IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217700

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

PIN # 4635130245

APPLICANT/OWNER: ARH Bluefield Builders APPLICANT ADDRESS: 127 Promenade Dr #B Mooresville, NC 28117

SITE ADDRESS: 106 Vineyard Dr. Mooresville, NC PHONE: 704 746-3536 ALT. PHONE 704 361 6402

SITE DIRECTIONS: Brawley School Rd TR The Point Dr TL Meeting Circle TL Vineyard on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Point ON NORMAN SECTION: A LOT# 38 LOT AREA: .73 Acre DESIGN FLOW: 480gpd L.T.A.R.: .3

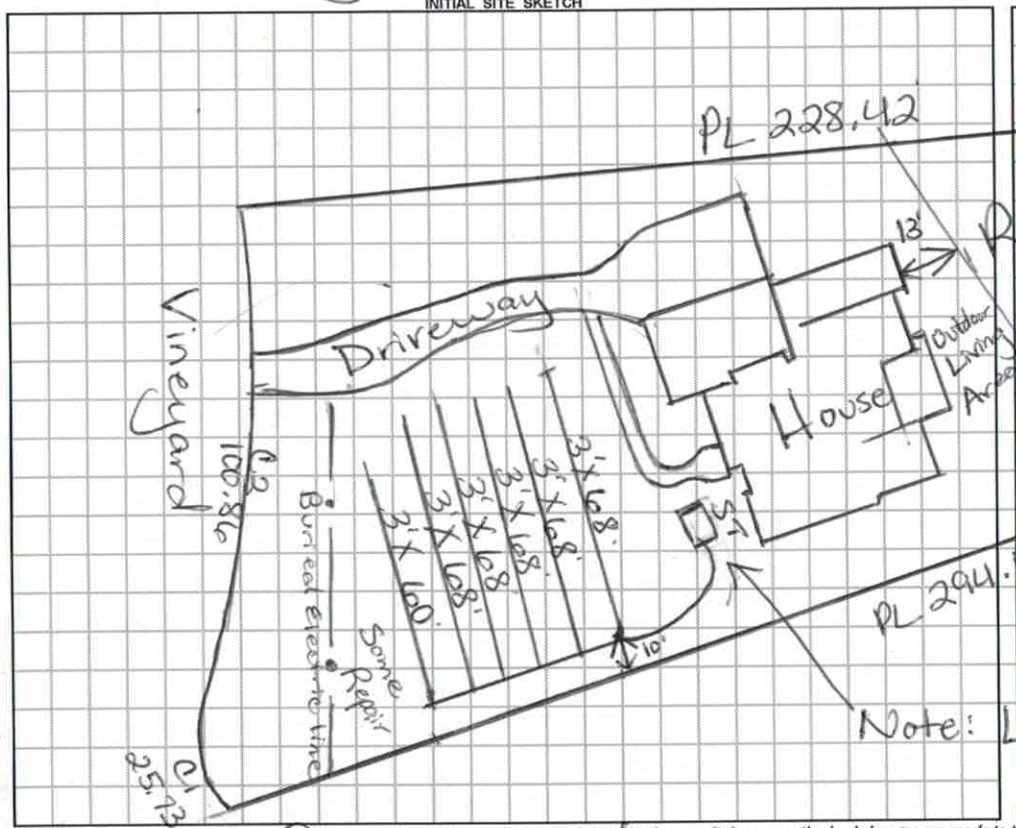
Septic Tank	min 1000 (gal)	STB	338	Date	7-29-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	Gravity - 25% Reduction			☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	LPP PBPS			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft	400'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	36"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Refer to Crescent Communities On Site Sewage Disposal guidelines for ST size

Used Quick 4 Installed as drawn

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50

Note: Leave room for future Pump tank (PT)

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: 10/17/17 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Maria Colson Date: 10/9/17 OPERATION PERMIT by: Maria Colson Date: 10/31/17

AUTHORIZATION TO CONSTRUCT by: Maria Colson Date: 10/12/17 Existing System Inspected by: Date:

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

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____

PROPERTY ID #: ____

COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Mike Ackerman/Bluefield Bld APPLICATION DATE

ADDRESS: DATE EVALUATED: 1/23/16

PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480gpd PROPERTY SIZE: ____

LOCATION OF SITE: The Point #38 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
	5%	0-12"	Brw SCL	w SBK SS, SP, FR					PS
		12-38	RC	m SBK SS, SP, SExP, FR					.3
		38-48"	R CL	w SBK SS, SP, SExP, FR				w few	
			SAP	Inclus					
	5%	0-10"	Brw	SCL w SBK SS, SP, SExP, FR					PS
		10-32	RC	m SBK SS, SP, SExP, FR					.3
		32-48"	R to U/R	CL SS, SP, SExP, FR					
			w/ Inclus of SAP						
	Repair 4%	0-11"	Brw	SCL w SBK SS, SP, SExP, FR					PS
		11-36	RC	m SBK SS, SP, SExP, FR					.3
		36-48"	R/C	CL SS, SP, SExP, FR					.25
			"Water in hole @ 38"						
		Note:	Heavy rain for past 2 days/						No color changes
	3%	0-10"	Brw	SCL SS, SP, SExP, FR					
		10-38	RC	m SBK SS SP SExP FR					PS
		38-48"	R/UR	C w SBK SS SP SExP, FR					.3
			w/ few	SAP Inclus					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	50% Red	50% Red
Site LTAR	.3	.3-.25

