IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 22171S ~~22018~~

APPLICANT: FALLS PARK, LLC APPLICANT ADDRESS: 501 SPRING CREST DR FORT MILL SC

PIN # 4629 85 1462

SITE ADDRESS: 560 STILLWATER RD - TROUTMAN PHONE: ALT. PHONE:

SITE DIRECTIONS: PERTH (S) - TR STATE PARK - TL MORRESON FARM - TL DAYVAULT - TR STILLWATER - ON R;

SUBDIVISION: FALLS PARK SECTION: 3C LOT # 24 LOT AREA: 1.009 AC DESIGN FLOW: 600 L.T.A.R.: .275

Septic Tank	1500	(gal)	STB 338	Date 3-29-2017	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 5	Water Supply
Pump Tank		(gal)	PT	Date	System Description: GRAVITY 25% REDUCTION				☐ Business	No. Persons 10	☐ Private
Pump Make			Model	Serial #	Repair System Description: LPP BPS				☐ Other	No. Employees	☑ Public
# Nitrification Fields	1		# Lines 7	Linear Ft: 546	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space	☑ Community
Trench Width	36"		Max. Trench Bottom Depth 36" 10W	Gravel Depth NA		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

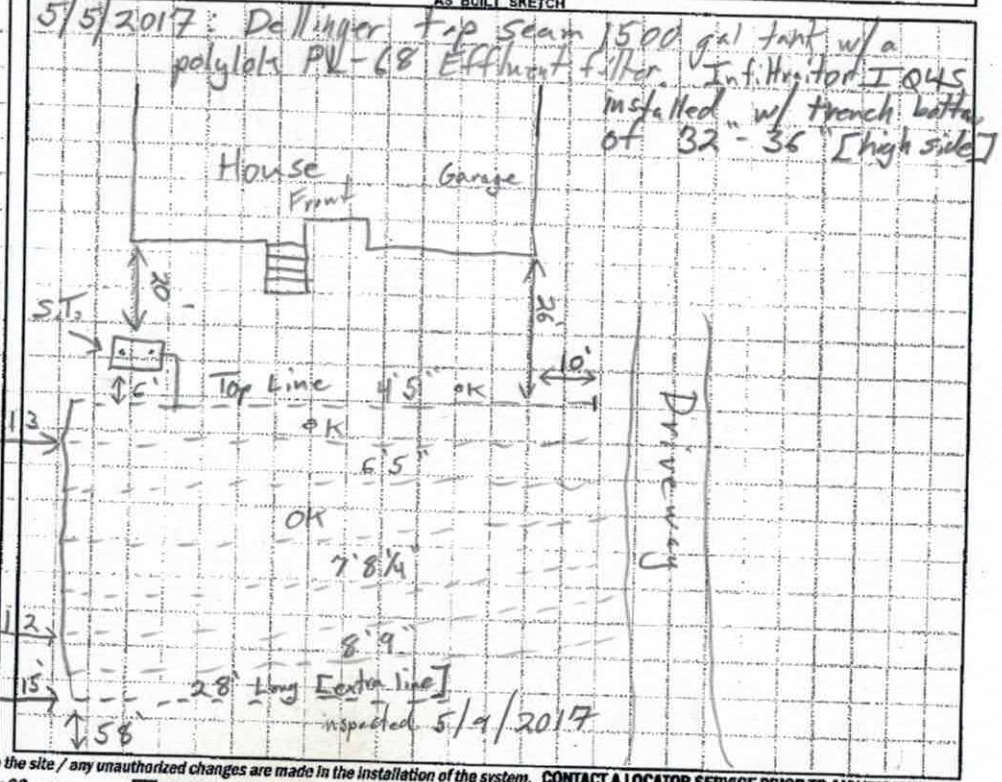
Comments / Conditions:

INITIAL SITE SKETCH

See Oaks Group Design

AS BUILT SKETCH

5/5/2017: Dellinger, top seam 1500 gal tank w/a polylok PL-68 Effluent filter. Infiltrator I 045 installed w/ trench bottom of 32" - 36" [high side]



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: Emma Dellinger Date: 7/22/16 Installed by: Wesson Septic (chris)

IMPROVEMENT PERMIT by: Date: 7/16/16 OPERATION PERMIT by: Tom Church Date: 5/9/2017

AUTHORIZATION TO CONSTRUCT by: Date: 7/16/16 Existing System Inspected by: Date:

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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 220183

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

PIN # 4629 85 1462

APPLICANT: FALLS PARK LLC APPLICANT ADDRESS: 501 SPRING CREST DR FORT MILL SC

SITE ADDRESS: 560 STILLWATER - TROUTMAN PHONE: ALT. PHONE:

SITE DIRECTIONS: PERTH (S) - TR STATE PARK - TL MORRESON FARM - TL DAYVAULT - TR STILLWATER - ON R

SUBDIVISION: FALLS PARK SECTION: 3C LOT # 24 LOT AREA: 1.009 AC DESIGN FLOW: 600 L.T.A.R.: .275

Septic Tank 1500 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 7 Linear Ft: 546

Trench Width 36" Max. Trench Bottom Depth 36" LOW Gravel Depth NA

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: GRAVITY 25% REDUCTION

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 5

☐ Business No. Persons 10

☐ Other No. Employees

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☑ Community

Comments / Conditions:

INITIAL SITE SKETCH

See Oaks Group Design

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**

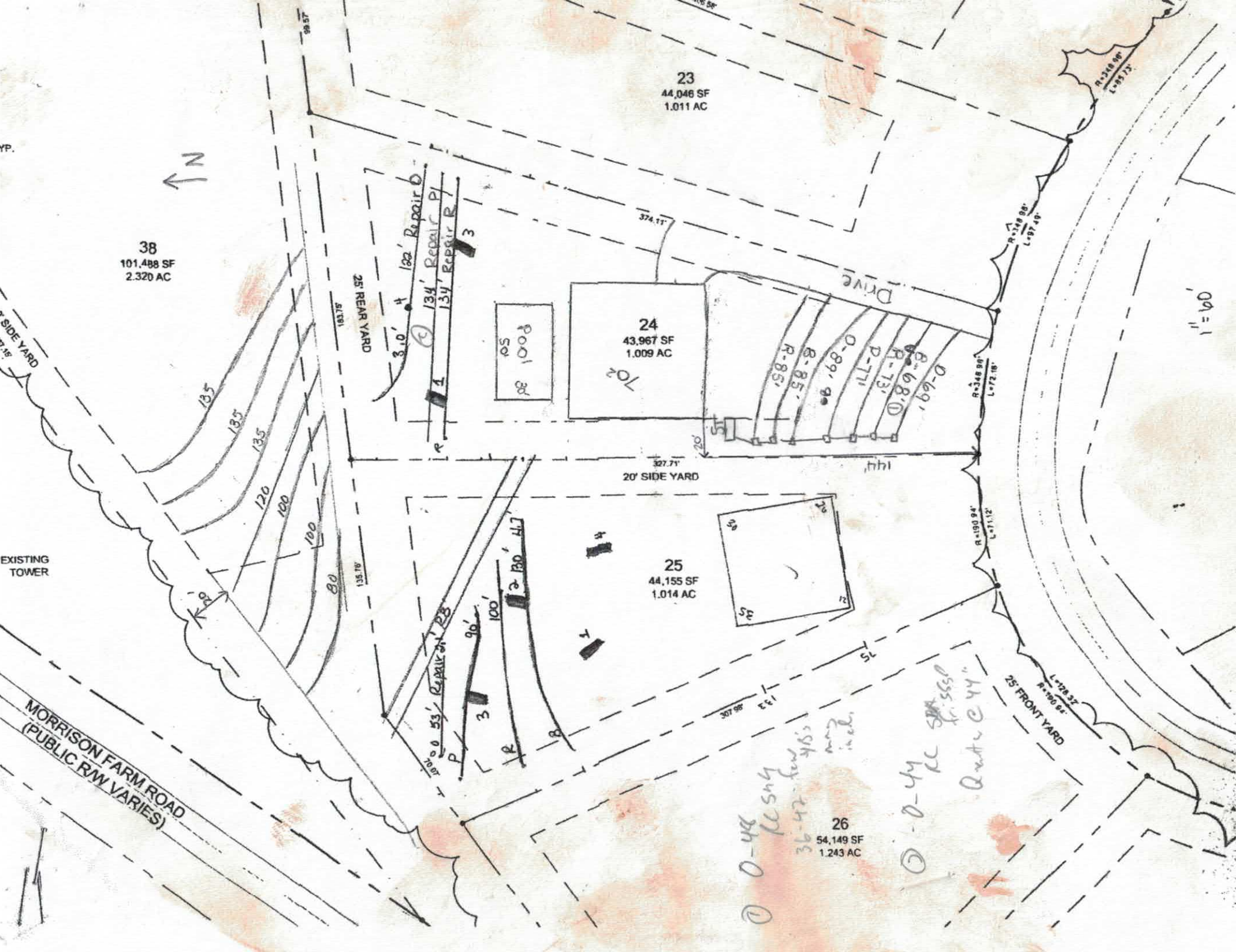
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 7/22/16 Installed by:

IMPROVEMENT PERMIT by: Date: 7/16/16 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 7/16/16 Existing System Inspected by: Date:

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


23
44,046 SF
1.011 AC
38
101,488 SF
2.320 AC
24
43,967 SF
1.009 AC
25
44,155 SF
1.014 AC
26
54,149 SF
1.243 AC
N
DRIVE
25' REAR YARD
20' SIDE YARD
25' FRONT YARD
EXISTING TOWER
MORRISON FARM ROAD
(PUBLIC R/W VARIES)
POOL
327.71'
307.98'
374.11'

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 560 Stillwater Road

Date: July 11, 2016

Attached is the septic specification information required to permit 560 Stillwater Road for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.



Kathleen Saunders

Falls Park Lot 24 Fast Track - The Oaks Group, PA

Number of Bedrooms	**5**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**600**
Primary System LTAR (gpd/ft2)	**0.275**
Primary System Type	**25% Reduction**
No. Lines	7 (See Table)
Total Linear Feet	546
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes
Tank Size	1500 gallon tank
Max Trench Bottom Depth (Low Side)	36"
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	390
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Orange	LP PPBPS	122
2	Repair	Pink	LP PPBPS	134
3	Repair	Red	LP PPBPS	134
4	System	Red	25% Reduction	85 endfed
5	System	Blue	25% Reduction	85 endfed
6	System	Orange	25% Reduction	89 endfed
7	System	Pink	25% Reduction	77 endfed
8	System	Red	25% Reduction	73 endfed
9	System	Blue	25% Reduction	68 endfed
10	System	Orange	25% Reduction	69 endfed
				Total System: 546'
				Total Repair: 390'

Note: Keep proper setbacks to foundation drains
Distribution devices and tank locations can be altered at ICHD's discretion
Shave berms to prevent surface water from ponding
Tanks must be set to achieve gravity flow once final foundation placement is set

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

Sheet 1 of 1
PROPERTY ID #: 4629-85-14
COUNTY: Iredell

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

OWNER: Falls Park LLC
ADDRESS: 560 Stillwater Rd Troutman
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 600
LOCATION OF SITE: Lot 24
APPLICATION DATE: 7/12/16
DATE EVALUATED: 7/7/16
PROPERTY SIZE: 1.009
PROPERTY RECORDED: post '80

