IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 222625

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

PIN # 4626731706 1637

APPLICANT: Harris Construction APPLICANT ADDRESS: 9935-D Rea Road #210 Charlotte, NC 2827

SITE ADDRESS: 112 Kapp Place Mooresville NC PHONE: ALT. PHONE: 704 202-3797

SITE DIRECTIONS: Brawley School Rd TR South Fork TR Kapp Place, on right

SUBDIVISION: The Ferons SECTION: -1- LOT # 39 LOT AREA: .98Ac DESIGN FLOW: 480gpd L.T.A.R.: .225-.25

Septic Tank 1000 (gal) STB 338 Date 7-19-17
Pump Tank 1000 (gal) PT 2779 Date 3-27-17
Pump Make Goulds Model WE0312M1 Serial #
Nitrification Fields 1 # Lines Linear Ft: 360'
Trench Width min. 24" Max. Trench Bottom Depth 30" Gravel Depth N/A

☒ 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
☐ GRAVITY ☒ PRESSURE

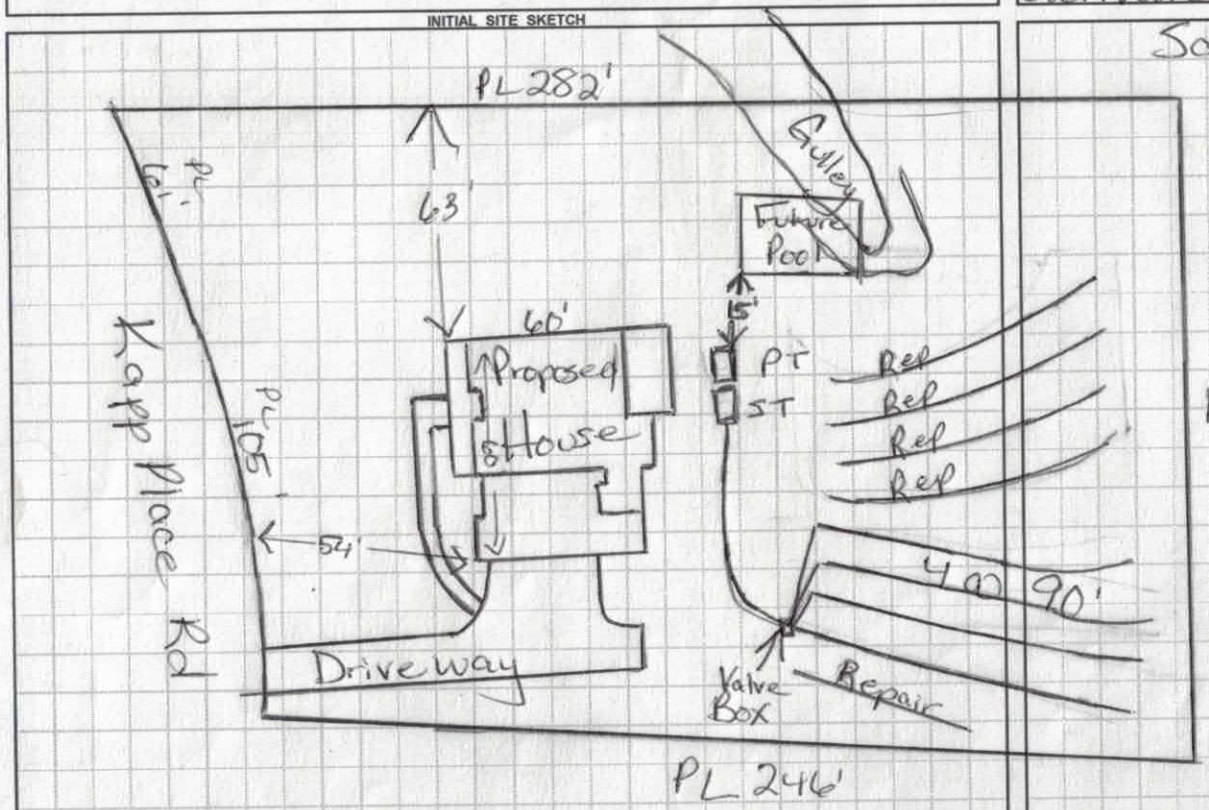
☒ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☒ Community