OTHER FACTORS (.1946): ____

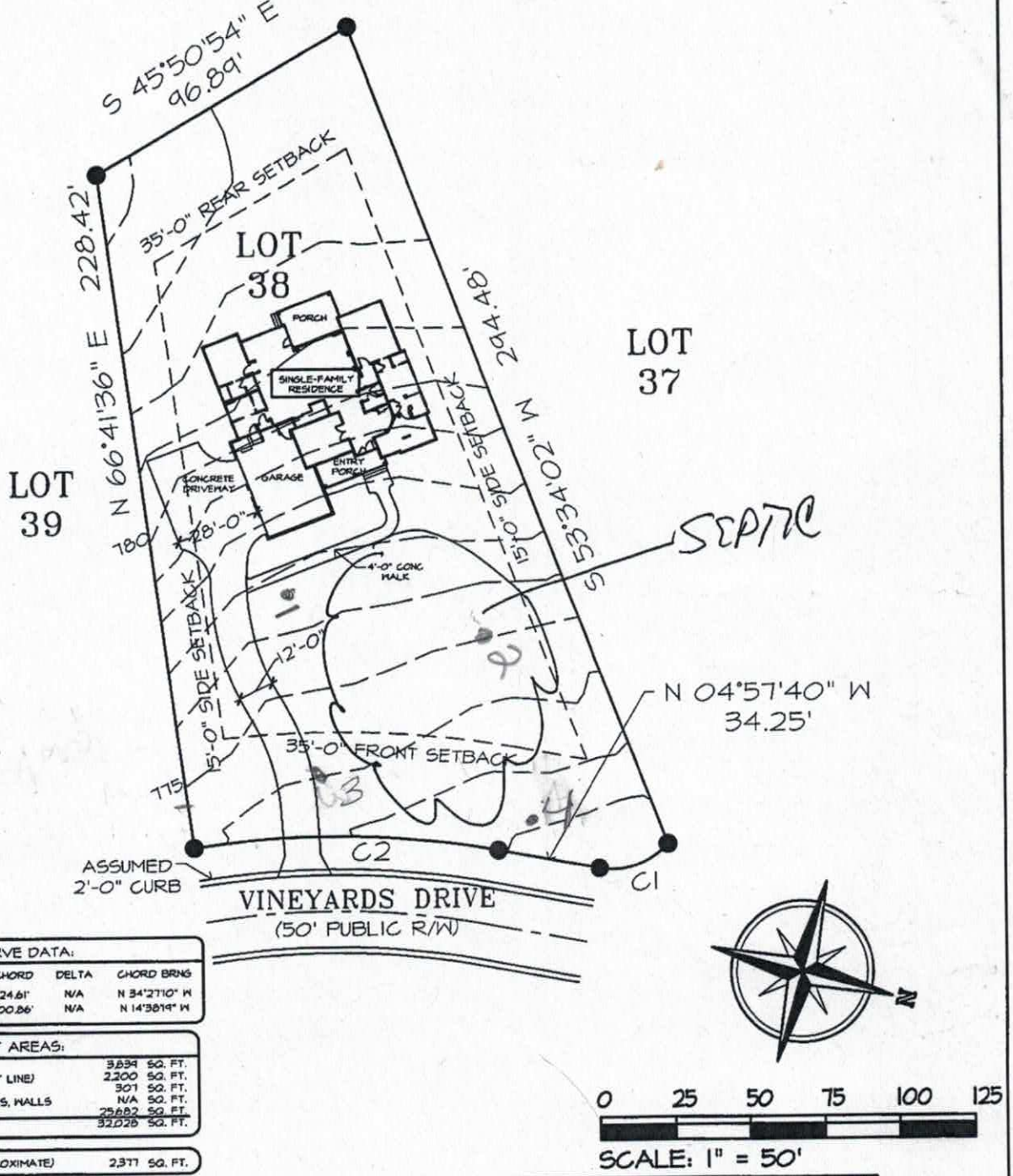
SITE CLASSIFICATION (.1948): ____

EVALUATED BY: Maria Dotson

OTHER(S) PRESENT: ____

COMMENTS: ____

Arthur Rutenberg Homes



CURVE DATA:					
CURVE	RADIUS	LENGTH	CHORD	DELTA	CHORD BRNG
C1	25.00'	25.73'	24.61'	N/A	N 34°27'10" W
C2	300.00'	101.34'	100.86'	N/A	N 14°38'19" W

LOT AREAS:	
HOUSE	3,839 SQ. FT.
DRIVEWAY (TO PROPERTY LINE)	2,200 SQ. FT.
WALKWAY	301 SQ. FT.
CONCRETE PAD, PLANTERS, WALLS	N/A SQ. FT.
PERVIOUS	25,682 SQ. FT.
TOTAL	32,028 SQ. FT.

TOTAL DRIVE WAY (APPROXIMATE)	2,377 SQ. FT.

This plan is the sole and exclusive property of Arthur Rutenberg Homes, Inc.
The reproduction, use or modification of this plan, for any purpose other than building a home with Arthur Rutenberg Homes or its authorized franchisees, is strictly prohibited.

Note: Plan information is conceptual only. Certain items may be changed at production stage.

