(BB)

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP-309949

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

PIN # 4629 - 85 - 2619

APPLICANT/OWNER: SEBASTIAN RIVERA

APPLICANT ADDRESS: 196 BROOK CREEK DRIVE, TROUTMAN, N.C. 28166

SITE ADDRESS: 539 MORRISON FARM ROAD, TROUTMAN, N.C. 28166

PHONE: 704-905-4688 ALT. PHONE –

SITE DIRECTIONS: (S) ON 21, (R) ON PERTH, (R) ON STATE PARK, (L) ON MORRISON FARM, LOT ON (L)

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: FALLS PARK

SECTION: P3C LOT # 38 LOT AREA: 2.33 AC

DESIGN FLOW: 480 GPD L.T.A.R.: 0.3 (0.275) REPAIR

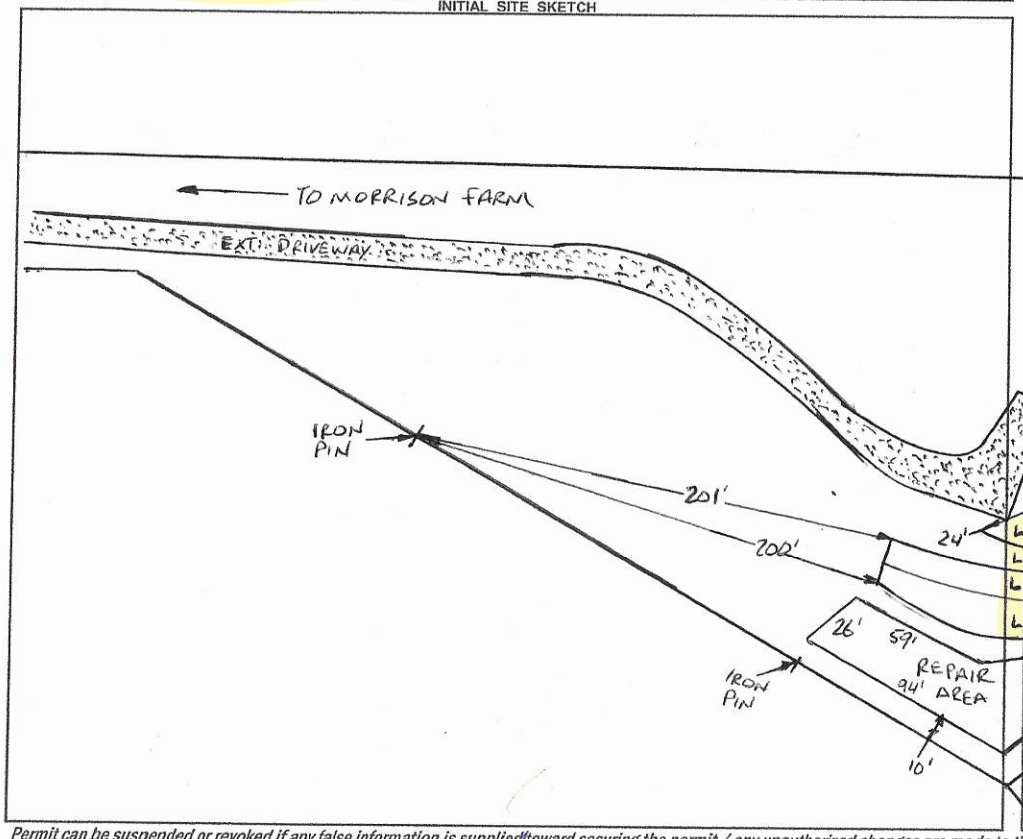
Septic Tank	1000	(gal)	STB	760	Date	3-7-2021	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	–	(gal)	PT	–	Date	–	System Description:	25% REDUCTION	
Pump Make	–	Model	–		Serial #	–	Repair System Description:	50% REDUCTION - PPBPS	
# Nitrification Fields	1	# Lines	4		Linear Ft	404 FT	Maintenance Agreement Required:	☐ YES ☑ NO	
Trench Width	36 IN	Trench Bottom Depth(Low side)	32 IN		Gravel Depth	–	☑ GRAVITY	☐ PRESSURE	

☑ Residence	No. Bedrooms	4	Water Supply	
☐ Business	No. Persons	8	☐ Private	
☐ Other	No. Employees	–	☑ Public	
☐ Slab	☑ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, MAINTAIN 50FT FROM ALL WELLS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED 36IN MAX TRENCH DEPTH