Comments / Conditions: * See Crescent Communities minimum requirements

AM 9/28/17 Checked tanks & 3 upper lines
Used 5/32" hole
P.M Checked 4th line, set pressure 25"
Activated alarm.

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50

	Date	Initials
Drain Lines Checked	9/28/17	MD
Tanks Checked	9/28/17	MD
Pressure Manifold or Valve Box Checked	9/28/17	MD
Pressure Head Set	9/28/17	MD
Electrical Checked	12-15-17	~~RA~~
Floats Set	9/28/17	MD
Alarm Checked	9/28/17	MD
Maintenance Contract (Y) / N		
Comments:		

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: 11/23/2016 Installed by: Stanley

IMPROVEMENT PERMIT by: Marina Nelson Date: 11/21/16 OPERATION PERMIT by: Stanley Date: 12-15-17

AUTHORIZATION TO CONSTRUCT by: Marina Nelson Date: 11/21/16 Existing System Inspected by: Date:

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

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Harris Construction — APPLICATION DATE _____
ADDRESS: _____ — DATE EVALUATED: 11/9/16
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ — PROPERTY SIZE: _____
LOCATION OF SITE: The Farms #34 — PROPERTY RECORDED: _____
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	6%	0-4	Brw	SCL SS, SP, SExp, FR					PS
		4-16	Rd/Brw	CL wSBK SS, SP, SExp, FR					.25 to
		16-48	Rd/Brw/Rd	C M SBK SS, SP, SExp, FR					.3
				Observered floaters of rock 24"-48"					
2	7%	0-14	Brw	SCL SS, SP, SExp, FR					PS
		14-32	CL wSBK	SS, SP, SExp, FR					.3 to
		32-48	C MSBK	SS, SP, SExp, FR					.25
3	6%	0-9	Brw	SCL SS, SP, SExp, FR					.25
		9-19	Rd	CL wSBK SS, SP, SExp, FR					
		19-21	Brw	C MSBK SS, SP, SExp, FR					
		21-48	Rd	C/CL M-w SS, SP, SExp, FR					
4	8%	0-17	Brw	SCL wSBK SS, SP, SExp, FR					PS
		17-51	Brw to Rd/Brw	C M-w SBK/ABK SS, SP, SExp, FR					.25

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Maria Dotson & Ben B
OTHER(S) PRESENT: _____

COMMENTS: _____

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Harris Construction
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ DATE EVALUATED: 11/9/11
LOCATION OF SITE: The Farms #39 PROPERTY SIZE: _____
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other _____ PROPERTY RECORDED: _____
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	5	0-16	Brw SCL	SS, SP, SEXP, FR		FR			PS .3
		16-41	Rd/Brw C	SS, SP, SEXP,		FR			
		41-48	Rd/Brw CL w many	SS, SP, SEXP, FR		SAP	Incks		
2									
3									
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Maria Dotson & Ben B
OTHER(S) PRESENT: _____

COMMENTS: _____

IVISION OF ENVIRONMENTAL HEALTH
N-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

