

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

OWNER: Lakeshore Holdings LLC — APPLICATION DATE 3-5-18
ADDRESS: 110 Stamford Ct. — DATE EVALUATED: 3-14-18
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 480gpd — PROPERTY SIZE: .913ac
LOCATION OF SITE: Brawley School → R on McKendree → R on Grasshopper → — PROPERTY RECORDED: yes
R on Cherry Tree → L on Stamford → lot on L
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	9% LS	0-4	WSBK SCL	Fr,SS,SP,SEXP	—	49	24-48" few RC SAP INC		PS .3
		4-24	SBK C	Fr,SS,SP,SEXP					
		24-29	ABK C	Fi,SS,SP,SEXP					
		29-49	WABK CL	Fr-Fi,SS,SP,SEXP					
2	12% LS	0-7	WSBK SCL	Fr,SS,SP,SEXP	30-46" few yellowbrown mottle	48	—		PS .25
		7-33	ABK C	Fr-Fi,SS,SP,SEXP					
		33-48	WABK CL	Fi,SS,SP,SEXP					
3	10% LS	0-5	WSBK SCL	Fr,SS,SP,SEXP	—	49	21-49" com SAP INC		PS .3
		5-21	ABK C	Fr,SS,SP,SEXP					
		21-49	WSBK CL	Fr,SS,SP,SEXP					
		49-55	LSAP	Fr,NS,NP					
4	13% LS	0-3	WSBK SCL	Fr,SS,SP,SEXP	—	48	36-48" com-many/ RC SAP INC		PS .25
		3-26	SBK C	Fr,SS,SP,SEXP					
		26-48	WABK CL	Fi,SS,SP,SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	see attached	
Site LTAR	.25	.25

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

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

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Farms Phase V
ADDRESS: _____
APPLICATION DATE _____
DATE EVALUATED: 5/11/06
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: _____
LOCATION OF SITE: Lot 576
PROPERTY RECORDED: _____