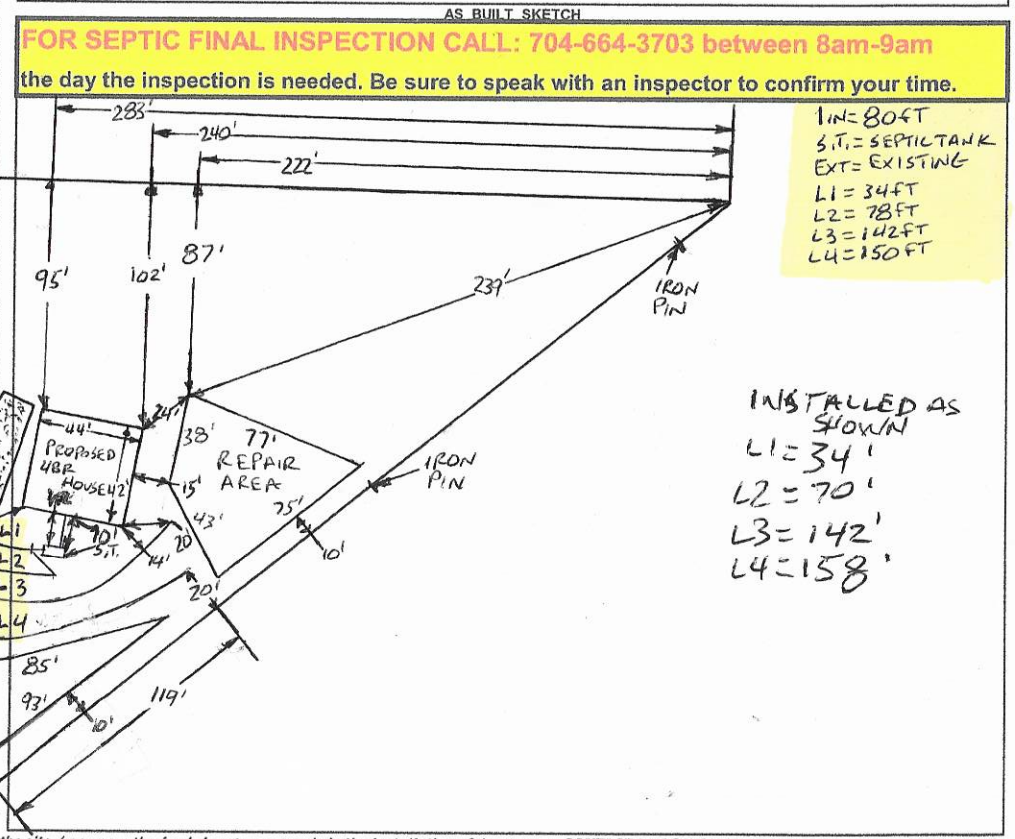
SEE PERVIOUS PERMIT FOR FLOOR PLANS AND SOIL NOTES

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



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: [signature] Date: 2-26-21

Installed by: TB GRADING

IMPROVEMENT PERMIT by: Bryant C. White Date: 2-16-2021

OPERATION PERMIT by: Bryant C. White Date: 5-19-2021

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 2-16-2021

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of 1
PROPERTY ID #: 4629352619
COUNTY: IREDELL

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

OWNER: FALLS PARK LLC / SEBASTION RIVERA
ADDRESS: 196 BROOK CREEK DRIVE, TROUTMAN, N.C. 28166
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 539 MORRISON FARM ROAD, TROUTMAN, N.C. 28166
APPLICATION DATE: 8-11-2020
DATE EVALUATED: 9-9-2020
PROPERTY SIZE: 2.33 AC
PROPERTY RECORDED: YES
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	LINEAR SIDE 4%	0-28	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT ~~REW~~ (F1) MICA COMMON	51"+	NA	NA	PS .325
		28-51	CL, WSBK	FR, SS, SP, SEXP					
2	LINEAR SIDE 4%	0-9	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	49"+	NA	NA	PS .3
		9-36	C, SBK	FR, S, P, SEXP					
		36-49	CL, WSBK	FR, SS, SP, SEXP					
3	TERRACE 4%	0-7	FILL FROM TERRACE		SAP INC THRU OUT MICA COMMON	60"+	NA	NA	PS .3
		7-36	C, SBK	FR, S, P, SEXP					
		36-60	CL, WSBK	FI, SS, SP, SEX					
4	LINEAR SIDE 3%	0-36	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT MICA COMMON FEW @ 20"-30"	49"+	NA	NA	PS .275
		36-49	CL, WSBK	FI SS, SP, SEXP					