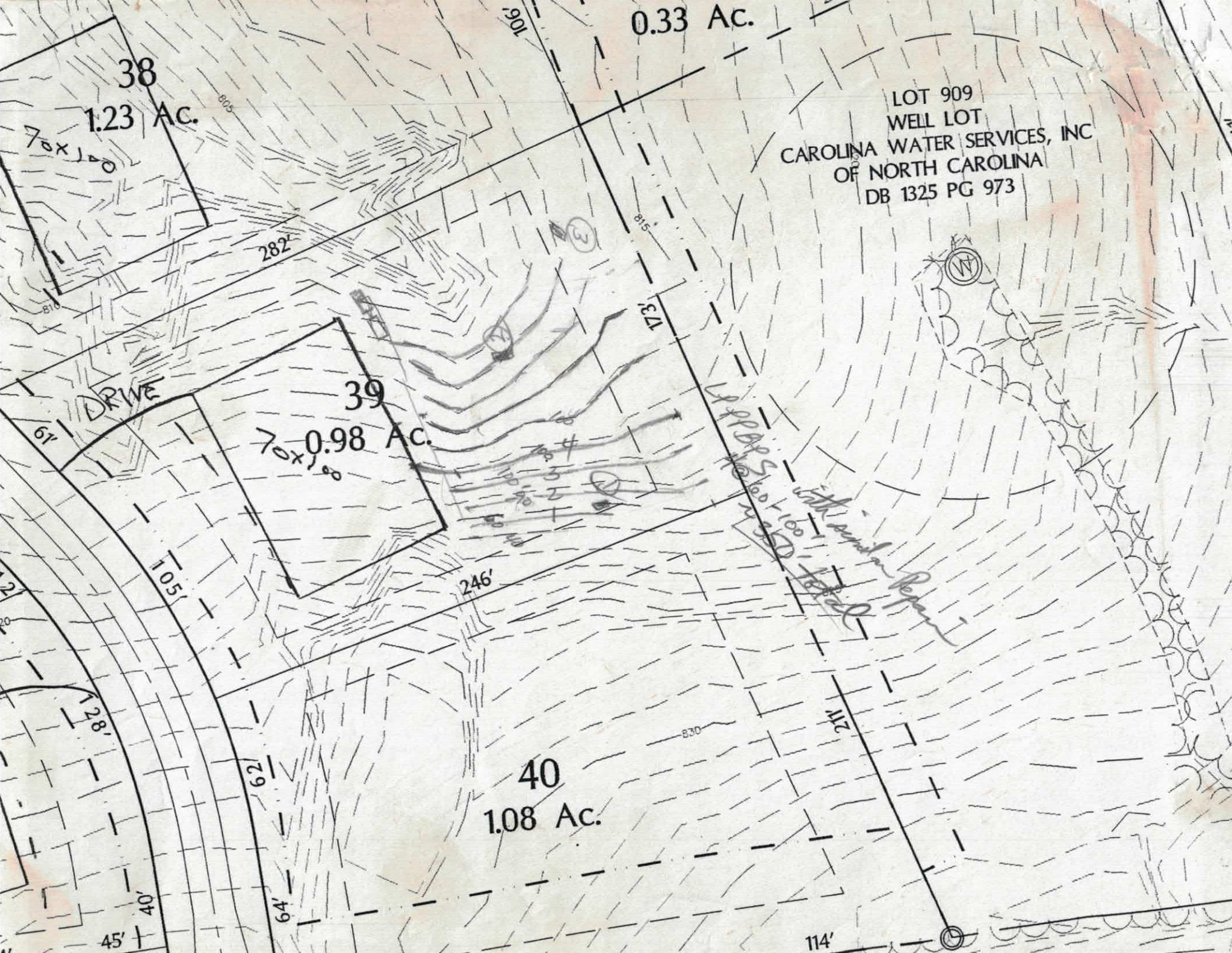
OWNER: CRI APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 3-11-02
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): 480 gpd PROPERTY SIZE: _____
LOCATION OF SITE: Lot 39 Lake Forest PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☒ Public ☒ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ 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	6-10%	0-6	gr fr sl	fr SS sp	few yel brn mottles, few manganese				.25
		6-50	ms-f SB	fr sp	low wet sap				
2		0-19	w/c SBK fr sl	fr SS sp					.25-.3
		19-43	wk-m SBK	fr sp					
3		0-6	gr fr sl	fr SS sp					.2 to 24"
		6-13	wk SBK fr sl	fr SS sp	few yel brn mottles, common manganese				
		13-36	m SBK RC	fr sp	water seeping ~33" - common yel brn				
		~42"+	under wate						
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS per .1956	PS per .1956
System Type(s)	LPP BPS	LPP BPS
Site LTAR	.2-.3	.2-.25