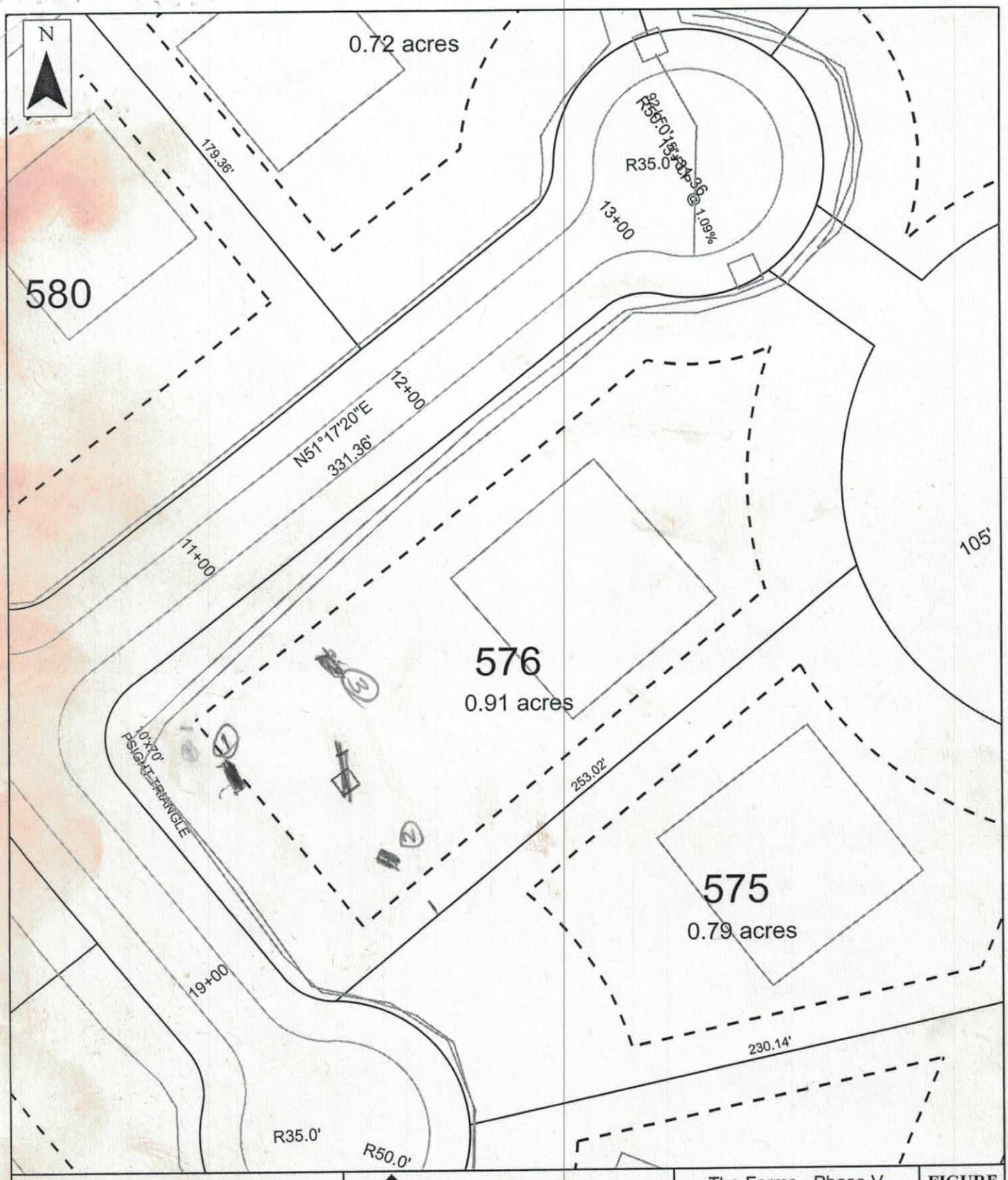
WATER SUPPLY: ☐ Private ☒ Public ☒ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1948 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	L	0-12	WK SBK SCL	FR SS/SP	DK Red				0.3
		12-30	MK ABK C	FR/FI SS/SP	Red				
		30-48	Mo SBK CL	FR SS/SP	Lt Red				
2	11-24-de 5%	0-6	mgr SL	FRNSNP					.3
		6-29	mksbk redc	frssso fawnlw.mk					
		29-48	wksbk cl	frssp commonlsap					
		48-54	massive LSAP	frssso					
3		0-2	gr SL	vsvp					.25
		2-27	wkfsbk red C	frsp fawnlyw.mk					
		27-50	wkfsbk/mk red cl	frssp sndy.w.mk.					
			yw.mk vein @SW corner pit @ 22"				predominately soil		
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____



Scale: 1 inch equals 50 feet	S&ME	The Farms - Phase V	FIGURE
Drawn by: SDM		Lot 576	1
Reviewed by: JP		Iredell, North Carolina	
Date: November 2006	ENVIRONMENTAL SERVICES · ENGINEERING · TESTING	Job No. 1588-05-070	

RECEIVED MAR 7 - 2018

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Comprehensive Relayact

(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)

Paid $500.00 Web

1. APPLICATION FOR: ✓ Improvement Permit ___ Authorization To Construct ___ Existing System Inspection

****

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

#233692

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 #
LakeShore Holdings	132 market Place Ave	7097997609	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
"	"	"	"

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
110 Stamford Ct	The Farms	576

Driving Directions: Brawley School Rd, Right on mckendree, Right on Grasshopper Right on Cherry Tree, lot 5 on corner of Cherry Tree and Stamford

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

- (✓) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) 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: _____ 3/5/18
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, Mary Ann Cuth Revocable Trust, am the legal owner(s) of the property located at 110 Stanford Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4626581413, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Lakeshore Holdings LLC, 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
[signature]	2/6/18	[signature]	2-26-18

