IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 220687

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

PIN # 4629-63-5145

APPLICANT: Jimmy Speer APPLICANT ADDRESS: 5949 Stanleyville Dr. Rural Hall, NC 27045

SITE ADDRESS: 128 Tayport Drive Trantman, NC 28166 PHONE: 336-377-9651 ALT. PHONE:

SITE DIRECTIONS: Pe Rth Rd N from Rt 150 → L on State Park Rd → L on Morrison Plantation Rd → R on April Rd → L on Tayport Dr → @ end on right

SUBDIVISION: CL+T (Recreation Lots) SECTION: 17 LOT # 838 LOT AREA: 1.188 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.35

Septic Tank 1000 (gal)	STB 2071	Date (N FILTRATOR)	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank 1000 (gal)	PT 2071	Date (N FILTRATOR)	System Description: PM - 25% Reduction		☐ Business	No. Persons 8	☒ Private
Pump Make	Model	Serial #	Repair System Description: LP-PPBPS (50% Reduction)		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 8	Linear Ft: 342	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width 36"	Max. Trench Bottom Depth 26" [Low side]	Gravel Depth	☐ GRAVITY ☒ PRESSURE		☒ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Follow all N.C. septic rules.

INITIAL SITE SKETCH

See attached survey drawing by Allied Land Surveying Co. P.A. [Jason Morehead L.S. #4584] Dated 8-10-2016

* - With marked-up septic locations by Tom Shuck REHS (Dated 10-3-2016)

Required Tap Sizes: Use 1/2" Sch-80 Tap for all lines (5.48 GPM) x 8 = 43.84 GPM

AS BUILT SKETCH

CHECKED LINES & TANKS & PM 2-21-17 BA

Floats set @ 5 inche apart -
Alarm checked
Electical checked
Pump Head set @ 2Ft Elev - Benjamin Botkins

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

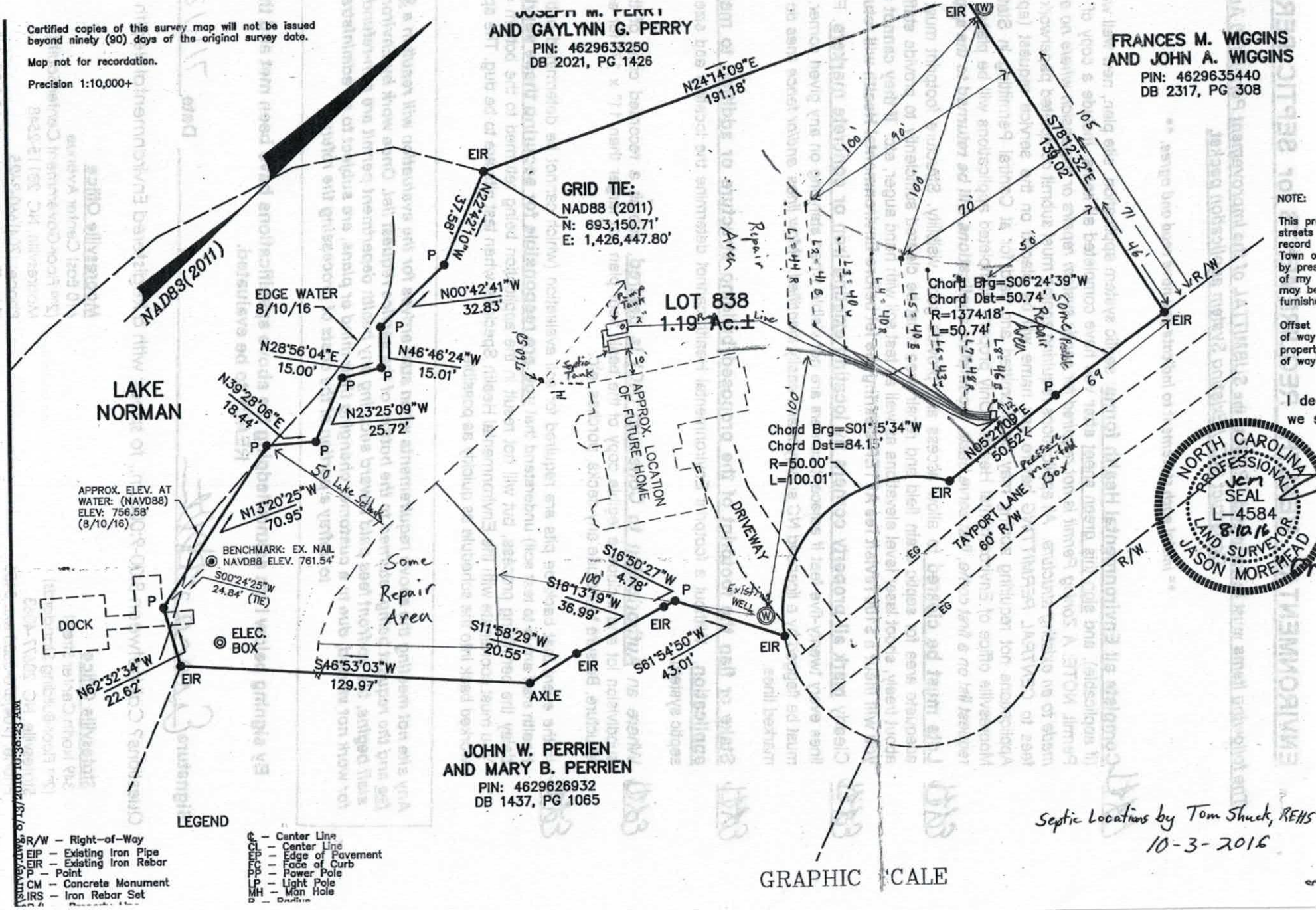
☐ IMPROVEMENT PERMIT with plat valid without expiration. ☒ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: 10-5-16 Installed by: LARRY MARTIN

IMPROVEMENT PERMIT by: Tom Shuck Date: 10-3-16 OPERATION PERMIT by: Benjamin A. Botkins Date: 5/23/2017

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 10-5-16 Existing System Inspected by: Date:

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


Certified copies of this survey map will not be issued beyond ninety (90) days of the original survey date.
Map not for recordation.
Precision 1:10,000+
JOSEPH M. PERRY AND GAYLYNN G. PERRY
PIN: 4629633250
DB 2021, PG 1426
FRANCES M. WIGGINS AND JOHN A. WIGGINS
PIN: 4629635440
DB 2317, PG 308
GRID TIE:
NAD88 (2011)
N: 693,150.71'
E: 1,426,447.80'
NAD83(2011)
N24°14'09"E 191.18'
N22°42'10"W 37.58'
S78°12'32"E 139.02'
EDGE WATER 8/10/16
N00°42'41"W 32.83'
N28°56'04"E 15.00'
N46°46'24"W 15.01'
N39°28'06"E 18.44'
N23°25'09"W 25.72'
LAKE NORMAN
LOT 838
1.19 Ac.±
Pump Tank
Septic Tank
APPROX. LOCATION OF FUTURE HOME
Some Repair Area
Chord Brg=S06°24'39"W
Chord Dst=50.74'
R=1374.18'
L=50.74'
Chord Brg=S01°15'34"W
Chord Dst=84.15'
R=50.00'
L=100.01'
N05°21'09"E 50.52'
Passive manifold Box
TAYPORT LANE 60' R/W
50' Lake Setback
APPROX. ELEV. AT WATER: (NAVD88) ELEV: 756.58' (8/10/16)
N13°20'25"W 70.95'
BENCHMARK: EX. NAIL NAVD88 ELEV. 761.54'
S00°24'25"W 24.84' (TIE)
DOCK
ELEC. BOX
N62°32'34"W 22.62'
S46°53'03"W 129.97'
S11°58'29"W 20.55'
S18°13'19"W 36.99'
S16°50'27"W 4.78'
S61°54'50"W 43.01'
Existing WELL
DRIVEWAY
AXLE
JOHN W. PERRIEN AND MARY B. PERRIEN
PIN: 4629626932
DB 1437, PG 1065
NORTH CAROLINA PROFESSIONAL SEAL L-4584 LAND SURVEYOR JASON MOREHEAD
8.10.16
NOTE:
Septic Locations by Tom Shuck, REHS
10-3-2016
LEGEN
℄ – Center Line
CL – Center Line
EP – Edge of Pavement
FC – Face of Curb
PP – Power Pole
LP – Light Pole
MH – Man Hole
R/W – Right-of-Way
EIP – Existing Iron Pipe
EIR – Existing Iron Rebar
P – Point
CM – Concrete Monument
IRS – Iron Rebar Set
GRAPHIC SCALE

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

EPARTMENT OF HEALTH AND HUMAN SERVICES
IVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

457 =7 343 l.f. of 25% reduction
230' of 50% reduction

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

APPLICATION DATE 7-28-16
DATE EVALUATED: 7-9-16
OWNER: Jimmy Spear
ADDRESS: 120 Tayport Lane Troutman, NC
PROPOSED FACILITY: 4 BR House
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE: 1.19 acres
PROPERTY RECORDED: Yes
LOCATION OF SITE: 128 Tayport Drive · Troutman, NC
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	Top HS 30%	0-5	Br. Loam V. weak SBK	SI. Friable, SS, Sp, Sexp	—	26	—	—	0.35 @ 36" PS
		5-20	Br. Clay weak SBK	SI. Firm, SS, Sp, Sexp					
		20-26	Br. Clay Loam w. SBK w/ Saprolite	SI. Friable, SS, Sp, Sexp					
		26-64	MA sandy Saprolite	Well Drained + Very Friable					
2	mid LSS 30%	0-4	Br. Loam V. weak SBK	SI. Friable, SS, Sp, Sexp	—	18	—	—	0.4 @ 36" PS
		4-12	Br. Clay w/ SBK	SI. Firm, SS, Sp, Sexp					
		12-18	Br. Clay Loam w/ SBK w/ Saprolite	Friable, SS, Sp, Sexp					
		18-64	MA Sandy Saprolite	Very Friable + well drained					
3	lower LSS 30%	0-12	Br. Loam V. weak SBK	SI. Friable, SS, Sp, Sexp	—	21	—	—	0.3-0.6 @ 36" PS
		12-21	Br. Clay Loam v. weak SBK	Friable, SS, Sp, Sexp					
		21-64	MA Sandy Saprolite	Very Friable + very well drained					
4	Below House 18%	0-5	Br. Loam W. SBK	SI. Friable, SS, Sp, Sexp	—	22	—	—	0.325 PS
		5-11	Pr. Clay w/ mica W. SBK	SI. Firm, SS, Sp, Sexp					
		11-22	Br. Clay Loam W. SBK w/ Saprolite	Friable, SS, Sp, Sexp					
		22-64	Sandy Saprolite Massive	Very Friable + well drained					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Yes	Yes
System Type(s)	25% reduction	50% reduction
Site LTAR	0.35	0.325