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

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. Miller
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		None	None			

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

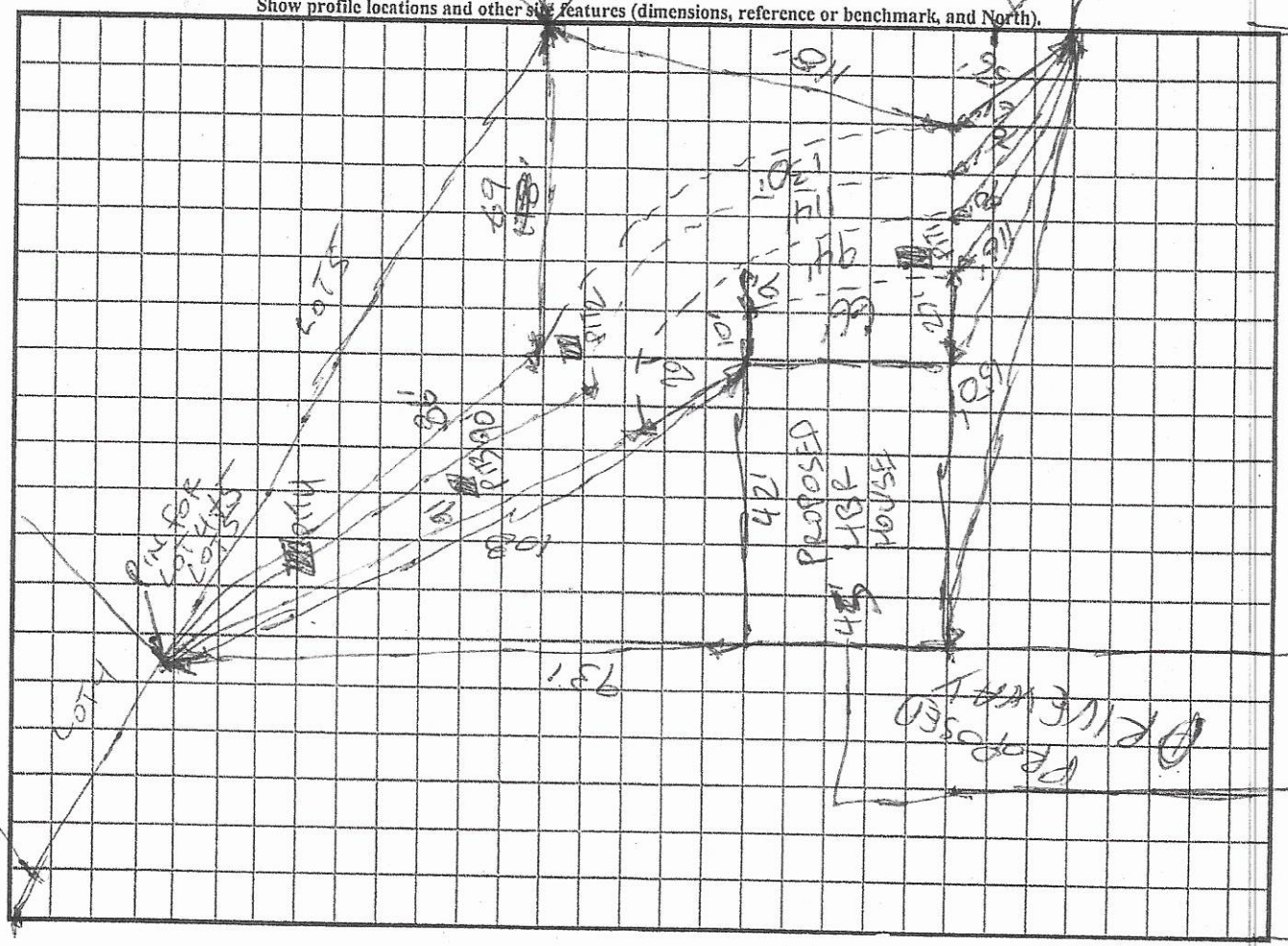
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



TO N.C. ROAD

RECEIVED JAN 12 2021

BW

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Paid $320.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-309949

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Sebastian Rivera Address: 196 Brick Creek Dr Zip: 28166
Applicant Email: riverafamily1226@gmail.com Phone: 704-905-4688 Alt. Phone: _____
Owner Name: Sebastian Rivera Address: 196 Brick Creek Dr Zip: 28166
Owner Email: riverafamily1226@gmail.com Phone: 704-905-4688 Alt. Phone: _____

Property Information:

Street Address: 539 Morrison Farm rd
Subdivision Name: Falls Park Section/Phase: _____ Lot Number: 38
Driving Directions: Corner off Roundstone Rd on Morrison Farm

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 5
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) Existing Well ( ) Community Well (✓) City Water ( ) 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 (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) 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.