Franchise: #98 Bluefield Builders, LLC
File # : Ackerman/Braun-D 1131F-L-03-3S
Drawn By: BSC
Date: November 8, 2016

A Custom Residence for:

Mr. Ackerman and Ms. Braun

The Point, Phase 1A, Lot 38

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: Nancy Baity
ADDRESS: _____
APPLICATION DATE: 8/1/07
DATE EVALUATED: 8/1/07
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: _____
LOCATION OF SITE: The Point Lot 38
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)		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 5%	0-18	wSbk Red C	Pr SS Sp Sexp	com. sap				PS .3
		18-33	mSbk Red C	Pr SS Sp Sap					
		33-48	mSbk Red C	Pr SS Sp Sexp					
2	L 2-5%	0-16	mSbk C	Pr SS Sp Sexp	Pew Sap com-many Sap.		S		PS .3
		16-26	mSbk C	Pr SS Sp Sexp					
		26-48	mSbk C/cl	Pr SS Sp Sexp					
3	Previous	Expired Permit	see attachment						
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red South	Same or 50% if pumped
Size (LTAR)	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Anthony Cohen
OTHER(S) PRESENT: Nancy Baity

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION

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)

GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*
I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4
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
IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None

MINERALOGY/ CONSISTENCE

NEXP (Non-expansive)
SEXP (Slightly Expansive)
EXP (Expansive)

STRUCTURE

G (Single Grain)
M (Massive)
CR (Crumb)
GR (Granular)
SBK (Subangular Block)
ABK (Angular Blocky)
PL (Platy)
PR (Prismic)

MOIST

VFR (Very Friable)
FR (Friable)
FI (Firm)
VFI (Very Firm v. Very Sticky)
EFI (Extremely Firm)

WET

NS (Non-sticky)
SS (Slightly Sticky)
S (Sticky)
VS (Very Sticky)
NP (Non-plastic)
SP (Slightly Plastic)
P (Plastic)
VP (Very Plastic)

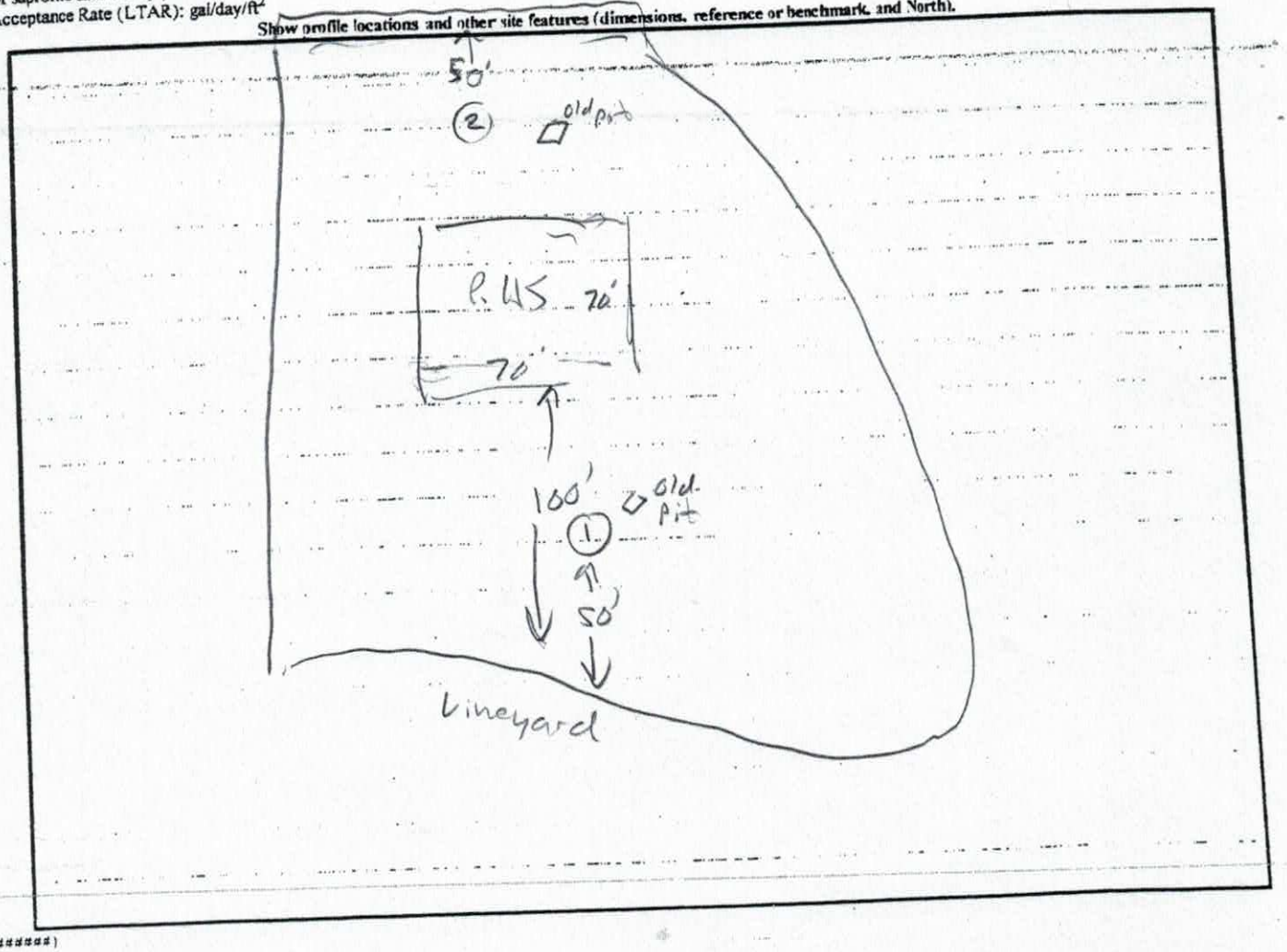
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