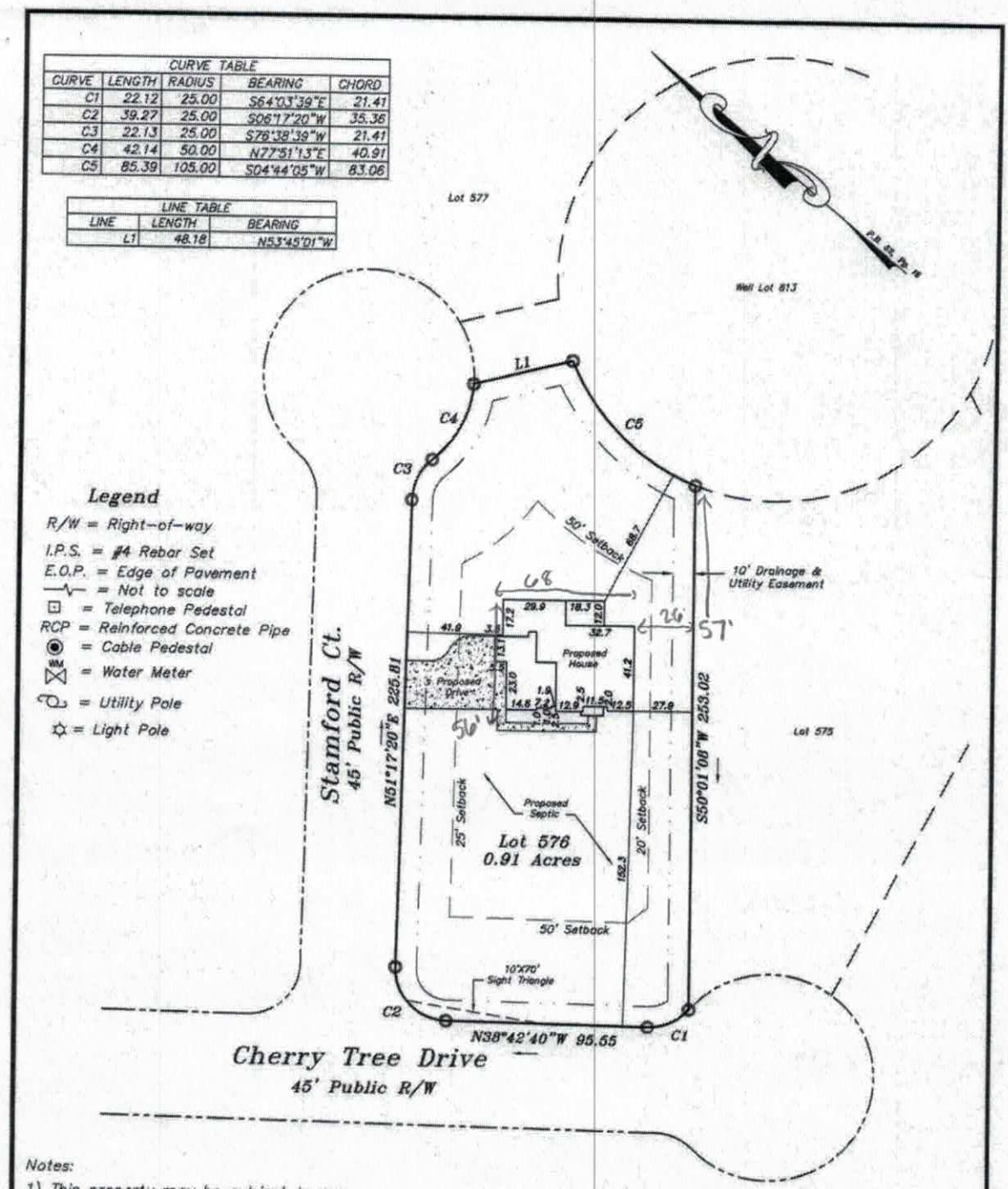
Please return this signed form to the appropriate office:

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

CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	22.12	25.00	S64°03'39"E	21.41
C2	39.27	25.00	S06°17'20"W	35.36
C3	22.13	25.00	S76°38'39"W	21.41
C4	42.14	50.00	N77°51'13"E	40.91
C5	85.39	105.00	S04°44'05"W	83.06

LINE TABLE		
LINE	LENGTH	BEARING
L1	48.18	N53°45'01"W



Legend

R/W = Right-of-way
I.P.S. = #4 Rebar Set
E.O.P. = Edge of Pavement
= Not to scale
= Telephone Pedestal
RCP = Reinforced Concrete Pipe
= Cable Pedestal
= Water Meter
= Utility Pole
= Light Pole

Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Map Book: 52 at Page: 16 as recorded in the Iredell County Register of Deeds.
3) This survey is of an existing parcel or parcels of land.
4) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.
5) Area by coordinate method.