OTHER FACTORS (.1945): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ___

25% slope

L1: R 42' +2

L2: B 38' +3

L3: W 37' +3

L4: R 39' +1

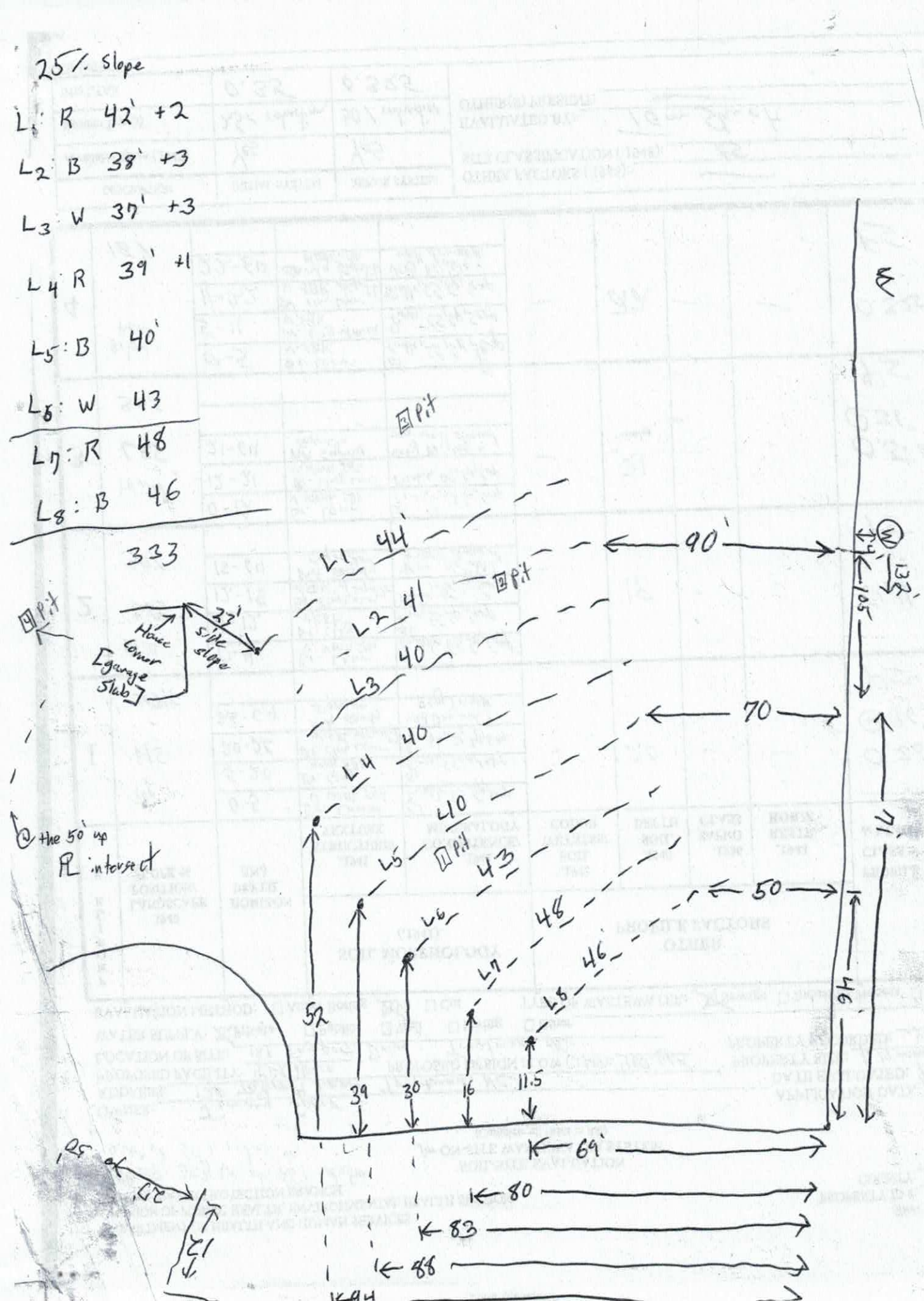
L5: B 40'

L6: W 43

L7: R 48

L8: B 46

333



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:

Jimmy Spear (Kenneth Jr)	5949 Stanleyville Dr Mailing Address	336-377-9651 Home Phone #	336-345-3200 Alternate Phone #
Applicant Name	Rural Hall, NC 27045		
Jimmy Spear (Kenneth Jr)	5949 Stanleyville Dr Mailing Address	Same as above Home Phone #	Alternate Phone #
Owner Name (if other)	Rural Hall, NC 27045		

4. Property Information:

342 needed

128 Tayport Dr Street Address Troutman, NC 28166 | Subdivision Name | 838 Section/Phase and Lot Number

Driving Directions: From State Park Rd - Left on Morrison Farm Rd; Rt on April Dr; Left on Tayport Dr; property on Rt

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 ___
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 To The Best of Your Ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) 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: _____ Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7/28/16 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, Jimmy Speer (Kenneth Combs), am the legal owner(s) of the property located at 129 Taysart Dr Troutman, NC 28166, identified as PIN (Parcel Identification Number) 4692963545000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Danika Speer, _____, 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 7/28/16

Signature of Witness — Date 7/28/16

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

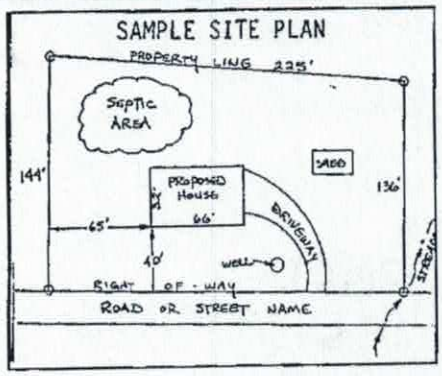
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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
( ) Front and side setbacks from property line
( ) Preferred driveway location and 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

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

TAYport Dr

Septic Area

22'

Garage

66'

Proposed House

Septic Tank

Deck

54'

50' Driveway

Phone pole

well

36'

Repair

60' +-

LAKE NORMAN

Signature: _____

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

7-28-16

DATE

Septic Tank: _____ Gallons: _____ PT _____ Date _____

Pump Tank: 1000 Gallons: _____ PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EQ=1200' Linear Feet 300'