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/ft²

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



DENR (######)
Review (#####)

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

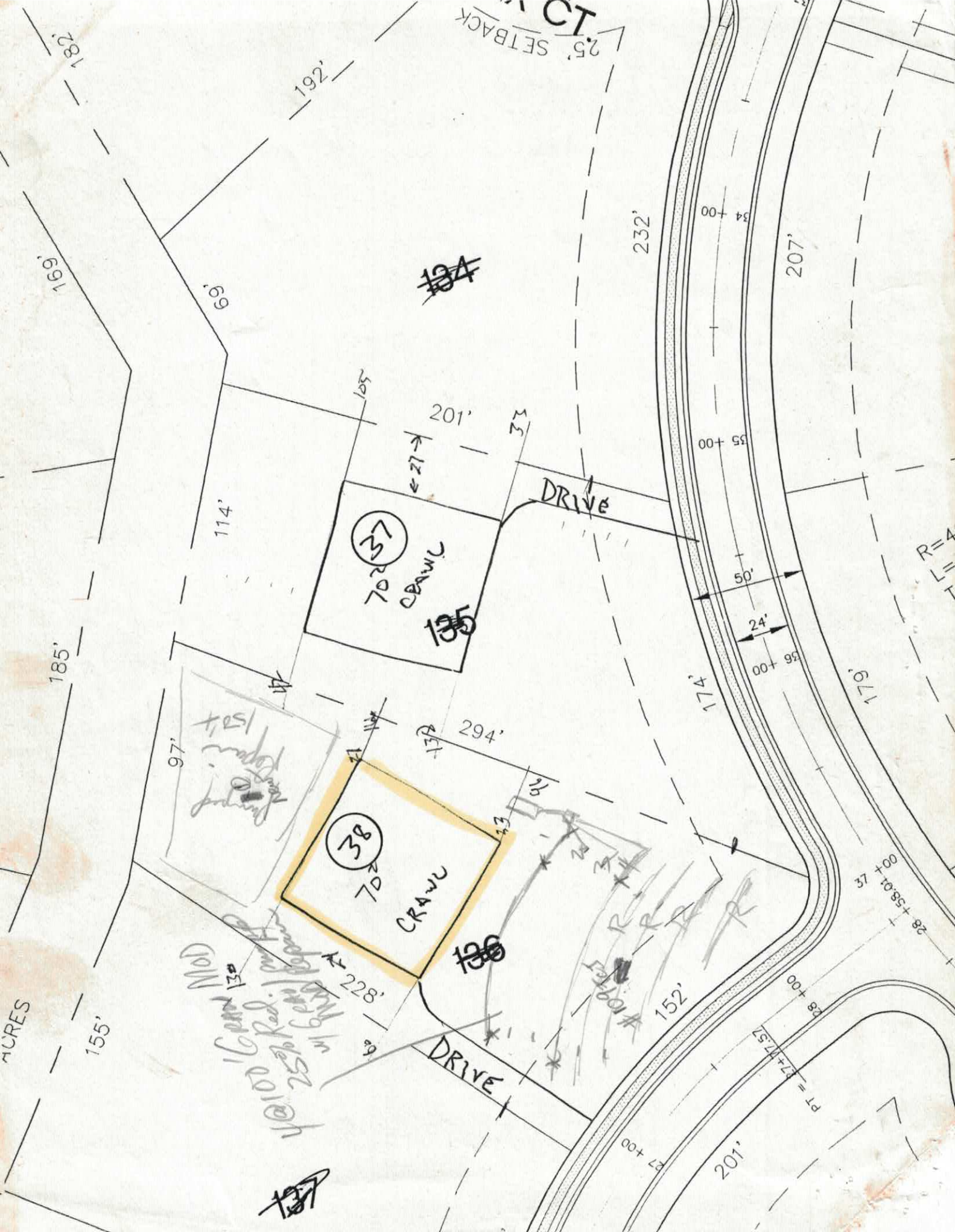
OWNER: OPT APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 3-21-98
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 38 The Pond PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☑ Public ☑ Well ☐ Spring ☐ Other _____
EVALUATION 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	1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS 1942 SOIL WETNESS/ COLOR	1943 SOIL DEPTH	1956 SAPRO CLASS	1944 RESTR. HORIZ	PROFILE CLASS & LTAR
1	<15%	0-5	gravelly br sl	fr					PS .35
		5-26	mfsbk	RC fr SSSPSOP					
		26-47	m-wksbk	YR CL fr SSSPSOP					
				mdSOP					
2	#109	0-5	brn sL						PS .3
		5-40	mfsbk	RC/CL frSSSP few mdSOP					
		40-50	m-wksbk	YR CL frSSSPSOP					
			common md SOP						
3									
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: _____


CT.
25' SETBACK
182'
192'
169'
69'
134
232'
207'
201'
105'
37'
27'
DRIVE
114'
37
70
CRAWL
135
185'
50'
24'
174'
179'
97'
294'
38
70
CRAWL
136
228'
152'
DRIVE
155'
137
201'

Intermediate Re-layout

RECEIVED SEP 28 2017

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $320.00 EFT

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 # 217700

The following optional attachments may also be submitted: ( ) 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 feet

****

Applicant Information: (PRINT CLEARLY)

Applicant Name: ARH Bluefield Builders Address: 127 Promenade Dr. #B Mooresville NC Zip: 28117

Applicant Email: dhardy@arhomes.com Phone: 704-746-3536 Alt. Phone: 704 361 6402

Owner Name: Mike Ackerman Address: 2884 Columbia Trail Loveland OH Zip: 45140

Owner Email: rmikea@aol.com Phone: 513-378-6031 Alt. Phone: _____

****

Property Information:

Street Address: 1016 Vineyard Dr. Mooresville NC 28117

Subdivision Name: The Point Section/Phase: 1A Lot Number: 38

Driving Directions: _____

****

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: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

****

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: _____ SEPT 27, 17
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, Robert M Ackermann, am the legal owner(s) of the property located at 106 Vineyard Dr Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4635-13-0245.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Bluefield Builders Tom Hrndt, 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.