GRAPHIC SCALE

60 0 30 60 120

(IN FEET)
1 inch = 60 ft.

APPROVED APR 10 2018 KW

Vicinity Map
Not To Scale



Plot Plan

FOR

Lake Mist Homes

PROPERTY DESCRIPTION

Lot 567,
The Farms, Phase 5, Map 2
Sheet 1 of 3
P.B. 52, Pg. 16
Davidson Township, Iredell County, NC

SCALE: 1" = 60

FIELD BOOK:

FILE: 2018-57

Tax Parcel ID#: 4626577756

Schamback Surveying, P.A.
Post Office Box 4143
Mooresville, NC 28117
(704) 622-9915
C-3218

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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 ___BOTH ___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	Work Phone
The Farms, LLC	2214 Brawley School Rd, Mooresville, NC 28117		
Owner Name	Mailing Address	Home Phone	Work Phone
Crescent Resources, Inc	PO Box 1003 Charlotte, NC 28201		704-942-1250 (Kathleen, SAME)

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	The Farms	Phase 5, Lot 5716

Driving Directions: Brawley School Rd, R McKendree, R Grasshopper, R Cherry Tree Dr (new), corner of Cherry Tree and Stamford Ct (new)

****

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

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

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

KMS 5-3-07
(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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 (X) Community Well ( ) City Water ( ) Other Public Water

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

(4) Alternative (1) Conventional (2) Innovative (3) Modified Conventional ( ) Other___ ( ) No Preference

****

8. **Please Answer The Following To The Best of Your Ability:**

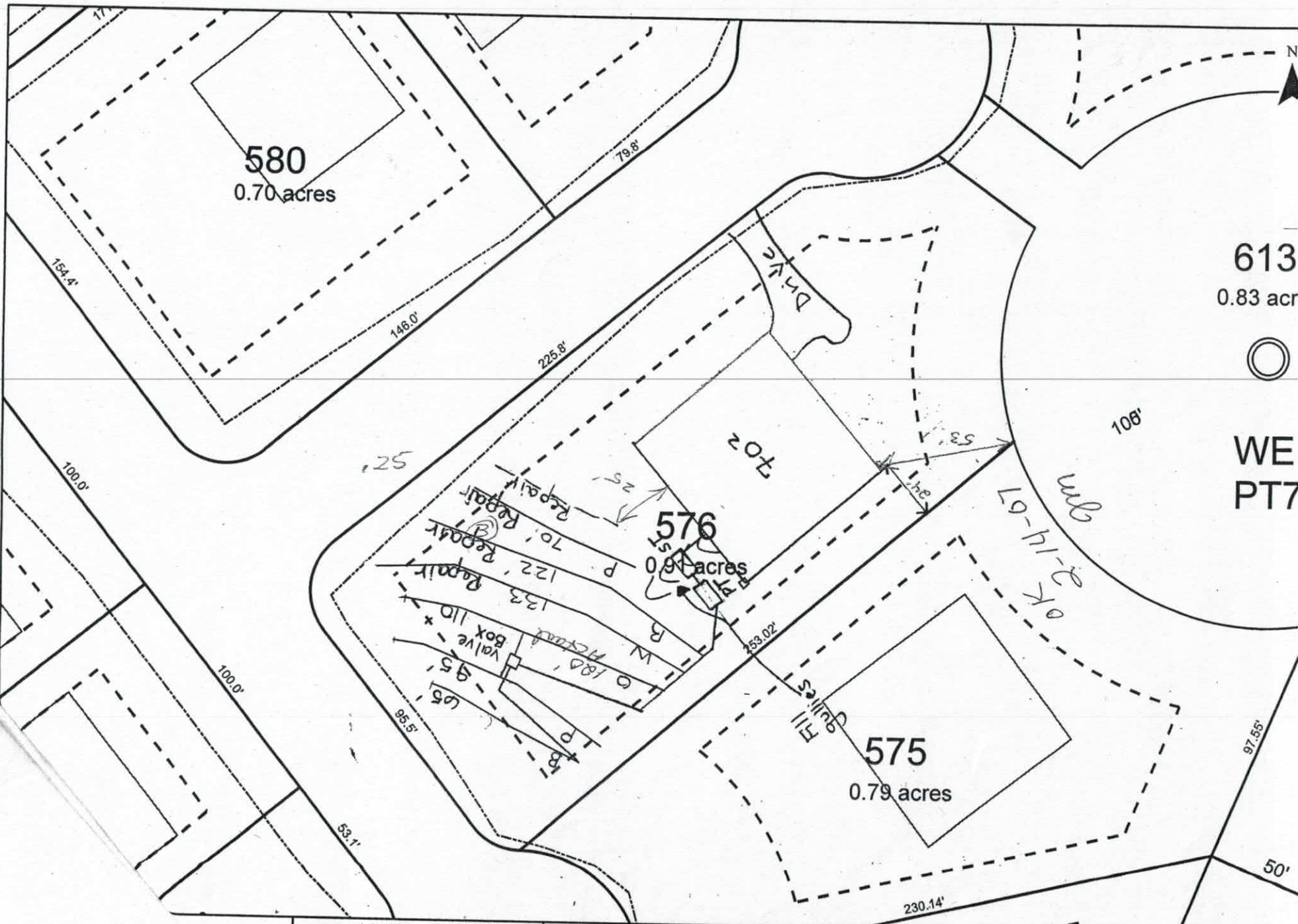
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