No Lines 7x43' Trench Width 36" Min Trench Bottom Depth 36" Gravel Depth _____

System Description: _____

Repair System Description: LP 25% REDUCTION

Maintenance Agreement Required: ☐ Yes ☒ No

☐ Business ☐ Other _____

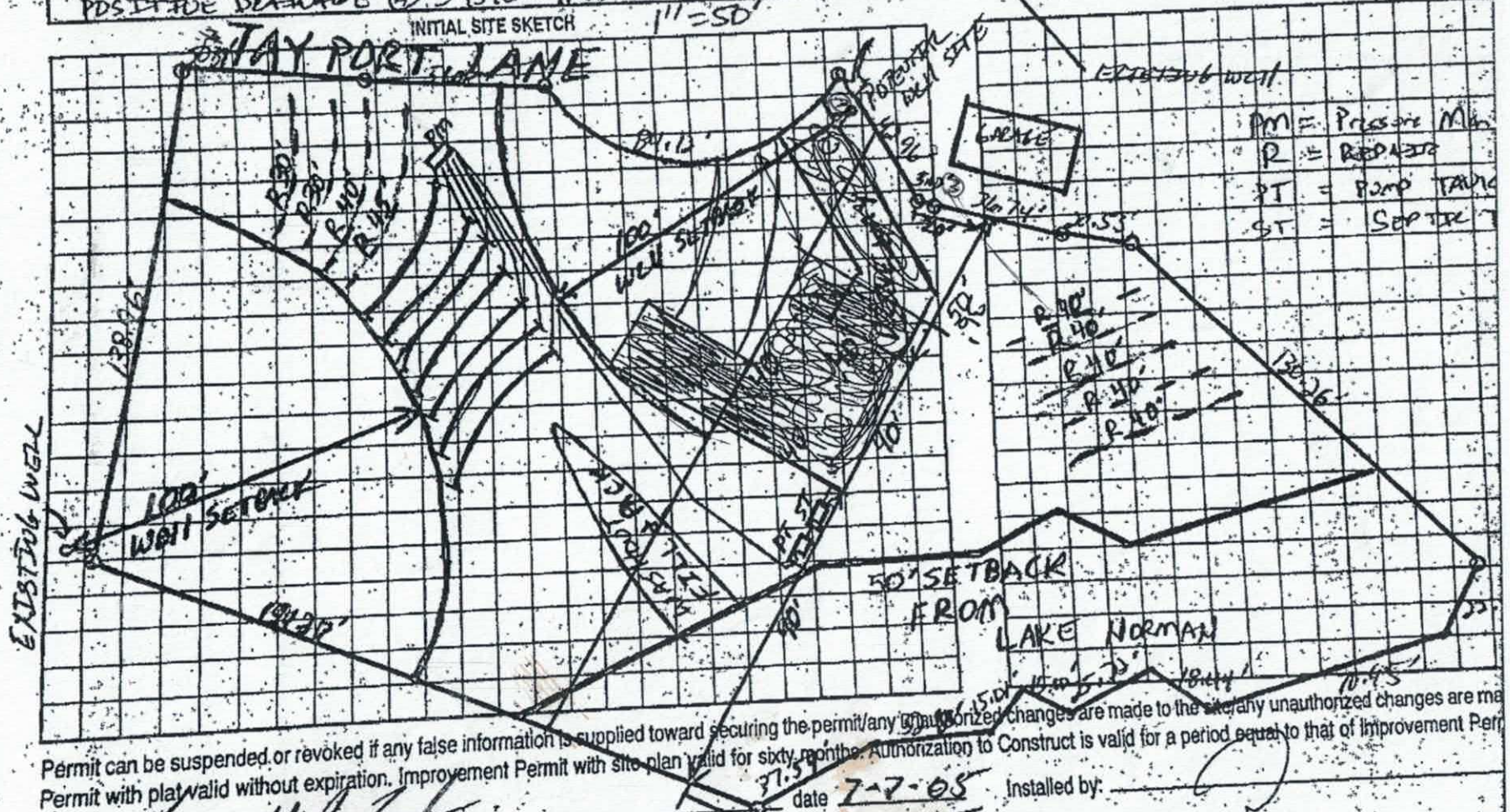
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing

Comments/Conditions: ① INSTALL DRIPLINES AT 36" TRENCH BOTTOM ② FILL & PACK WASHOUT SO SETBACK WILL BE ACHIEVED. ③ KEEP HOUSE DOT OF GROUND & BACKFILL FOR POSITIVE DRAINAGE ④ SYSTEM MUST BE 100' FROM

Comments/Conditions: ANY WELL DUE TO SA

INITIAL SITE SKETCH 1"=50'

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 ma

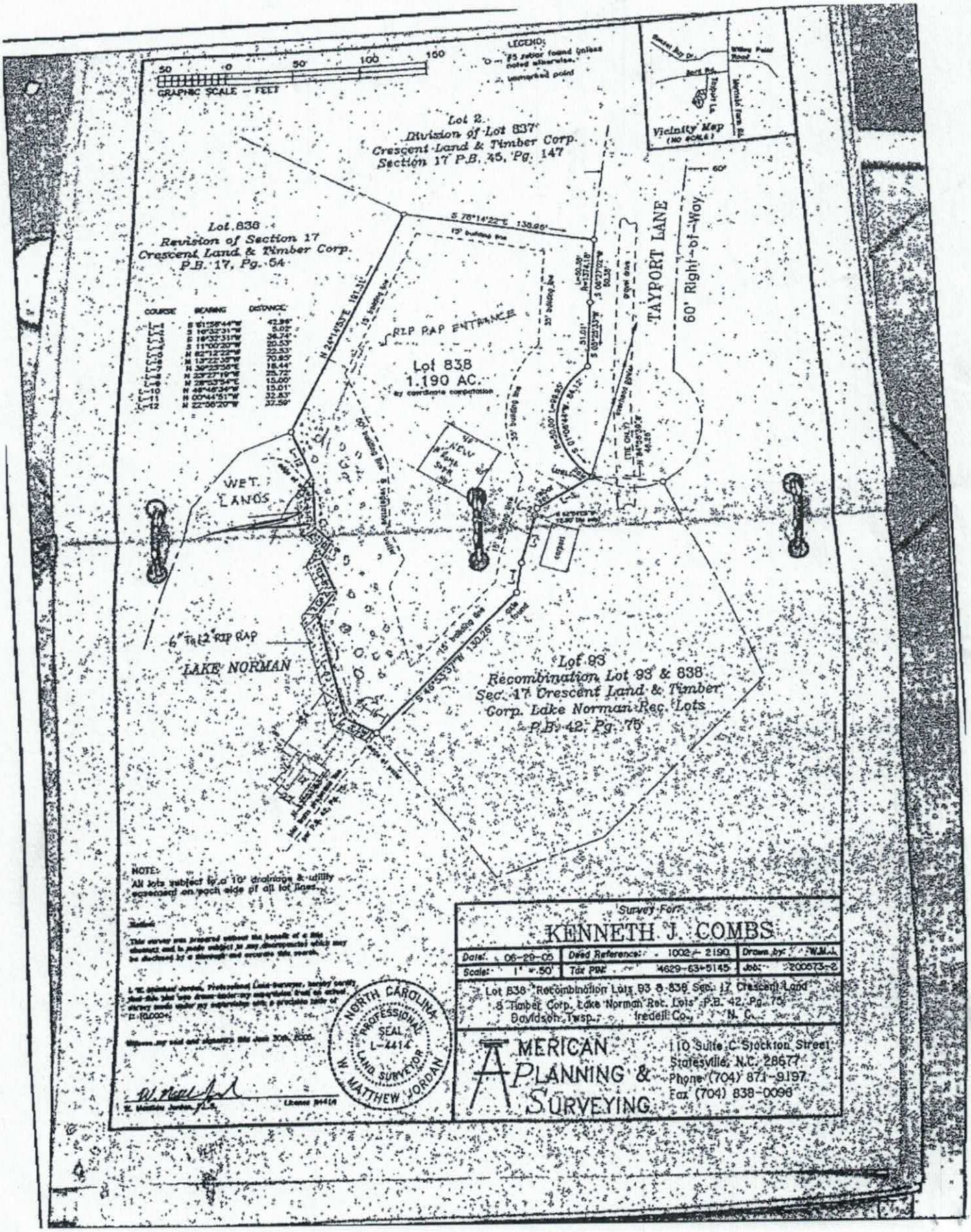
Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Per