Robert M Ackermann 12/9/16 — Signature of Owner(s) — Date
Judith Brown 12-19-16 — Signature of Witness — Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
HYPERLINK "mailto:ronda.hart@co.iredell.nc.us" ronda.hart@co.iredell.nc.us
adrienne.shea@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

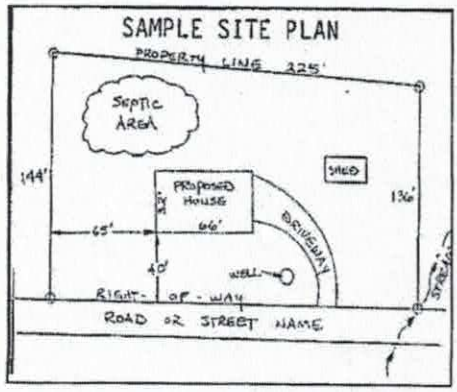
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- NA( ) Preferred well location
- (✓) Preferred septic system location
- (✓) North arrow, or other sufficient indicator of direction

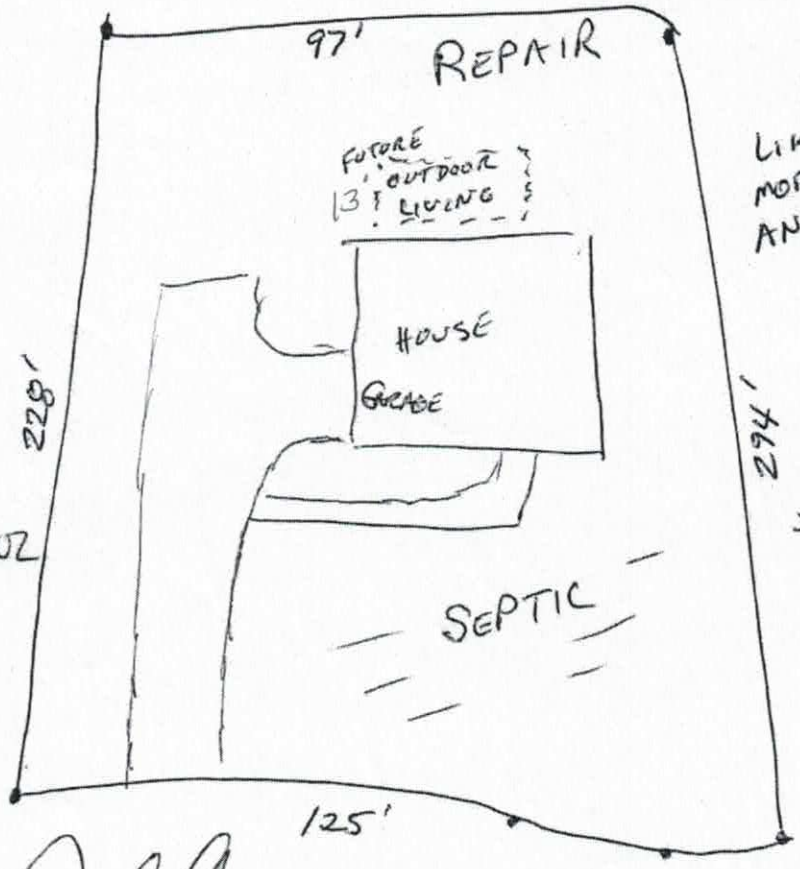


Circle N/A on the following if appropriate:

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



Please Contact David Timmerman when anyone goes out 704-364-6402

HOMEOWNER WOULD LIKE TO RE-DRAW FOR MORE DRIVEWAY ROOM AND POSSIBLE 25% SYSTEM

*SEPTIC LINES SHORTER THAN EXISITING PLAN OF 90'

NORTH

Signature: _____ SEPT 27, 17

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

Acknowledgement of
Plans Submittal ONLY!