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS per .1956
EVALUATED BY: DRH
OTHER(S) PRESENT: Paul Pennington

COMMENTS: _____


38
1.23 Ac.
39
0.98 Ac.
40
1.08 Ac.
0.33 Ac.
LOT 909
WELL LOT
CAROLINA WATER SERVICES, INC
OF NORTH CAROLINA
DB 1325 PG 973
DRIVE
282'
106'
173'
105'
246'
62'
64'
114'
211'
128'
45'
40'
61'
Upper Sod Irrigation Pond
with pump house

RECEIVED OCT 19 2016

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)

#222625

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

Paid $500.00 EFT

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 X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

Paid $700.00 EFT

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Harris Court Group LLC	9935-D Rea Rd St 210 Charlotte NC 28277	704-295-0094	704-202-3797
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
CHMS Properties LLC	9935-D Rea Rd St 210 Charlotte NC 28277	704-295-0094	704-202-3797

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
112 Kopp Place Rd Mooresville NC	Farms	39

Driving Directions: Brawley School, right on Southfork, right on Kopp Place

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

(X) New, Single Family Residence — Maximum Number of Bedrooms 4 — (X) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
( ) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?
( ) Other _____

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)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) 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: _____ 10/19/2016
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, Paran Kumar, am the legal owner(s) of the property located at 112 Kapp Place Rd, Mooresville, NC, identified as PIN (Parcel Identification Number) 4624731637, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Harris Court Group 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: 10/19/16

Signature of Witness — Date: 10/19/2016

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

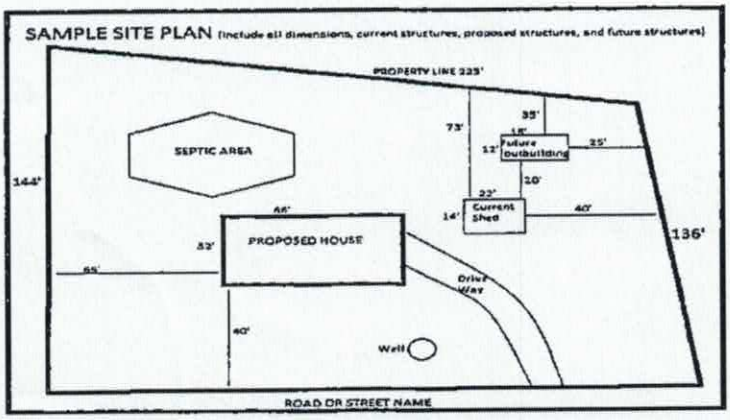
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ 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