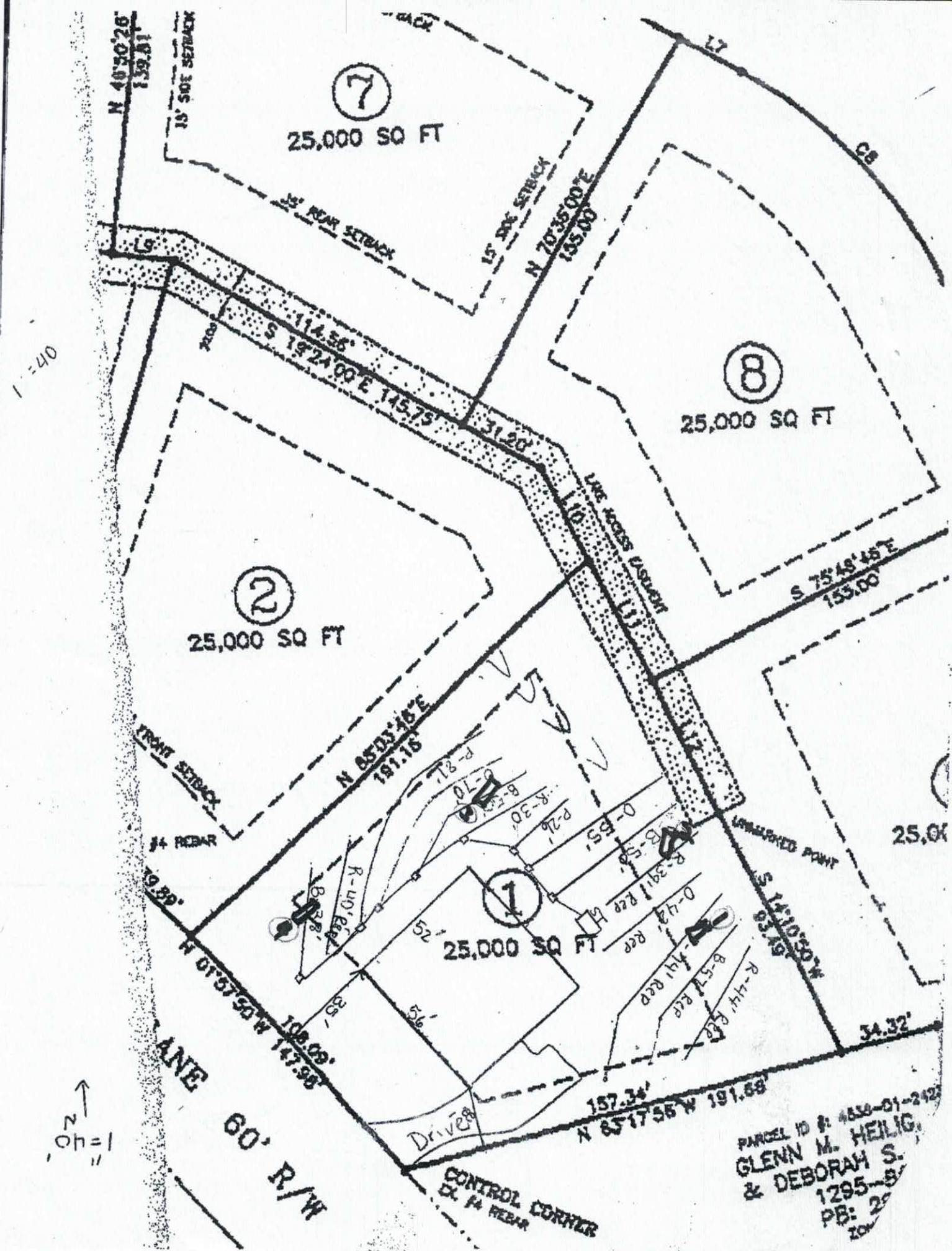
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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
A	L ~5%	0-28	mo SBK C	FR ss/sp	R	48+	N/A	N/A	0.275
		28-38	WK SBK C	↓	R; C yel Br/Black				
		38-48	mo SBK C	↓	R				
B	L ~5%	0-18	mo GR SL/scl	FR ss/sp	Br R	48+	N/A	N/A	0.3
		18-32	WK SBK C	↓	R; C Sap				
		32-48	mo SBK C	↓	R				
1	L ~5%	0-5	mo GR SL	FR ns/sp	Br	48+	N/A	N/A	0.3
		5-33	mo SBK C	FR ss/sp	R				
		33-48	WK SBK C	↓	R; C Sap				
3	L ~5%	0-31	mo SBK C	FR ss/sp	R	48+	N/A	N/A	0.3
		31-48	WK SBK CL	↓	R; C Sap				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	LPPPBPS
Site LTAR	0.275	0.3

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: ELH

COMMENTS:


7
25,000 SQ FT
8
25,000 SQ FT
2
25,000 SQ FT
1
25,000 SQ FT
N 40°30'26" E
139.81'
15' SIDE SETBACK
35' REAR SETBACK
15' SIDE SETBACK
N 70°35'00" E
135.00'
L7
C8
L9
S 19°24'00" E 145.75'
114.56'
31.20'
POB
10' ACCESS EASEMENT
L11
S 75°48'45" E
155.00'
FRONT SETBACK
N 85°03'16" E
191.15'
#4 REBAR
L12
UNMARKED POINT
S 14°10'50" W
93.49'
N 01°57'50" W 147.98'
109.89'
34.32'
157.34'
N 83°17'56" W 191.68'
Drive
ANE 60' R/W
CONTROL CORNER
PK #4 REBAR
PARCEL ID #: 4838-01-2421
GLENN M. HEILIG
& DEBORAH S.
1295-8
PB: 2
1"=40'
1"=40'

RECEIVED JUL 14 2016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

220183

Paid $350.00

Application For:

- (X) Septic Improvement Permit
- ( ) New Well Permit
- (X) Authorization to Construct
- ( ) Well Repair Permit
- ( ) Existing System Inspection
- ( ) Well Abandonment
- ( ) Septic System Repai

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITI IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTEI 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

The following optional attachments may also be submitted: (X) 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 fee

Applicant Information: contact Kathleen Sauriders (704) 578-4951

Applicant Name: Falls Park LLC **Address:** 501 Springcrest Dr, Fort Mills SC 29715 **Phone:**

Owner Name: Same **Address:** **Phone:**

Property Information:

Street Address: 560 Stillwater Rd Troutman NC

Subdivision Name: Falls Park Subdivision **Section/Phase:** 3C **Lot Number:** 24

Driving Directions: Perth Rd, Right on State Park Rd, Left on Morrison Farm Rd, Left On Dayvault Cut Rd, Right on Stillwater Lot on Right

Site Development Information: *(check or complete ALL that apply)*

- (X) New Single Family Residence
- ( ) New Multi-Family Residence
- ( ) Accessory Building
- ( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 5

Maximum Number of Occupants: 10 max

- ( ) Swimming Pool
- ( ) Other Addition/Structure:

- (X) Crawl Space Foundation
- ( ) Concrete Slab Foundation
- ( ) Basement with Plumbing
- ( ) Basement without Plumbin

Non-Residential Site Development:

Type of Business:

Square Footage of Building:

Maximum Number of Employee:

Maximum Number of Seats/Beds/Other:

Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) 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 (X) No **Does the site contain any jurisdictional wetlands?**
- ( ) Yes (X) No **Is any non-domestic sewage (i.e. industrial) 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.

Signature: Emma Helt

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

7/11/2016

DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Greg Whitehead, am the legal owner of the property located at 560 Stillwater Rd Troutman, identified as PIN(Parcel Identification Number) 4629-85-1462, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) BRIAN LAMBERT, Manager, Livelwell Homes, The Oaks Group, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

_____	7/20/15
Signature of Owner	Date
Maria Jose Ojeda	7/20/15
Signature of Witness	Date

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:

X Property Line measurements are clearly identified...

X 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

X Front and side setbacks from property line...

X Preferred driveway location and configuration, preferred well location...

X Area you prefer your septic system to be placed...

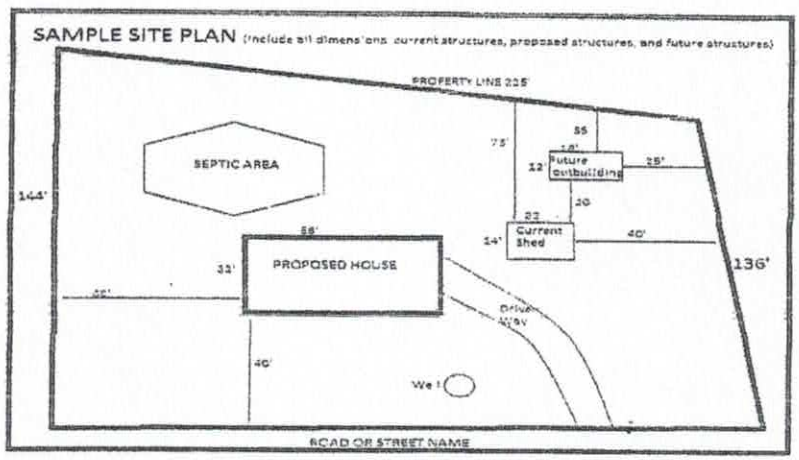
X North arrow, or other sufficient indicator of direction...

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

Please see attached site plan

Signature: Emma Hall

REQUIRED property owner or owner's legal representative signature.