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

01/11/2021
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, JOHN KINDLEY, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) 4629852619, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Sebastian Rivera, 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: 8/11/20

Signature of Witness — Date: 8/11/20

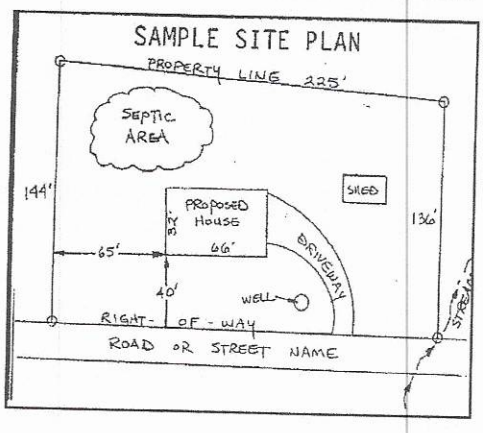
Please return this signed form to the appropriate office:

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:

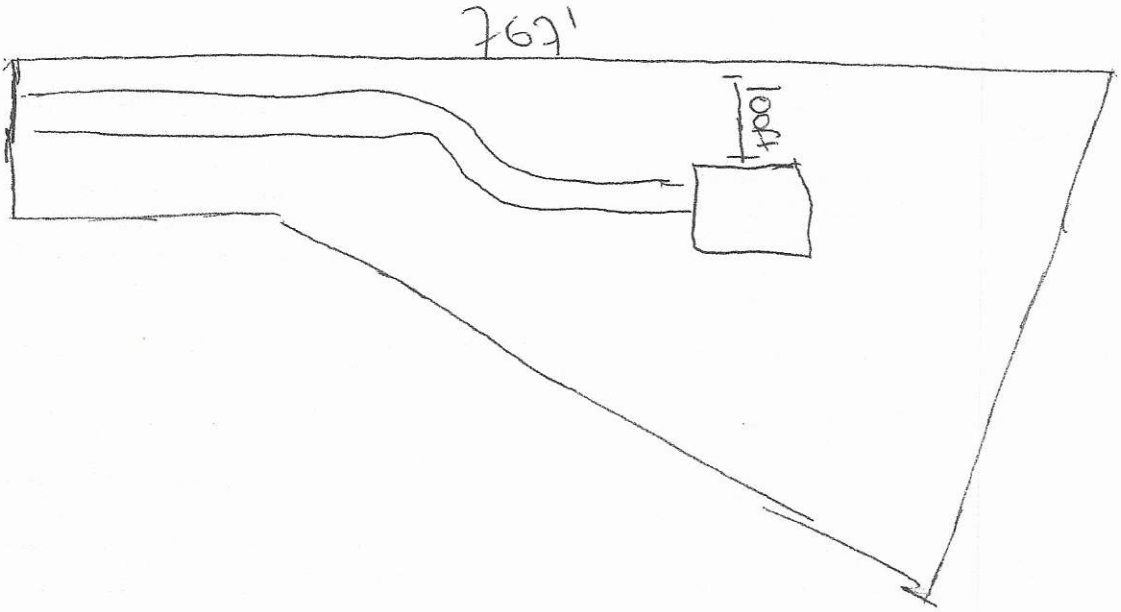
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator 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

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



Signature: _____

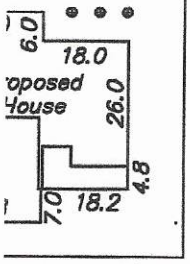
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6/11/2021
DATE

survey is of an existing
or parcels of land.
by coordinate method.
Title Commitment was
l or reviewed.