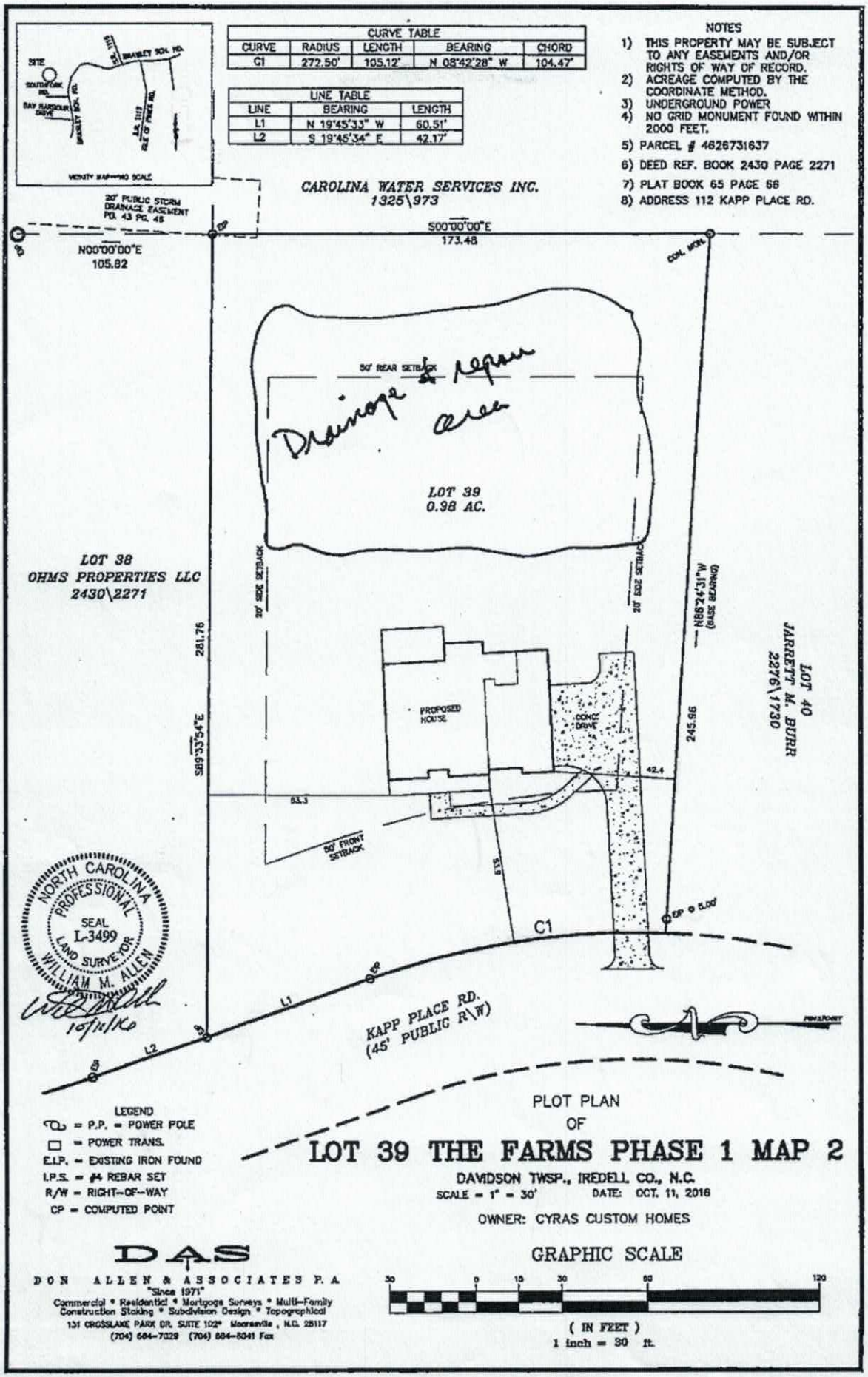
See attached Plot Plan

Signature: _____

REQUIRED property owner or owner's legal representative signature.