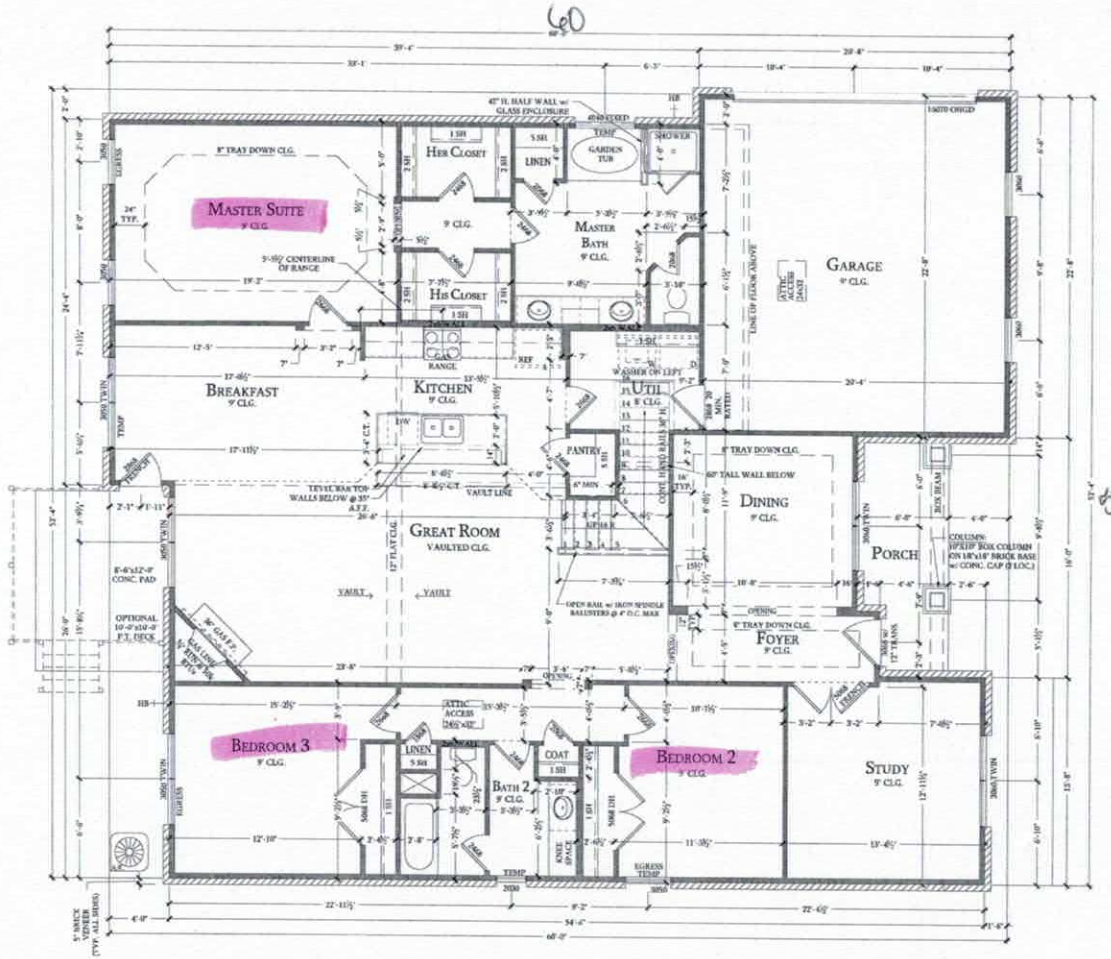
7/11/2016

DATE



SHEETROCK OPENING DETAIL

SCALE: 3/16"=1'-0"



FIRST FLOOR PLAN

SCALE: 1/8"=1'-0"

THESE PLANS ARE THE PROPERTY OF LIVE WELL HOMES, LLC. AND MAY NOT BE REPRODUCED, CHANGED OR COPIED WITHOUT THE EXPRESSED WRITTEN CONSENT OF LIVE WELL HOMES, LLC., NOR ARE THEY TO BE ASSIGNED TO A THIRD PARTY WITHOUT OBTAINING SAID WRITTEN CONSENT.

Revisions:	
date:	reviewed by:
5-01-15	FDI
7-06-15	FDI
9-02-15	FDI
9-08-15	FDI
11-01-15	FDI

GENERAL NOTES

1. CONTRACTOR TO VERIFY ALL DIMENSIONS.
2. DO NOT SCALE DIMENSIONS FROM PRINTS. USE DIMENSIONS GIVEN OR CONSULT DESIGNER FOR FURTHER CLARIFICATION.
3. PROVIDE WINDOW FALL PREVENTION PER IRRC 2012 SECTION R612
4. PROVIDE NOT LESS THAN 5/8" TYPE X GYP. BOARD OR EQUIV. PER SECTION & TABLE R302.6 DWELLING/GARAGE SEPARATION OF THE IRRC 2012
5. SEE ELEVATION SHEETS FOR WINDOW HEADER HEIGHT.
6. ALL ANGLED WALLS ARE AT 45 DEGREES UNLESS NOTED OTHERWISE.
7. WALL OPENINGS TO BE GYP. BOARD RETURN 11 N.O.
8. SEE DETAIL SHEET FOR ARCHED & SHEET ROCK OPENING DETAILS.
9. SEE FIRST FLOOR FRAMING AND/OR ROOF FRAMING SHEETS FOR BEAM SIZE/LOCATION AND HEADER SCHEDULE.
10. VERIFY INTERIOR BEARING WALL LOCATION WITH TRUSS ENGINEERING PROVIDED BY TRUSS MANUFACTURER.

