IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 224571

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

PIN # 4636-62-3191

APPLICANT/OWNER: William O'Connell APPLICANT ADDRESS: 20211 Kawrow Cir. Cornelius

SITE ADDRESS: 237 Woodstream Cir. Mooresville PHONE: 704-904-5612 ALT. PHONE

SITE DIRECTIONS: BSR, TL Stutts, TL Woodstream Cir, on L SAP CONTROLLED: ☐ YES ☒ NO

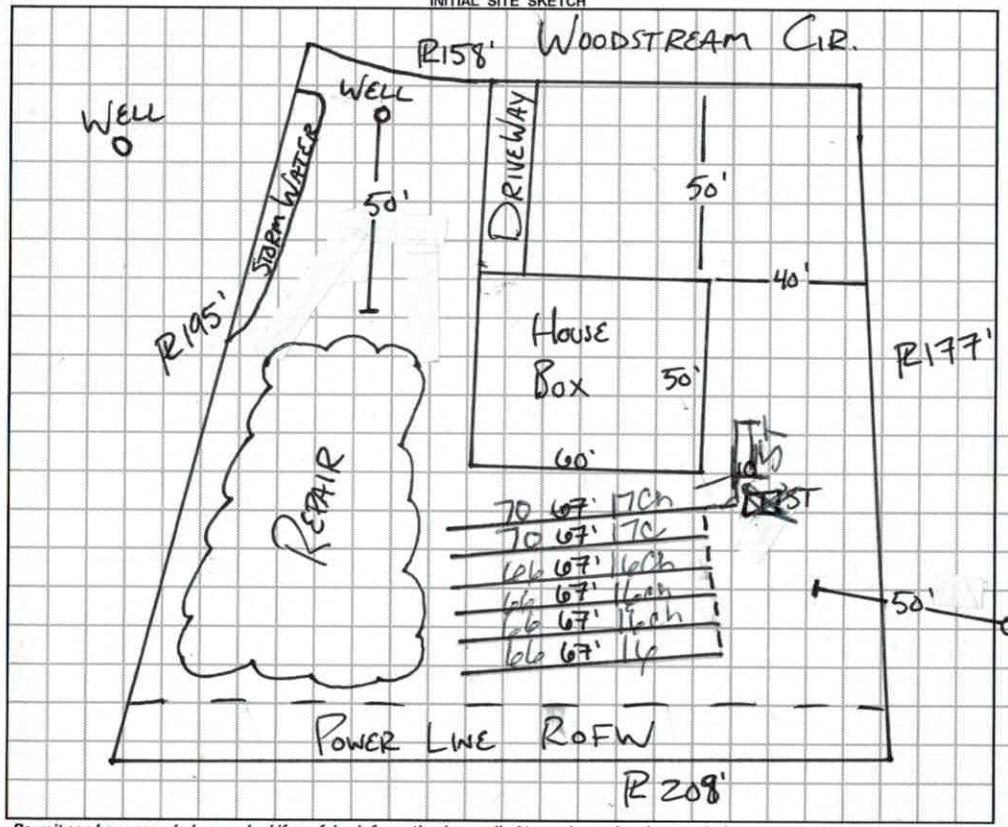
SUBDIVISION: Norman Woods SECTION: 2 LOT # 68 LOT AREA: .76 AC DESIGN FLOW: 480 L.T.A.R.: .3 (.275R)

Septic Tank	1000	(gal)	SIB	760	Date	8-19-17	☒ 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:	Panel Block			
# Nitrification Fields	1	# Lines	6 @ 67'		Linear Ft	402'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)		24"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