10/19/2016

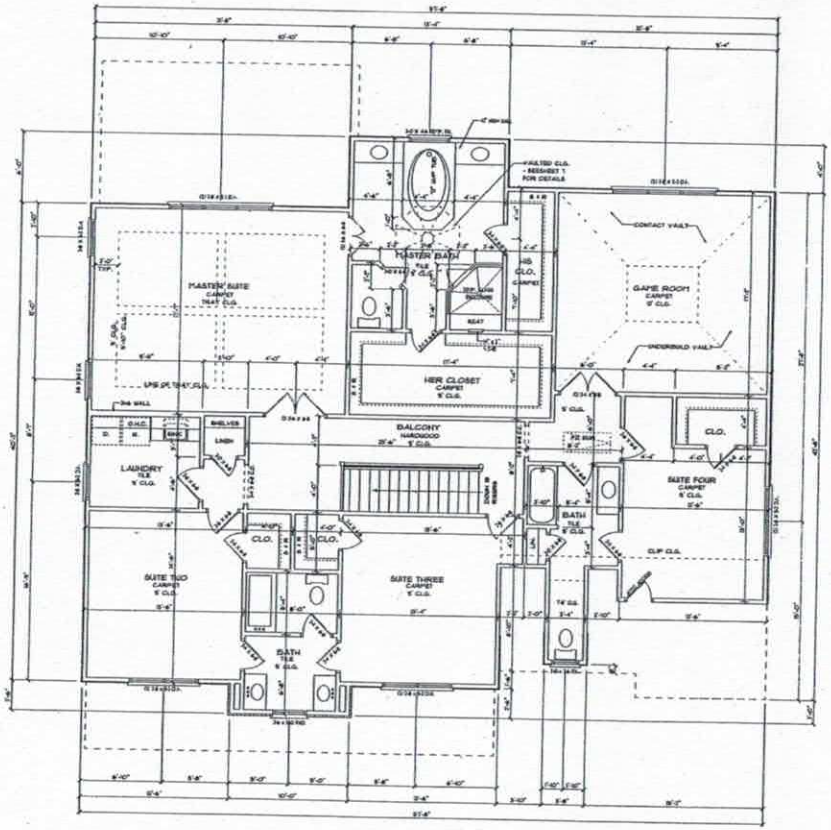
DATE


VICINITY MAP NTS SCALE
SITE
SOUTHPARK RD.
BAY HARBOUR DRIVE
BRADLEY SCH. RD.
N.C. HWY 115
ISLE OF PINES RD.
CURVE TABLE
CURVE | RADIUS | LENGTH | BEARING | CHORD
C1 | 272.50' | 105.12' | N 08°42'28" W | 104.47'
LINE TABLE
LINE | BEARING | LENGTH
L1 | N 19°45'33" W | 60.51'
L2 | S 19°45'34" E | 42.17'
NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.
5) PARCEL # 4626731637
6) DEED REF. BOOK 2430 PAGE 2271
7) PLAT BOOK 65 PAGE 66
8) ADDRESS 112 KAPP PLACE RD.
CAROLINA WATER SERVICES INC.
1325\973
20' PUBLIC STORM DRAINAGE EASEMENT PO. 43 PG. 45
EIP
S00°00'00"E
173.48
N00°00'00"E
105.82
CONC. MON.
50' REAR SETBACK
Drainage & Repair area
LOT 39
0.98 AC.
LOT 38
OHMS PROPERTIES LLC
2430\2271
10' SIDE SETBACK
20' SIDE SETBACK
N86°24'31"W
(BASE BEARING)
281.76
S89°33'54"E
PROPOSED HOUSE
CONC. DRIVE
245.96
LOT 40
JARRETT M. BURR
2276\1730
42.4
83.3
50' FRONT SETBACK
61.5
EIP = 5.00'
C1
L1
L2
CP
KAPP PLACE RD.
(45' PUBLIC R\W)
NORTH CAROLINA
PROFESSIONAL
SEAL
L-3499
LAND SURVEYOR
WILLIAM M. ALLEN
10/11/16
LEGEND
P.P. = POWER POLE
= POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
CP = COMPUTED POINT
PLOT PLAN
OF
LOT 39 THE FARMS PHASE 1 MAP 2
DAVIDSON TWSP., IREDELL CO., N.C.
SCALE = 1" = 30' DATE: OCT. 11, 2016
OWNER: CYRAS CUSTOM HOMES
DAS
DON ALLEN & ASSOCIATES P.A
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 CROSSLAKE PARK DR. SUITE 102 Mooresville, N.C. 28117
(704) 664-7329 (704) 664-8041 Fax
GRAPHIC SCALE
30 0 15 30 60 120
(IN FEET)
1 inch = 30 ft.