WALL & SYMBOL LEGEND

- TYP. FRAME WALL
- INTERIOR BEARING WALL
- HALF WALL
- EXTERIOR WALL w/ BRICK VENEER
- EXTERIOR WALL w/ STONE VENEER

SQUARE FOOTAGE TABLE

BASE PLAN

FIRST FL. LIVING:	2325 s.f.
SECOND FL. LIVING:	528 s.f.
TOTAL LIVING:	2853 s.f.
GARAGE:	458 s.f.
FRONT PORCH/COVERED ENTRY:	90 s.f.

COMMUNITY LOT #

2041 - Carmel

LiveWell Homes

501 Springcrest Drive
Fort Mill, SC 29715

designed by:	bdh
drawn by:	bb
checked by:	bb
date:	5/18/15

A-3.0

FIRST FLOOR PLAN

Acknowledgement Of Plans Submittal ONLY!

Date 7/22/16

Date 7/22/16

THESE PLANS ARE THE PROPERTY OF LIVE WELL HOMES, LLC. AND MAY NOT BE REPRODUCED, CHANGED OR COPIED WITHOUT THE EXPRESSED WRITTEN CONSENT OF LIVE WELL HOMES, LLC., NOR ARE THEY TO BE ASSIGNED TO A THIRD PARTY WITHOUT OBTAINING SAID WRITTEN CONSENT.

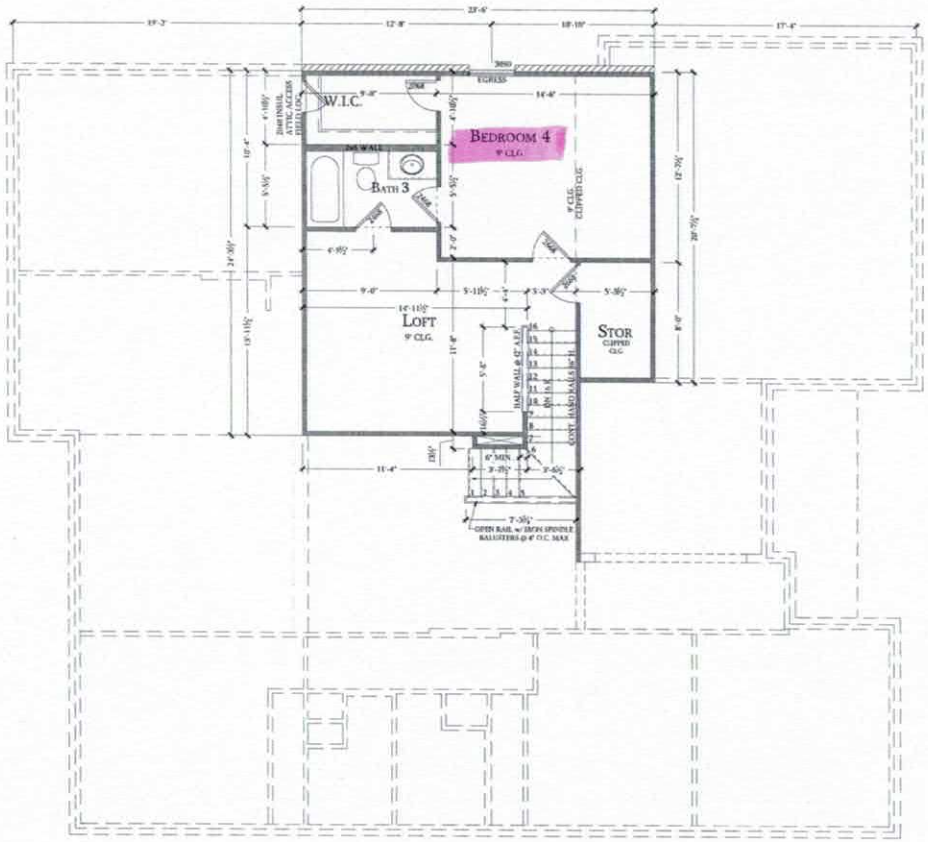
revisions:	
date:	initials/by
3-21-13	PEK
7-30-13	PEK
9-23-13	PEK
8-17-14	PEK
9-141-12	PEK