LANCE D. SCHAMBACK
SEAL L-4295
LAND SURVEYOR

g Detail
o Scale



#4 Rebar Found
28.90
#4 Rebar Found
Remainder Tract
Falls Park
P.B. 66, Pg. 58
35' Setback
163.10
394.13 Total
S15°34'11"W
#4 Rebar Found
P.B. 64, Pg. 43
270' Overhead Electric
Transmission Line R/W
P.B. 55, pg. 53
Concrete Nail Set
Lot 38
2.33 Acres
98.4
92.4
N55°22'28"E 767.50
15' Setback
56.4
202.12
Remainder Tract
Falls Park
P.B. 66, Pg. 58
N32°36'24"E 406.91 Tie
Gravel
Red
White
Blue
Red
Septic Flags
#4 Rebar Found
99.70
S84°28'05"W
#4 Rebar Found
15' Setback
183.78
S84°25'10"W
Lot 26
Falls Park
P.B. 62, Pg. 2
Morrison Farm Rd.
60' R/W
S.R. 1321
R/W
R/W
#4 Rebar Found
135.69
S84°24'11"W
#4 Rebar Found
Gravel
Lot 24
tone Dr.
R/W
L2 Tie
L1
30' Public Waterline Easement
Lot 25
237.29
S55°25'32"W
C1
Lot 26
Pavement
I.P.S.
R/W

LINE TABLE		
LINE	LENGTH	BEARIN
L1	72.79	N36°3
L2 Tie	42.61	N84°

CURVE TABLE				
CURVE	LENGTH	RADIUS	Chord Distance	Chord B
C1	74.47	1244.52	74.45	S35°1

GRAPHIC SCALE

100 0 50 100 200

(IN FEET)
1 inch = 100 ft.

Legend
R/W = Right-o
I.P.S. = #4 Reb
= Not to
= Cable E
= Utility F
= Catch B

REVISED CONSTRUCTION PLANS

GENERAL NOTES:

1. MINIMUM CEILING HEIGHT TO BE 8'-1 1/8"
2. WINDOW & EXTERIOR DOOR HEADER HEIGHT TO BE 6'-10 5/8" UNLESS NOTED OTHERWISE (EXCEPTIONS ARE O.H. GARAGE DOOR, GARAGE ENTRY DOOR.)
3. ALL TUBS/SHOWERS ARE TO HAVE NAILERS AT FLANGE.
4. ALL PLUMBING FIXTURES SHOWN ARE REPRESENTATIVE OF SIZE AND LOCATION ONLY. ACTUAL STYLE & BRAND OF FIXTURES MAY VARY PER BUILDING LOCATION.
5. ALL HATCHED WALLS REPRESENT INTERIOR LOAD BEARING WALLS TYP.
6. ALL DASHED WALLS REPRESENT PARTIAL HEIGHT WALLS. HEIGHT OF WALL WILL BE PER PLAN. EX.
7. CLOSET SHELF HEIGHT ABOVE FLOOR WILL BE: 65" FOR SINGLE & 42"/84" FOR DOUBLE TYP.

THE FINAL PLANS ARE INTENDED TO ACCURATELY REFLECT THE HOME PRICING AGREEMENT. IN THE EVENT THAT THERE IS A MISMATCH, THE HOME PRICING AGREEMENT SHALL OVERRIDE THE FINAL PLANS. PLEASE REVIEW BOTH DOCUMENTS.