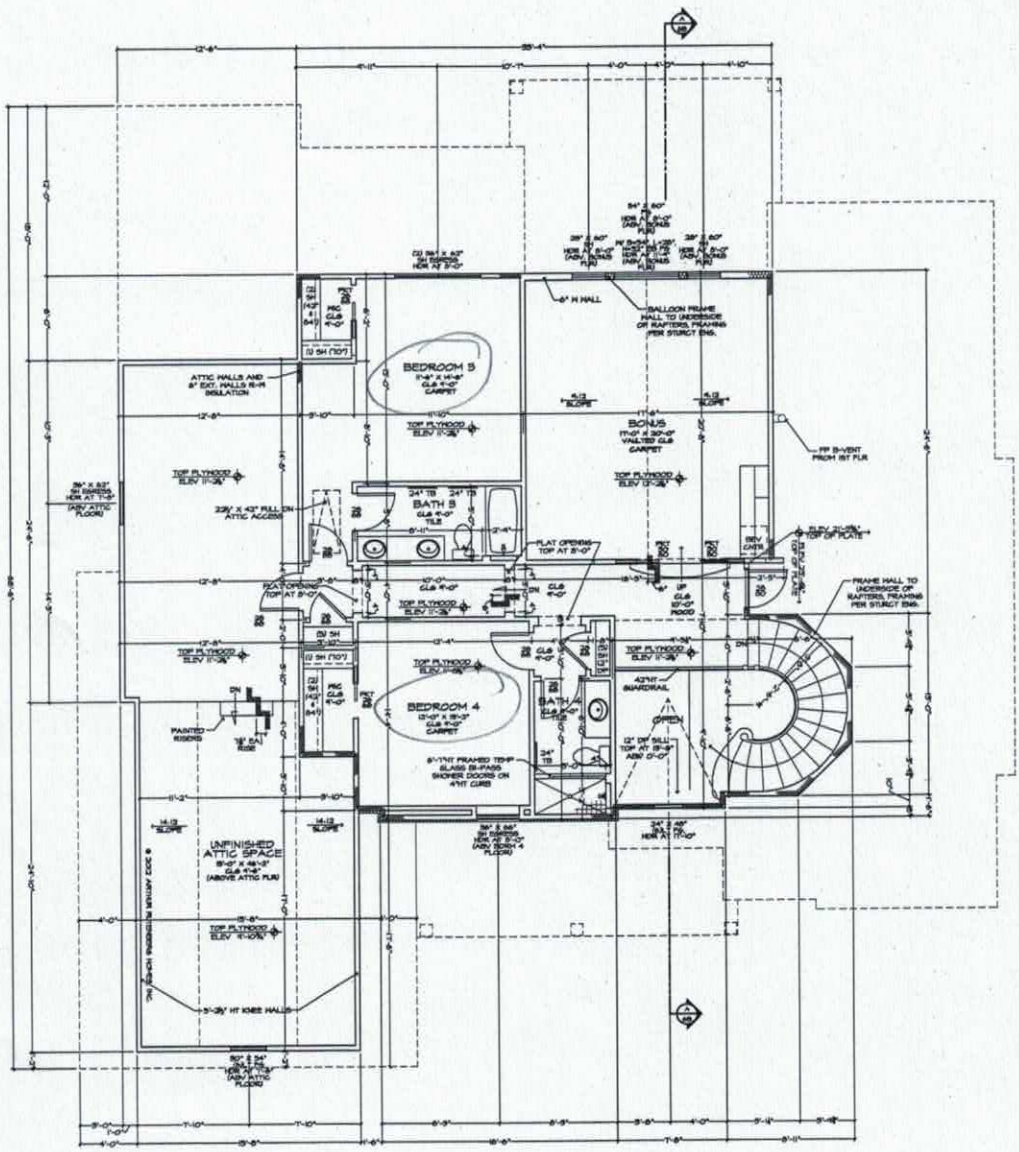
Date 1/31/17

Date 1/31/17

Acknowledgement of
Plans Submittal ONLY!