Signed: Kenneth J Lee date 7-7-05 Installed by: _____

Improvement Permit by: _____ date 7-7-05 Operation Permit by: _____

Authorized by: _____ date _____ Existing System Inspection by: _____

OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK


GRAPHIC SCALE – FEET
LEGEND:
Lot 2
Division of Lot 837
Crescent Land & Timber Corp.
Section 17 P.B. 45, Pg. 147
Lot 838
Revision of Section 17
Crescent Land & Timber Corp.
P.B. 17, Pg. 54
Vicinity Map
(NO SCALE)
TAYPORT LANE
60' Right-of-Way
RIP RAP ENTRANCE
Lot 838
1.190 AC.
by coordinate computation
WET LANDS
6" Tall RIP RAP
LAKE NORMAN
Lot 93
Recombination Lot 93 & 838
Sec. 17 Crescent Land & Timber
Corp. Lake Norman Rec. Lots
P.B. 42, Pg. 75
NOTE:
All lots subject to a 10' drainage & utility
easement on each side of all lot lines.
NORTH CAROLINA
PROFESSIONAL
SEAL
L-4414
LAND SURVEYOR
W. MATTHEW JORDAN
Survey For:
KENNETH J. COMBS
Date: 06-29-06
Deed Reference: 1002 - 2190
Drawn by: W.M.J.
Scale: 1" = 50'
Tax PIN#: 4629-63-5145
Job: 200573-2
Lot 838 Recombination Lots 93 & 838 Sec. 17 Crescent Land & Timber Corp. Lake Norman Rec. Lots P.B. 42, Pg. 75
Davidson Twsp., Iredell Co., N. C.
AMERICAN PLANNING & SURVEYING
110 Suite C Stockton Street
Statesville, N.C. 28677
Phone (704) 871-9197
Fax (704) 838-0096

- Depth66ft.

Available Foundations

- Basement
- Crawlspace
- Monolithic Slab
- Contact us for more options.

Exterior

- Roof Pitch7/12
- Ridge Height23.00ft.

Like 11 G+1 0 14

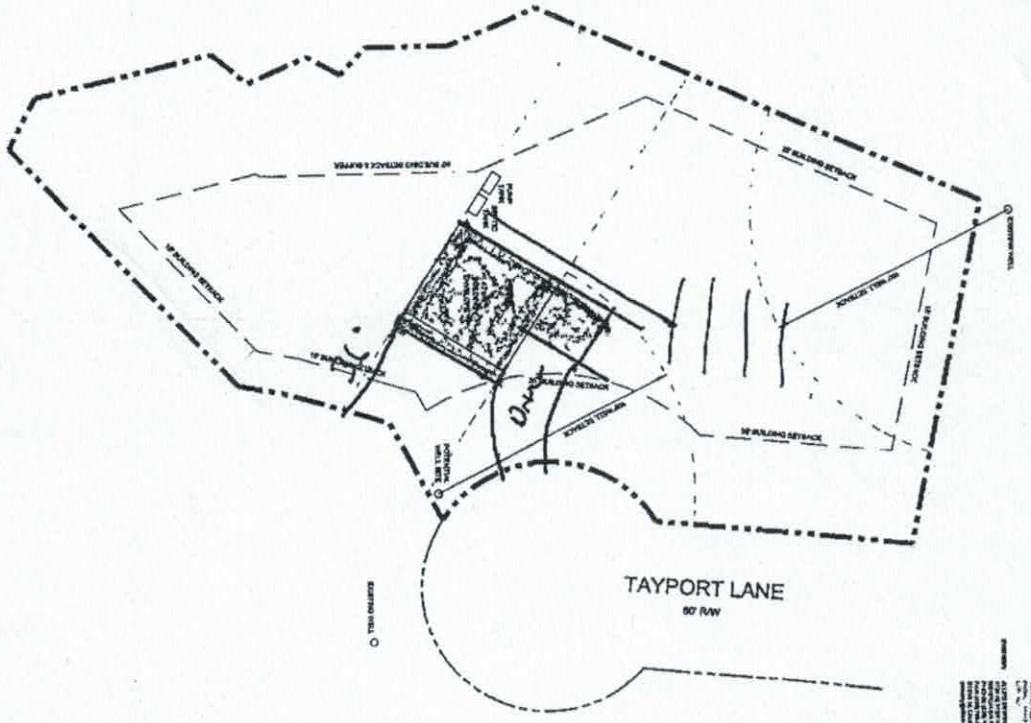
Save
G+1 14

Save

Sq.Ft.
3256
Levels
2
Bedrooms
5
Bathrooms
3
Width
54 ft.
Depth
66 ft.