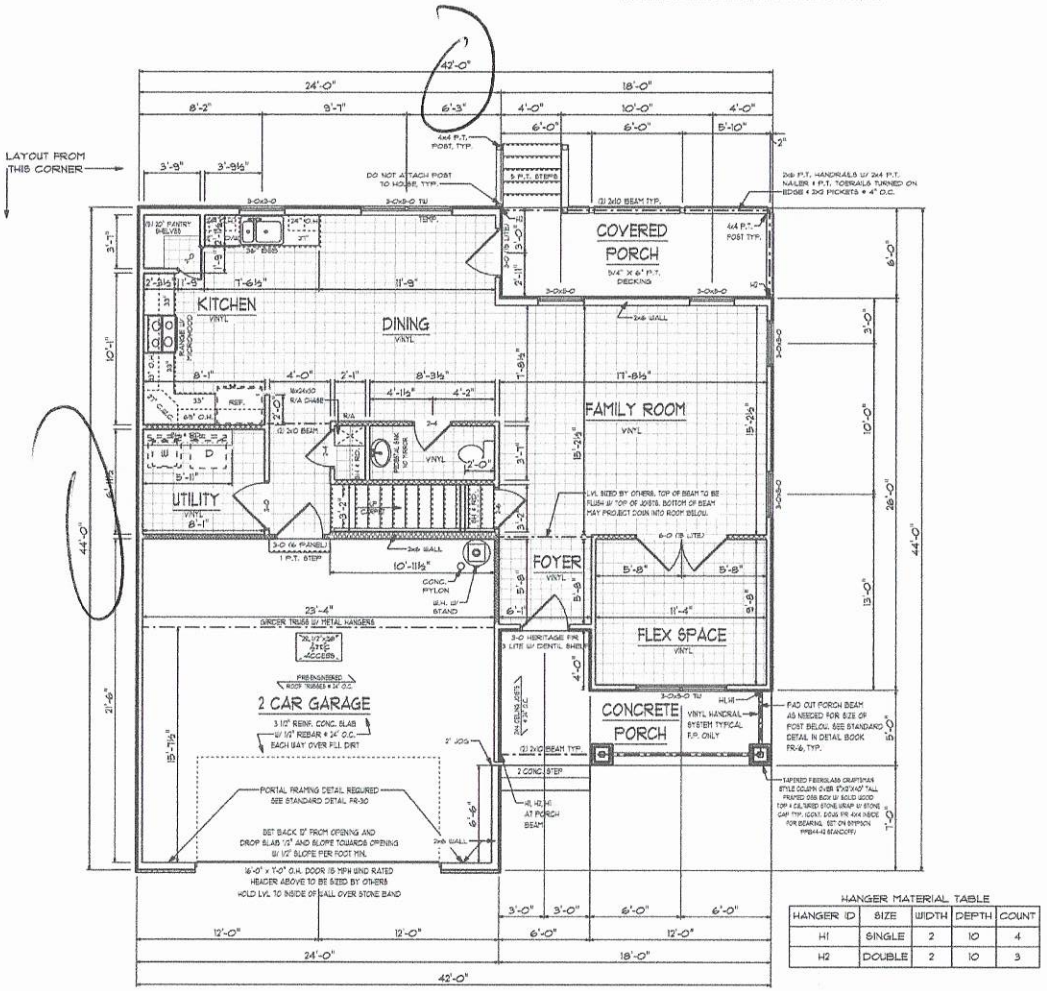
CUSTOMER SIGNATURE

CUSTOMER SIGNATURE

Acknowledgement Of Plans Submittal ONLY!

Date 12-3-2020

Date 12-3-2020



HANGER MATERIAL TABLE

HANGER ID	SIZE	WIDTH	DEPTH	COUNT
H1	SINGLE	2	10	4
H2	DOUBLE	2	10	3

1 / A-3 FIRST FLOOR PLAN
SCALE: 1/8"=1'-0"

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REVISED: 3.16.2016

CONTACT INFORMATION
PHONE: (877)358-8199
WEBSITE: SEDGEWICKHOMES.COM

SEDGEWICK HOMES

SALES
SOLD BY: JUSTIN FELDMAN

PLAN SETS

SALES: H.SHUFORD	9.24.20
CONSTRUCTION: E. FROST	11.6.20
REVISED: H.SHUFORD	11.11.20
??	
??	
??	

SQUARE FOOTAGES:

1ST FLR HEATED:	974
2ND FLR HEATED:	1100
TOTAL HEATED:	2166
GARAGE:	526
FRONT PORCH:	114
REAR PORCH:	106
TOTAL SQFT:	2912

SEDGEWICK HOMES PROUDLY PRESENTS THE ANNANDALE, OAK SERIES TO:

SEBASTIAN RIVERA-LOPEZ

JOB #: 0320023

TBD MORRISON FARM ROAD, TROUTMAN, NC 28166

SHEET NUMBER A-3 OF SIX

REVISED CONSTRUCTION PLANS

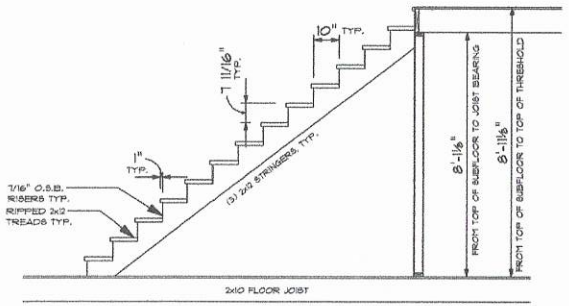
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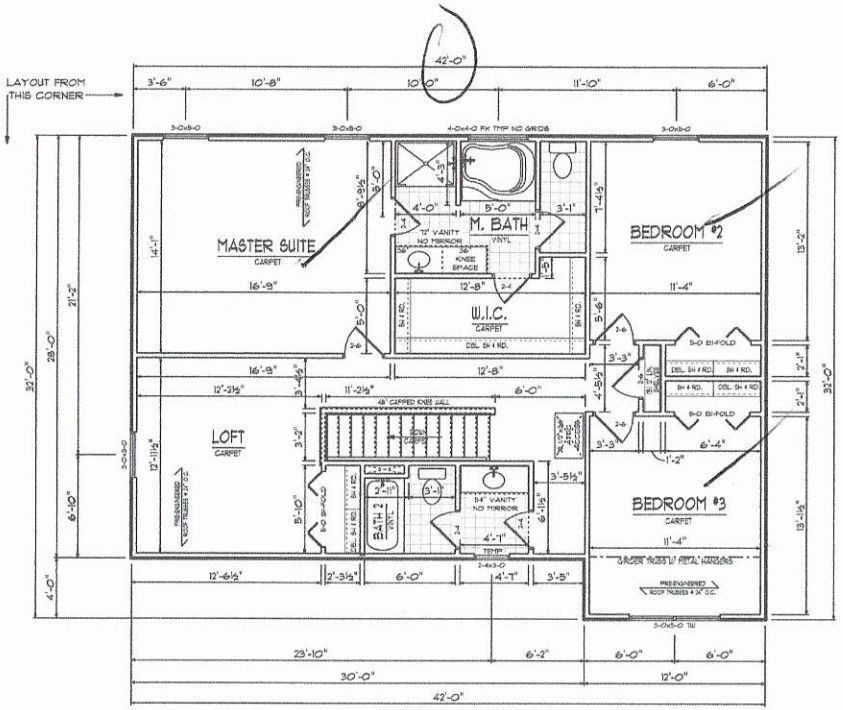
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CUSTOMER SIGNATURE

CUSTOMER SIGNATURE



2 / A-4 STAIR DETAIL
SCALE 1/4"=1'-0"



1 / A-4 SECOND FLOOR PLAN
SCALE: 1/8"=1'-0"

Acknowledgement Of Plans Submittal ONLY!

Date 12-3-2020

Date 12-3-2020

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REVISED: 3.16.2016

CONTACT INFORMATION
PHONE: (877)358-9199
WEBSITE: SEDGEWICKHOMES.COM

SEDGEWICK HOMES

SALES
SOLD BY: JUSTIN FELDMAN

PLAN SETS
SALES: H.SHUFORD 9.24.20
CONSTRUCTION: E. FROST 11.6.20
REVISED: H.SHUFORD 11.11.20
??
??
??

SQUARE FOOTAGES:

1ST FLR HEATED:	974
2ND FLR HEATED:	1190
TOTAL HEATED:	2164
GARAGE:	626
FRONT PORCH:	114
REAR PORCH:	108
TOTAL SQFT:	2912

SEDGEWICK HOMES PROUDLY PRESENTS THE ANNANDALE, OAK, SERIES TO:

SEBASTIAN RIVERA-LOPEZ

JOB #: 0320023

TBD MORRISON FARM ROAD, TROUTMAN, NC 28166

SHEET NUMBER A-4 OF SIX

Zoning Permit # 309949

Fee $226.60 **Code 104**

See reverse for new construction.

Zoning Permit

LOCATION	**Date (mm/dd/yy)**	08/11/20	**Tax Parcel #**	4629852619.000
	Business Name or Property Owner	FALLS PARK LLC		
	Street Address & Lot Number	MORRISON FARM RD 38		
	Business Type and/or Project Description	SFR		
APPLICANT	**Applicant**	Sebastian Rivera	**Preferred Phone**	
	Address City/State/Zip	196 Brook Creek Drive Troutman , NC 28166		
	E-Mail			
	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. 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	**TL: YES | ETJ: NO**	Plans Attached	**YES**
	Utilities			Floodplain	**NO**
	Permitted Use of Property	SFR			
	Minimum Setback Requirements	Front 25 , Rear 25 , Left Side 15 , Right Side 15 , *Setback measure from nearest projecting point of structure to Property Line.*			
	Comments:				

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.

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.

Signature of Zoning Adminstrator