Date 10/12/17

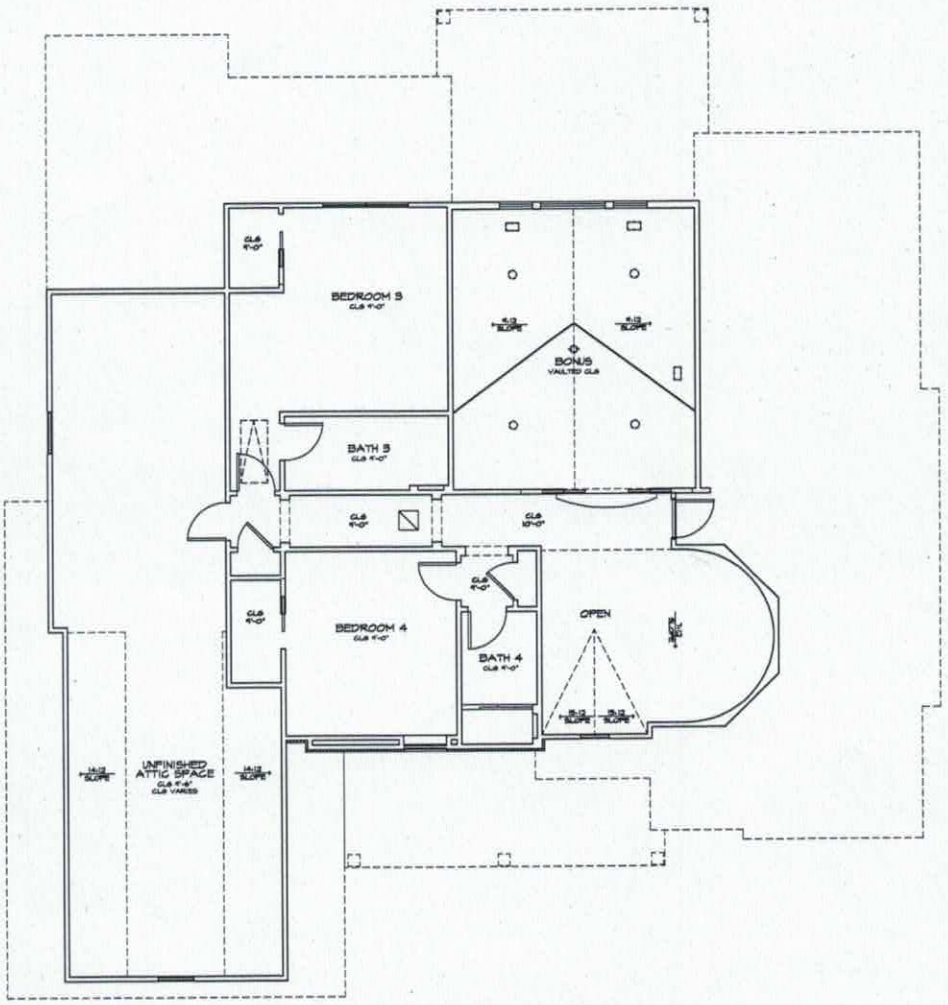
Date


BEDROOM 5
BONUS
BATH 3
BEDROOM 4
UNFINISHED ATTIC SPACE
BALLOON FRAME WALL TO UNDERSIDE OF RAFTERS, FRAMING PER STRUCT ENG.
FRAME WALL TO UNDERSIDE OF RAFTERS, FRAMING PER STRUCT ENG.
ATTIC WALLS AND 9" EXT. WALLS R-49 INSULATION
TOP PLYWOOD ELEV 11'-3"
TOP PLYWOOD ELEV 12'-3"
TOP PLYWOOD ELEV 11'-9"
TOP PLYWOOD ELEV 11'-6"
TOP PLYWOOD ELEV 11'-0"
TOP PLYWOOD ELEV 9'-6"
TOP PLYWOOD ELEV 4'-0"
22"W X 43" PULL DN ATTIC ACCESS
FLAT CEILING TOP AT 9'-0"
FLAT CEILING TOP AT 8'-0"
PAINTED RISERS
42"HT GUARDRAIL
OPEN
FRP B-VENT FROM 1ST FLR
SLOPE
SEE PLAN
SEE PLAN
SEE PLAN

Acknowledgement of
Plans Submittal ONLY!

Date 1/31/17

Date 1/31/17



Acknowledgement of
Plans Submittal ONLY!

Date 12/12/17

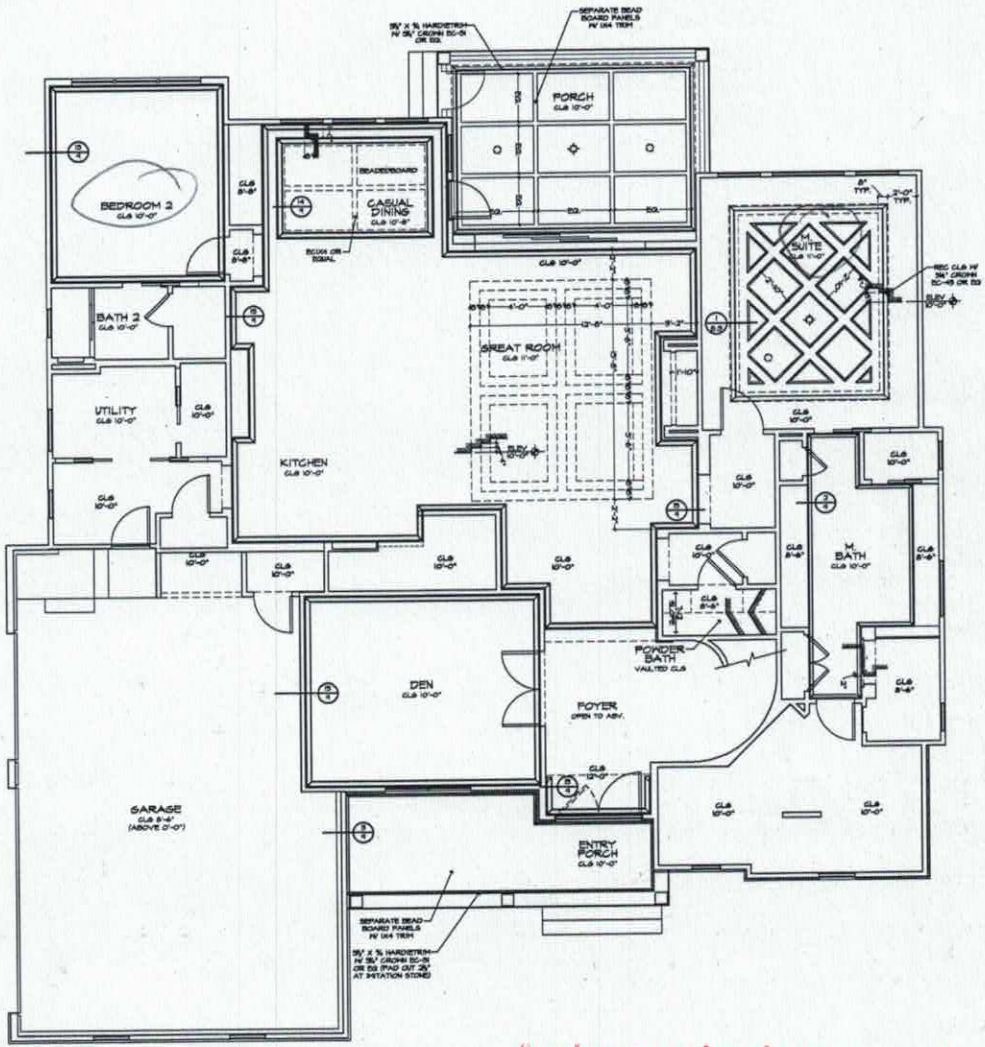
Date

S1	2ND FLOOR REFLECTED CLG PLAN	A CUSTOM RESIDENCE FOR MR. ACKERMAN & MS. BRAUN BUILDER: BLUEFIELD BUILDERS, LLC AN INDEPENDENTLY OWNED AND OPERATED FRANCHISE			Arthur Rutenberg Homes

Acknowledgement of
Plans Submittal ONLY!