House Plan Ordering Information

Blueprint Set	$852.00
Blueprint Set (5 sets)	$918.00
Blueprint Set (8 sets)	$978.00
Right Read Reverse	$150.00
Reproducible	$1026.00
CAD File	$1464.00
Extra Set	$48.00
Study Set	$330.00



GRAPHIC SCALE

VICINITY MAP

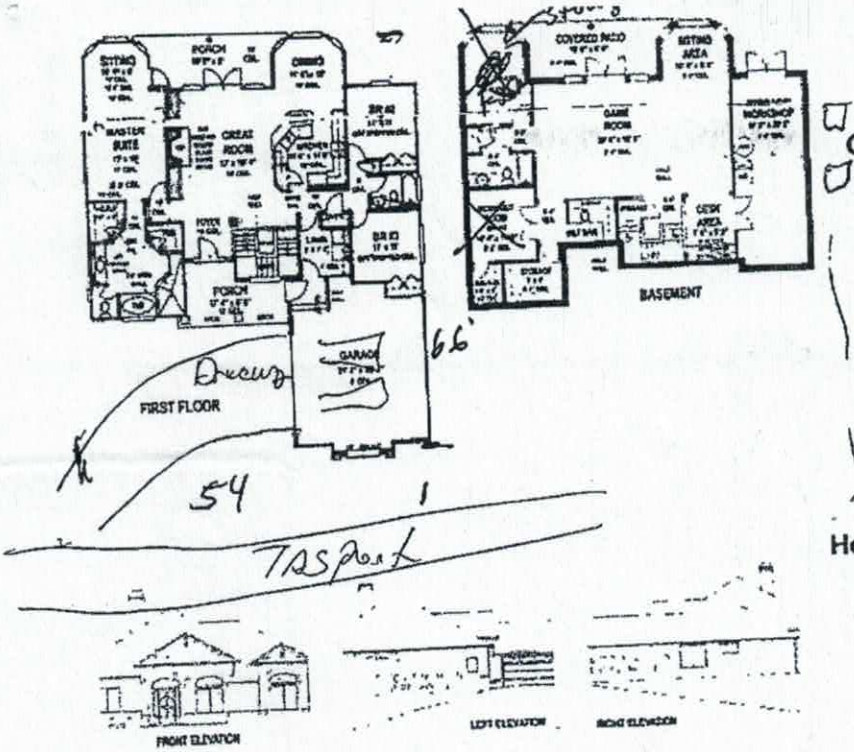
PRELIMINARY PLANS

PROJECT NAME
DEVELOPER
ADRESS
CITY STATE

Allied Design, Inc.

PRELIMINARY SITE PLAN

C1



Other Images

House Plan Specifications

Acknowledgement Of
Plans Submittal ONLY!
Date 7-29-16
Date 10-5-16

Basics

- Stories2
- Bedrooms4 4 TOTAL
- Bathrooms3

Living area

- Total Living3256sq. ft.
- First Floor 1775sq. ft.
- Basement 1481sq. ft.
- Parking 954sq. ft.
- Porch 464sq. ft.

Style

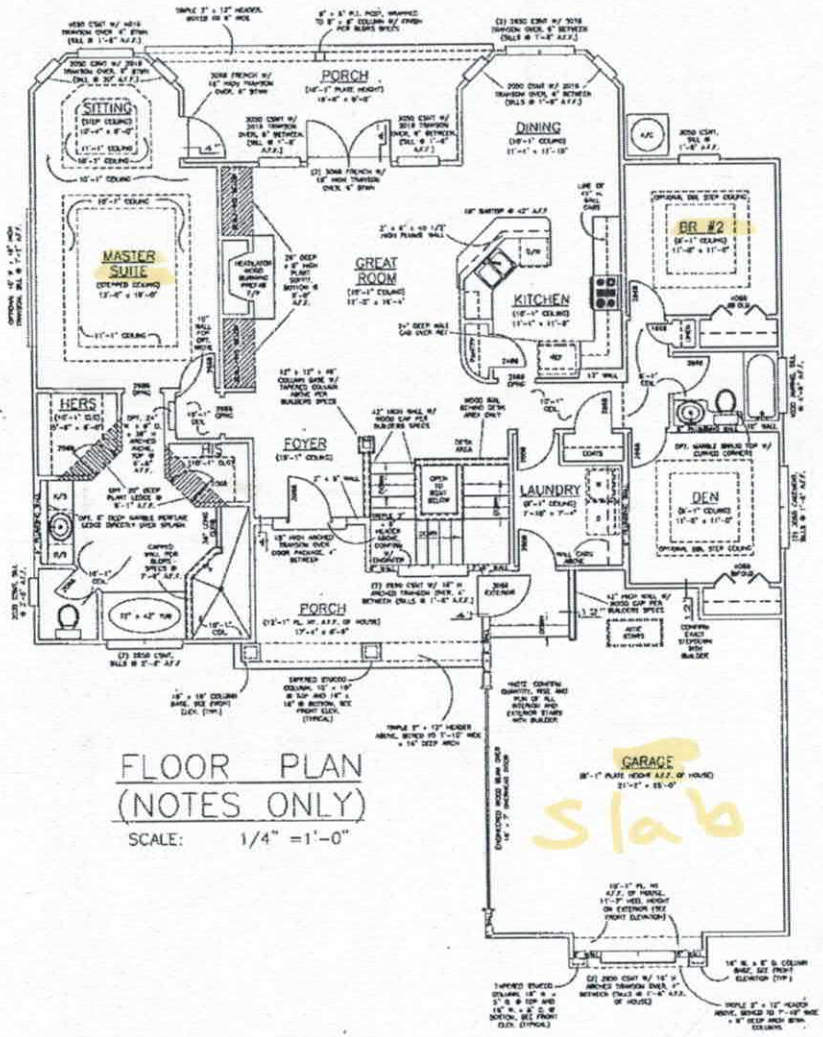
Beach, Coastal, Country, Craftsman, Hillside, Mountain, Ranch, Southern, Southern Cottage, Traditional, Waterfront