****

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.

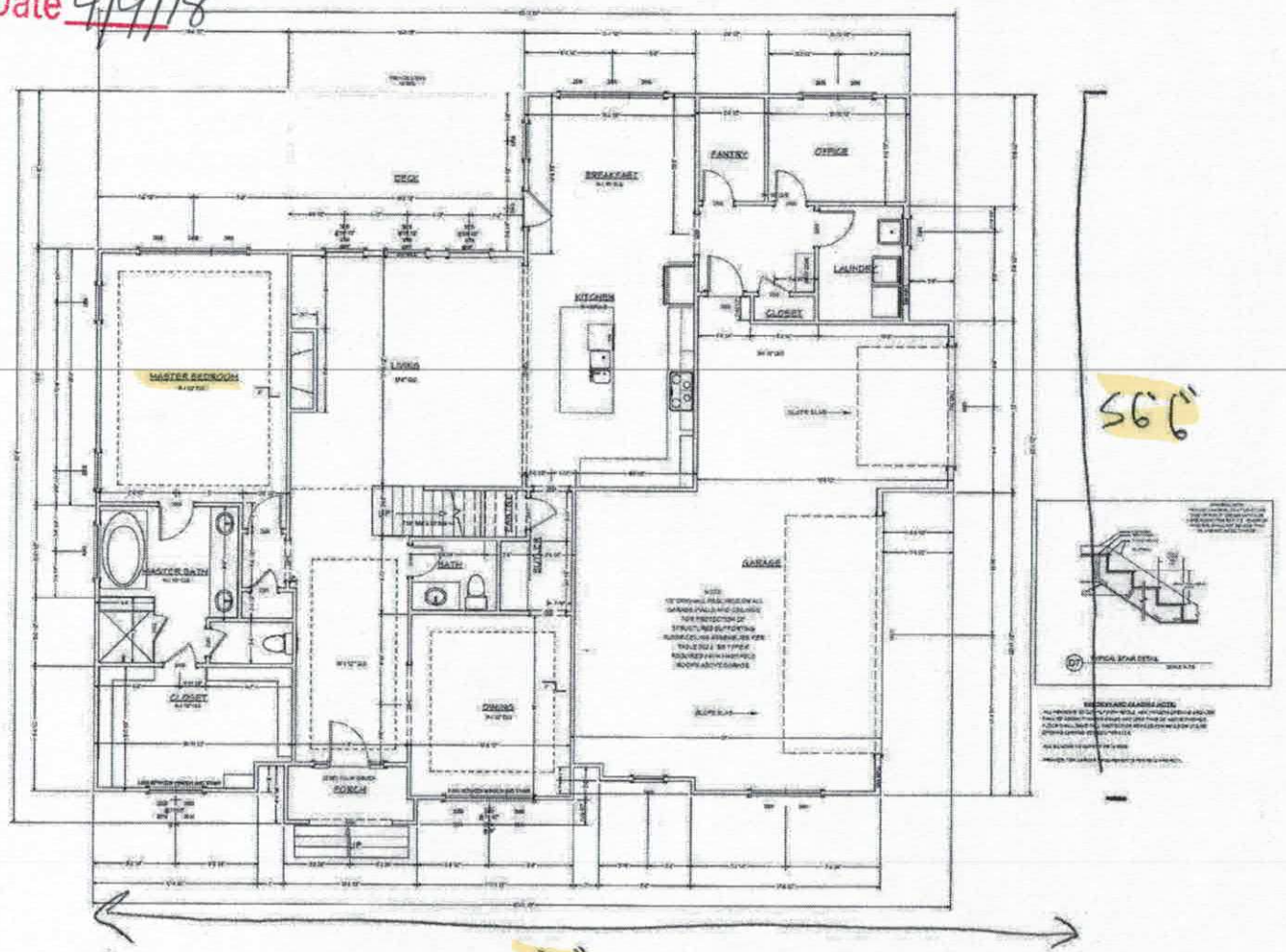
9. **Signature:** Kathleen Saunders — 11/28/06