Date 10/12/17

Date



Acknowledgement of
Plans Submittal ONLY!

Date 1/31/17

Date 1/31/17

1ST FLOOR REFLECTED CLG PLAN	24X36: 1/4"=1'-0" 8X24: 1/8"=1'-0"	A CUSTOM RESIDENCE FOR MR. ACKERMAN & MS. BRAUN				Arthur Rutenberg Homes
		BUILDER: BLUEFIELD BUILDERS, LLC				

IREDELL COUNTY

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

APPLICATION NUMBER
217700
Issue Date: 12/20/2016

Permit Type: ZONING-IREDELL COUNTY

Parcel Number	Street Address	Jurisdiction
4635130245.000	106 VINEYARD DRIVE	IREDELL COUNTY

Owner Information	Applicant Information	Contractor Information
Owner: SCHERER JOHN J+MARY CATHERINE	Applicant: BLUEFIELD HOMES dba AR	Contractor: BLUEFIELD BUILDERS LLC
Address: P O BOX 363 CEDARVILLE, MI 49719	Address: 127 PROMENADE DRIVE MOORESVILLE, NC 28117	Address: 127 PROMENADE DR SUITE C-2 MOORESVILLE, NC 28117
Phone:	Phone:	Phone: 704-746-3536 License Type: BLDG License Number: 71881

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.

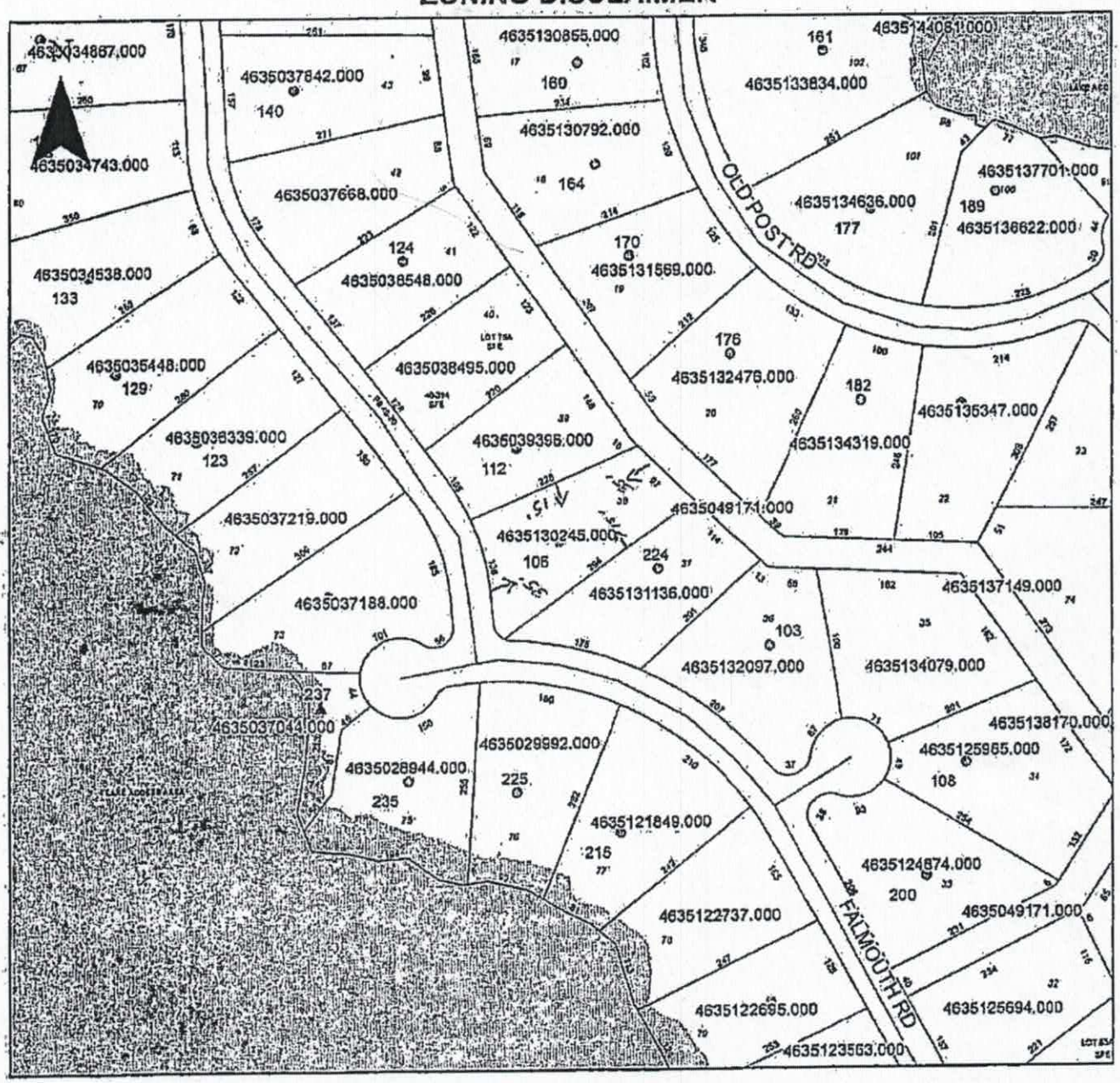
Signature of Owner/Contractor

Date: 12/20/2016

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	88704	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 104 Vineyard Dr.

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. Applicant further acknowledges that the 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

12/20/16

Date