Garage

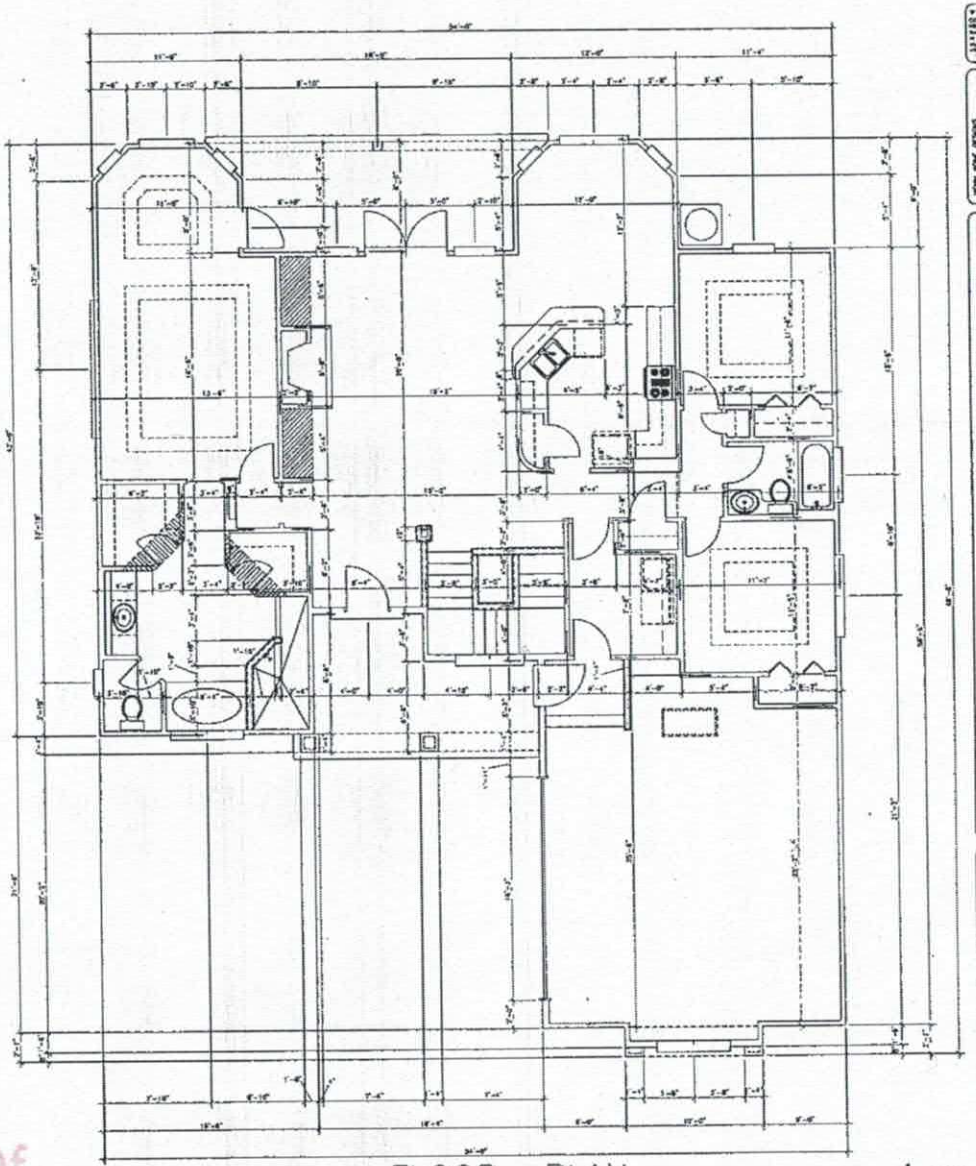
- Car Spaces2

House Footprint

- Width54ft.



FLOOR PLAN
(NOTES ONLY)
SCALE: 1/4" =1'-0"



FLOOR PLAN
(DIMENSIONS ONLY)
SCALE: 1/4" =1'-0"

SQUARE FOOTAGE TABULATION

MAIN FLOOR LIVING AREA	1775
BASEMENT LIVING AREA	1481
TOTAL LIVING AREA	3256
GARAGE / WORKSHOP	954
TOTAL ENCLOSED	4210
PORCHES	464
TOTAL COVERED	4674

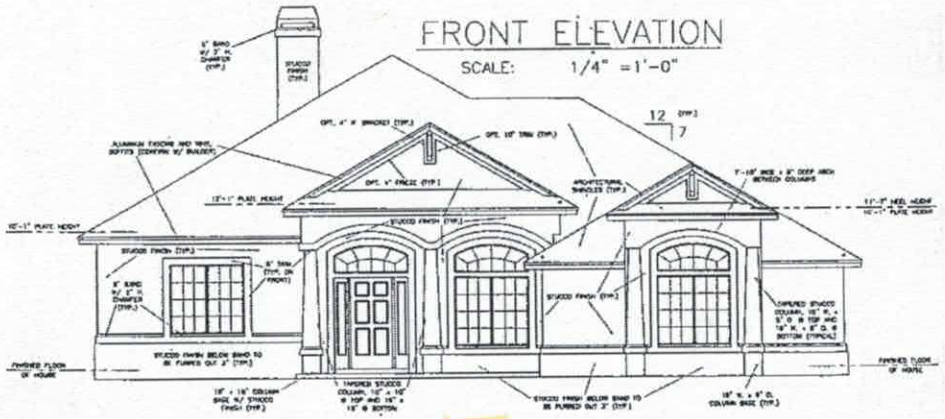
Acknowledgement Of
Plans Submittal ONLY!
Date 10-5-16
Tom Shuck Date 10-5-16