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


580
0.70 acres
575
0.79 acres
576
0.91 acres
613
0.83 acr
WE
PT7
154.4'
146.0'
225.8'
79.8'
100.0'
100.0'
95.5'
53.1'
253.02'
97.55'
230.14'
50'
106'
Drive
Quilt Hill
Scale: 1 inch equals 50 feet
The Farms - Phase V
FIGURE

Acknowledgement Of
Plans Submittal ONLY!
Date 4-5-18
Date 4/9/18

Reversed



FIRST FLOOR PLAN

SQUARE FOOTAGE	
1ST FLOOR HEATED	2105
2ND FLOOR HEATED	1334
TOTAL HSF	3439
COVERED PORCHES	44
GARAGE	793
TOTAL UNDER ROOF	4276

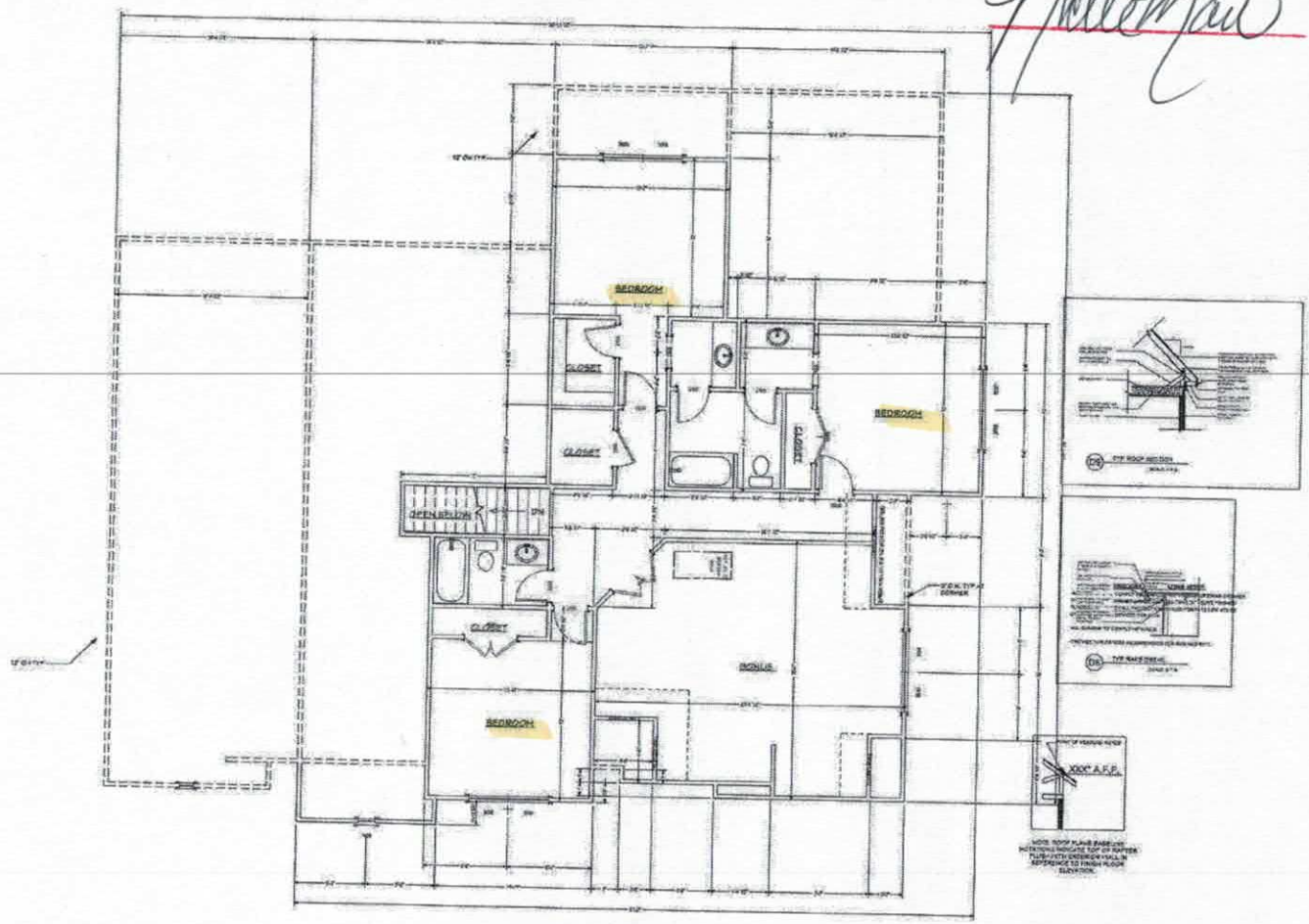
PROJECT DESCRIPTION: TOPSAIL LAKESIDE HOMES

DATE: 3/15/2018

SCALE:

SHEET: A-6

Acknowledgement Of
Plans Submittal ONLY!
Kaylor Watson Date 4-5-18
Date 4/9/18



SECOND FLOOR PLAN
SCALE 1/4" = 1'-0"

PROJECT DESCRIPTION:	TOPSAIL LANDFAIRT HOUSES
DATE:	3/15/2018
SCALE:	
SHEET:	A-7

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #: 139333ZO
Proposed Use: Single Family
Location of Property: 000 STAMFORD CT MOORESVILLE NC 28117
Parcel #: 4626581913.576
Lot #: 576 Size: .91
Applicant: S&ME INC. ENGINEERING (Toney Jacobs)
Address: 105D DENVER BUSINESS PARK DR
Mooresville NC 28115
Phone: 704-662-8625
Property Recorded: Yes Site Plan Reviewed:

Subdivision: The Farms Phase 5
Township: 1700 Davidson
Zoning: RR
Flood Plain: No Watershed: WSIV-CA
Owner: CRESCENT RESOURCES INC
Address: P O BOX 1003
CHARLOTTE, NC 282011003
Phone:
Community Water: No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 30000
Min. Lot Width: 100
Min. Front Yard: 35 ft
Min: Rear Yard: 35 ft
Min. Left Side Yard: 15 ft
Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:
Max. Built Upon Area:

Comments:
HOLD BUILDING PERMIT TILL PLAT HAS BEEN RECORDED

DEVELOPER PERMIT

Directions:
BRAWLEY SCHOOL RD, RIGHT MCKENDRE, RIGHT CHERRY TREE DR.,

FEES

Zoning Permit/Inspection Fee	✓	$45.00
Site Plan Review Fee		$0.00
Environmental Health New System	✓	$200.00
Environmental Health Existing System		$0.00
Total Fees:		$245.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant: Kathleen Saunders Date: 11/21/06

A non-refundable fee of $45.00 is charged on all permit applications.

DEBBIE WILLIAMS

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