GENERAL NOTES

1. CONTRACTOR TO VERIFY ALL DIMENSIONS.
2. DO NOT SCALE DIMENSIONS FROM PRINTS. USE DIMENSIONS GIVEN OR CONSULT DESIGNER FOR FURTHER CLARIFICATION.
3. PROVIDE WINDOW FALL PREVENTION PER IRSC 2012 SECTION R612
4. PROVIDE NOT LESS THAN 5/8" TYPE X GYP. BOARD OR EQUIV. PER SECTION & TABLE R302.6 DWELLING/GARAGE SEPARATION OF THE IRSC 2012
5. SEE ELEVATION SHEETS FOR WINDOW HEADER HEIGHT.
6. ALL ANGLED WALLS ARE AT 45 DEGREES UNLESS NOTED OTHERWISE.
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9. SEE FIRST FLOOR FRAMING AND/OR ROOF FRAMING SHEETS FOR BEAM SIZE/LOCATION AND HEADER SCHEDULE.
10. VERIFY INTERIOR BEARING WALL LOCATION WITH TRUSS ENGINEERING PROVIDED BY TRUSS MANUFACTURER.

WALL & SYMBOL LEGEND

- TYP. FRAME WALL
- INTERIOR BEARING WALL
- HALF WALL
- EXTERIOR WALL w/ BRICK VENEER
- EXTERIOR WALL w/ STONE VENEER



SECOND FLOOR PLAN
SCALE: 1/8"=1'-0"

COMMUNITY LOT #

2041 - Carmel

LiveWell Homes
THE BEST THINGS IN LIFE MUST INTO YOUR HOME

501 Springcrest Drive
Fort Mill, SC 29715

designed by:	bsh
drawn by:	bb
checked by:	bb
date:	5/18/15

A-5.0
2nd FLOOR PLAN

Acknowledgement Of
Plans Submittal ONLY!

Date 7/16/15

Date 7/22/15

Zoning Permit # 220183

Fee $ 45.00 Code 104

See reverse for new construction.

Zoning Permit

LOCATION	Date (mm/dd/yy)	07107/2016	Tax Parcel #	4629-85-1462
	Business Name or Property Owner	Falls Park LLC		
	Street Address	560 Stillwater Rd Troutman		
	Business Type and/or Project Description	SFR		
APPLICANT	Applicant	The Oaks Group	Preferred Phone	(704) 578-4951
	Address City/State/Zip	121 Holt Ln Mooresville NC 28117		
	E-Mail	KathleenMsaunders@gmail.com		
	Would you like your e-mail address added to: (check any of interest)	☐ The Whistle Stop (Town of Troutman newsletter) ☐ Troutman Business Council (Local Chamber of Commerce) ☐ Sunshine List (Agenda for Town Board Meetings)		

Following approval of this permit proceed to Iredell County Building Inspections (349 N Center St, Statesville, NC 28677). All Applicants, please note that final inspection by the Town is required prior to occupancy (exception, single family residential additions/expansions). Business Applicants, please note that proof of RPZ (backflow) inspection is required prior to occupancy (in addition, restaurants may be required to have a grease trap inspection).

Office Use Only				
	Zoning District(s)	RS	Plans Attached	Yes ☐ No ☑
	Utilities	Public WA / Septic	Floodplain	Yes ☐ No ☑
	Permitted Use of Property	SFR		
	Minimum Setback Requirements	Front ___', Rear ___', Right Side ___', Left Side ___' *Setback measured from nearest projecting point of structure to Property Line.*		
	Comments: Hold any additional permits until Troutman Zoning is approved. (Perc Test Only)			

I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete. I understand that this permit will expire and become invalid unless the work for which it was issued is started within six (6) months of the date of issue or is the work authorized is suspended or abandoned for a period of one (1) year.

Emma Holt

Signature of Applicant

To the best of my knowledge, this application is deemed complete and approved based on the information provided to me and my knowledge of the Town of Troutman Unified Development Ordinance.

Danielle Upright

Signature of Zoning Administrator