128 Tabernacle Dr
Trantmor NC
28162

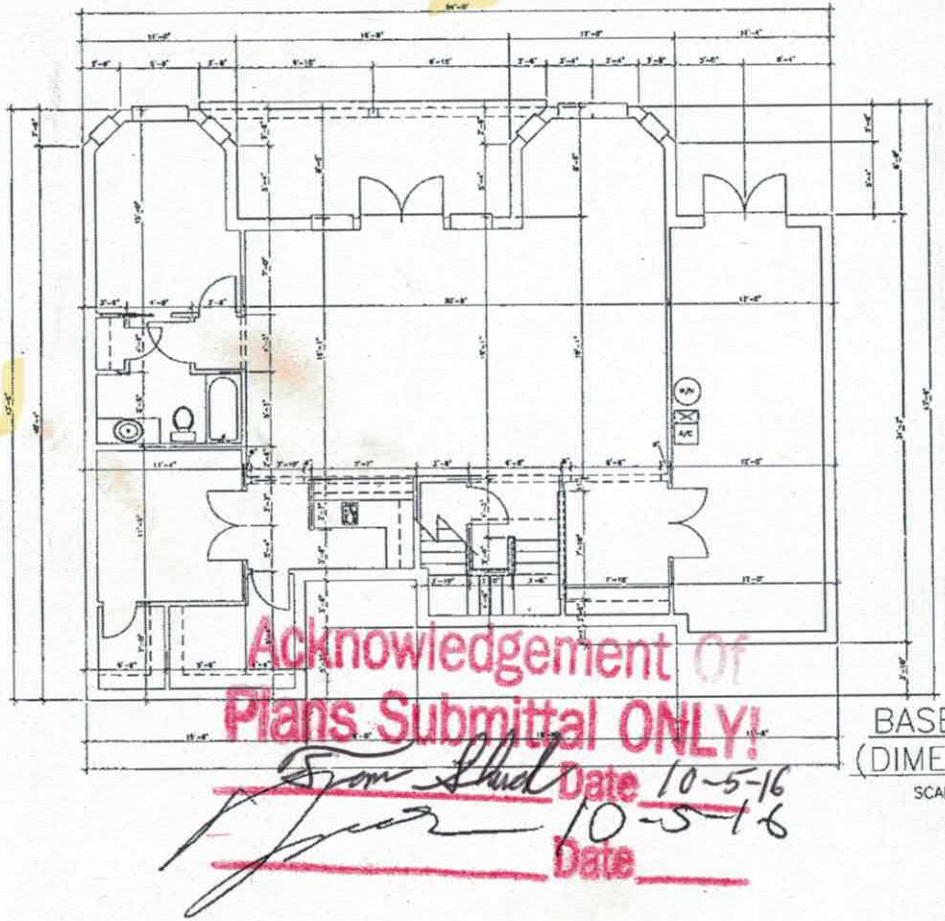
MEHM HOME DESIGNS
(904)386-1011 OR (904)444-2103
JACKSONVILLE, FLORIDA

BASE PLAN FOR 1775 SQ. FT.
(LIVING) MAIN LEVEL WITH 1481
SQ. FT. (LIVING) BASEMENT

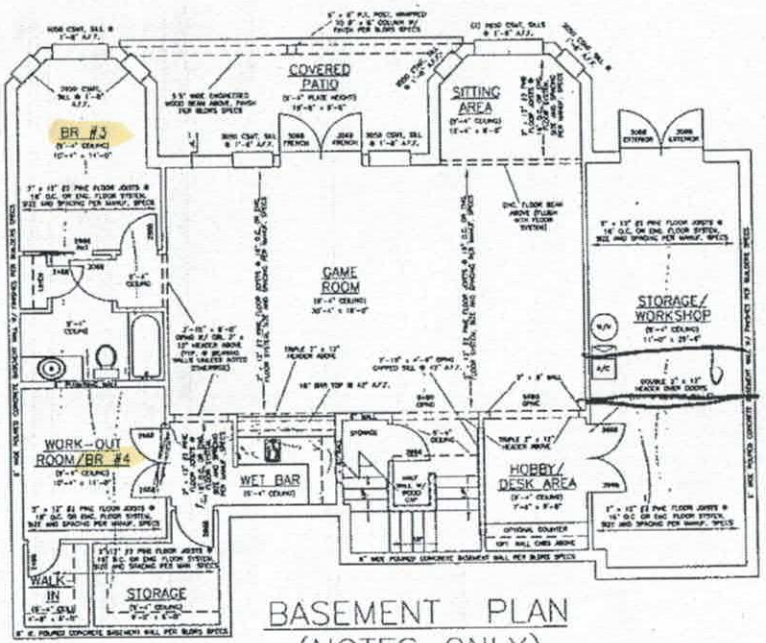
J. MEHM
08-03-16
1/4"=1'-0"
4487-11
1753
2 OF 5



FRONT ELEVATION
SCALE: 1/4" =1'-0"



BASEMENT PLAN
(DIMENSIONS ONLY)
SCALE: 1/4" =1'-0"



BASEMENT PLAN
(NOTES ONLY)
SCALE: 1/4" =1'-0"

Acknowledgement Of
Plans Submittal ONLY!
Tom Shad Date 10-5-16
Date 10-5-16

128 Tradition Dr
Trautman Inc
28166

MEHM HOME DESIGNS
(904)386-1011 OR (904)444-2103
JACKSONVILLE, FLORIDA

BASE PLAN FOR 1775 SQ. FT.
(LIVING) MAIN LEVEL WITH 1481
SQ. FT. (LIVING) BASEMENT

J. MEHM
06-03-15
1/4"=1'-0"
4487-11
1733
3 OF 3

IREDELL COUNTY

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

APPLICATION NUMBER
220687
Issue Date: 07/29/2016

Permit Type: ZONING-IREDELL COUNTY

Parcel Number	Street Address	Jurisdiction
4629635145.000	128 TAYPORT DRIVE	IREDELL COUNTY

Owner Information	Applicant Information	Contractor Information
Owner: COMBS KENNETH+MARGARET M Address: 357 NATALIE DR TROUTMAN, NC 27104 Phone:	Applicant: SPEER, JIMMY D. Address: 5949 STANLEYVILLE DR. RURAL HALL, NC 27045 Phone: 336-345-3200	Contractor: SPEER, JIMMY D. Address: 5949 STANLEYVILLE DR. RURAL HALL, NC 27045 Phone. License Type License Number

Project Description

NEW SINGLE FAMILY - IREDELL

Scope of Work

SFD

Permit Details:

	TECHNOLOGY FEE - PLANNING	Amount:	2.25
	IREDELL COUNTY ZONING	Amount:	75.00
		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.

Signature of Owner/Contractor

Date: 07/29/2016

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	76001	TOTAL FEES:	$ 77.25