Acknowledgement of
Plans Submittal ONLY!

MWL Date 10/21/16

Maria Date 11/21/16



DOOR + WINDOW NOTE

ALL WINDOW + DOOR SIZES ARE NOMINAL. BUILDER TO VERIFY ALL SIZING + NON-SIZING CONDITIONS. FALL PROTECTION CODE + GLAZING REQUIREMENTS PER CODE w/ WINDOW + DOOR MANUFACTURE SELECTED. ALL DOORS + OPENING TO COMPLY w/ ALL OF 2015 NORTH CAROLINA RESIDENTIAL CODES.

SECOND FLOOR NOTES

- 9' CEILING HEIGHT TYP. UNLESS NOTED OTHERWISE
- 6'-8" DOOR AND WINDOW HEIGHT TYP. UNLESS NOTED OTHERWISE
- PROVIDE ATTIC ACCESS TO ALL ATTIC SPACES ACCORDING TO CODE
- SEE SECOND FLOOR CEILING PLAN FOR ALL SECOND FLOOR CLG. BEAM + SECOND FLOOR HEADER SIZES.
- ALL DOORS WITH GLASS SHOULD BE TEMPERED + WINDOW SHOULD BE TEMPERED PER STATE CODE
- ALL FRAMING DIMENSIONS FOR FIREPLACES SHOULD BE CHECKED PER MFG.

SECOND FLOOR PLAN

SCALE 1/4" = 1'-0"

ENGINEERED BY:

Custom Residential Designs
by D. Barja

P.O. Box 691286
Mint Hill, NC 28227
tel: 704-545-2928
fax: 704-545-0600

PROJECT:

LOT 39 Farms
Cyras Custom Homes
THE KINGSTON
112 Kopp Place Rd.

©COPYRIGHT 2012

DRAWN BY:
J.J. BARJA

DATE:
11/18/2013

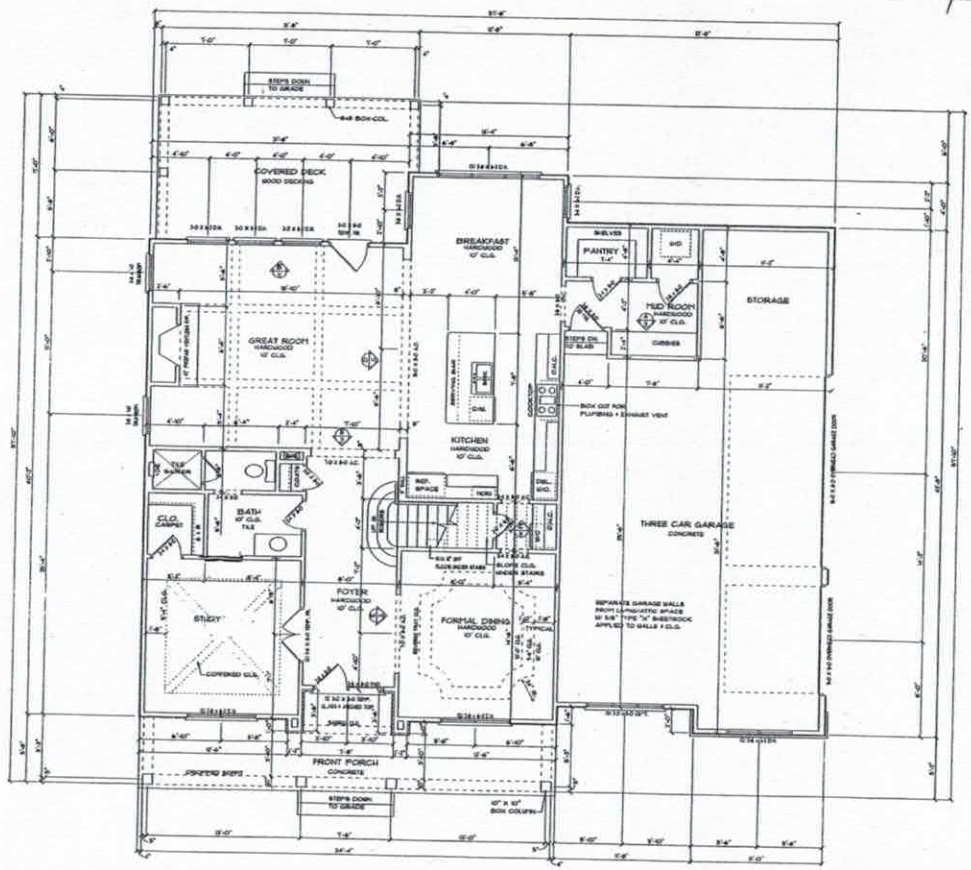
REVISED:

SHEET
6
OF 14

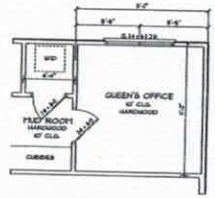
Acknowledgement of
Plans Submittal ONLY!

Date 10/31/16

Date 11/2/16



FIRST FLOOR PLAN



OPTION QUEEN'S ROOM

SQUARE FOOTAGE W/ OPTION QUEEN'S ROOM	
FIRST FLOOR HEATED	1756
SECOND FLOOR HEATED	2059
GARAGE	650
TOTAL UNDER ROOF	4605

DOOR & WINDOW NOTE

ALL WINDOW & DOOR SIZES ARE NOMINAL. BUILDER TO VERIFY. ALL SURSH + NON-SURSH CONDITIONS. FALL PROTECTION CODE / GLAZING REQUIREMENTS PER CODE w/ WINDOW & DOOR MANUFACTURE SELECTED. ALL DOORS + WINDOWS TO COMPLY w/ ALL OF 2012 NORTH CAROLINA RESIDENTIAL CODES.

SQUARE FOOTAGE	
FIRST FLOOR HEATED	1640
SECOND FLOOR HEATED	2965
GARAGE	604
TOTAL UNDER ROOF	4605

FIRST FLOOR NOTES

- 10' CEILING HEIGHT TYP. UNLESS NOTED OTHERWISE
- 8' DOOR AND WINDOW HEIGHT TYP. UNLESS NOTED OTHERWISE
- SEE SECOND FLOOR FRAMING PLAN FOR ALL SECOND FLOOR BEAM + FIRST FLOOR HEADERS SIZES.
- ALL DOORS W/ GLASS SHOULD BE TEMPERED + WINDOWS SHOULD BE TEMPERED PER STATE CODE
- ALL FRAMING DIMENSIONS FOR FIREPLACES SHOULD BE CHECKED PER MFG.

ENGINEERED BY:

Custom Residential Designs

P.O. Box 691286
Mint Hill, NC 28227
tel: 704-545-2928
fax: 704-545-0600

PROJECT:

Lot 39 Fawns
Cyras Custom Homes
THE KINGSTON
112 Kapp Pl Road

©COPYRIGHT 2013

DRAWN BY:
J.J. BARJA
DATE:
11/18/2013
REVISED:

SHEET
4
OF 14

IREDELL COUNTY

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

APPLICATION NUMBER
222625
Issue Date: 10/19/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4626731706.000	112 KAPP PLACE ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MUNLEY WILLIAM G JR REVOC TR+J UDYANN	Applicant: HARRIS CONSTRUCTION GR
Address: 43426 MOUNTCASTLE DR SOUTH RIDING, VA 20152	Address: 9935-D REA ROAD #210 CHARLOTTE, NC 28277
Phone:	Phone: 704-295-0094

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.218	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	83618	TOTAL FEES:	$ 77.25