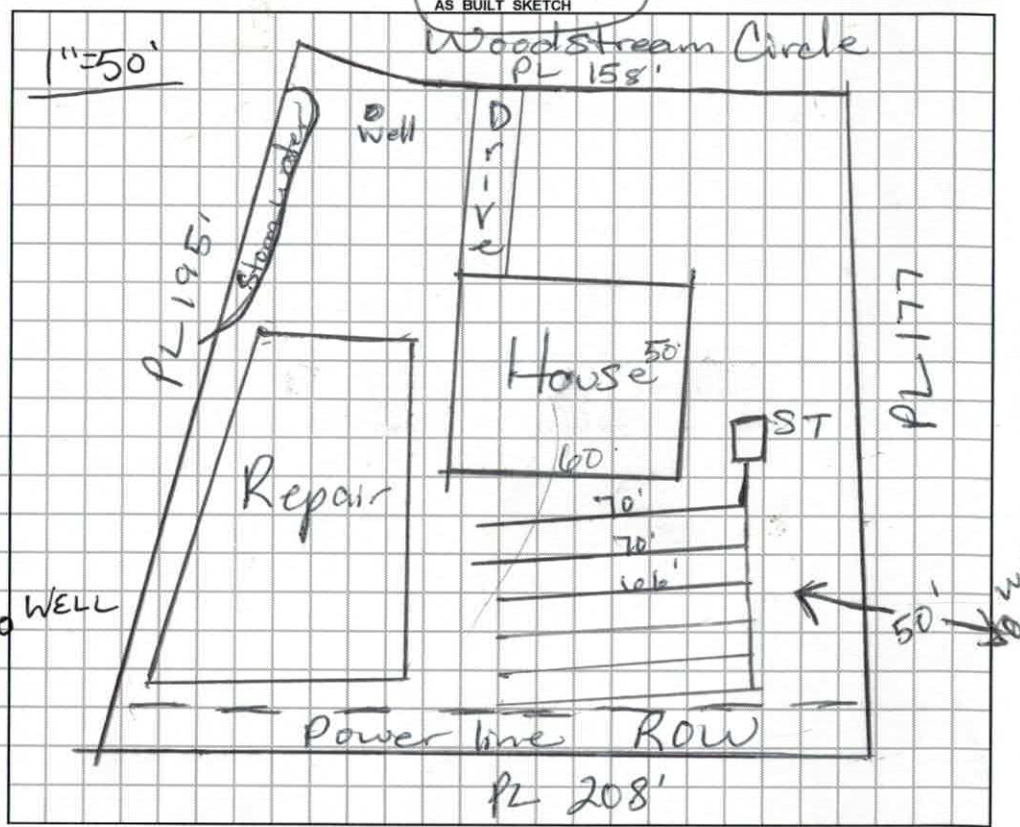
☒ Residence	No. Bedrooms	4	Water Supply		
☐ Business	No. Persons	8	☒ Private		
☐ Other	No. Employees		☐ Public		
☐ Slab	☒ Crawl Space		☐ Community		
☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions:

INITIAL SITE SKETCH



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: Bill O'Connell Date: 5-30-17 Installed by: Groundbreakers

IMPROVEMENT PERMIT by: APPROVED Date: MAY 23 2017 OPERATION PERMIT by: Maria Colson Date: 10/12/17

AUTHORIZATION TO CONSTRUCT by: APPROVED Date: MAY 30 2017 Existing System Inspected by: Date:

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet:
PIN #:
Lot #:
Permit #:
AppID:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: DAN GIBBS
Address:
Proposed Facility: SFR Design Flow (.1949): 480
Location of Site: NORMAN WOODS 68

Applicant:
Date Evaluated: ~~10/4/2018~~
Property Size: .76AC
Property Recorded: Y

Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
AB 1	L 5%	0-12	BRSCLWSBK	SS	—	50"	FEW INC	50"+	.3
		12-50	RCMSBK	SS					
AB 2	L 5%	0-10	BRSCLWSBK	SS	Y/BE MOTTS @ 27" MANY MANG FEW CHZ AROUND ROOTS				
		10-48	RCMSBK	SS					
PIT 3	L 5%	0-6	SCLWSBK	SS	FEW LITHO C BOTTOM	48"	FEW INC	48+	.3
		6-12	CLWSBK	SS					
		12-48	CMSBK	SS					
PIT 4	L 5%	0-11	SCLWSBK	SS	FEW Y/B 26-60	60"	—	60+	.275
		11-26	CMSBK	SS					
		26-60	CMABK	SS					

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR		

Other Factors (.1946):
Soil Evaluation By:
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

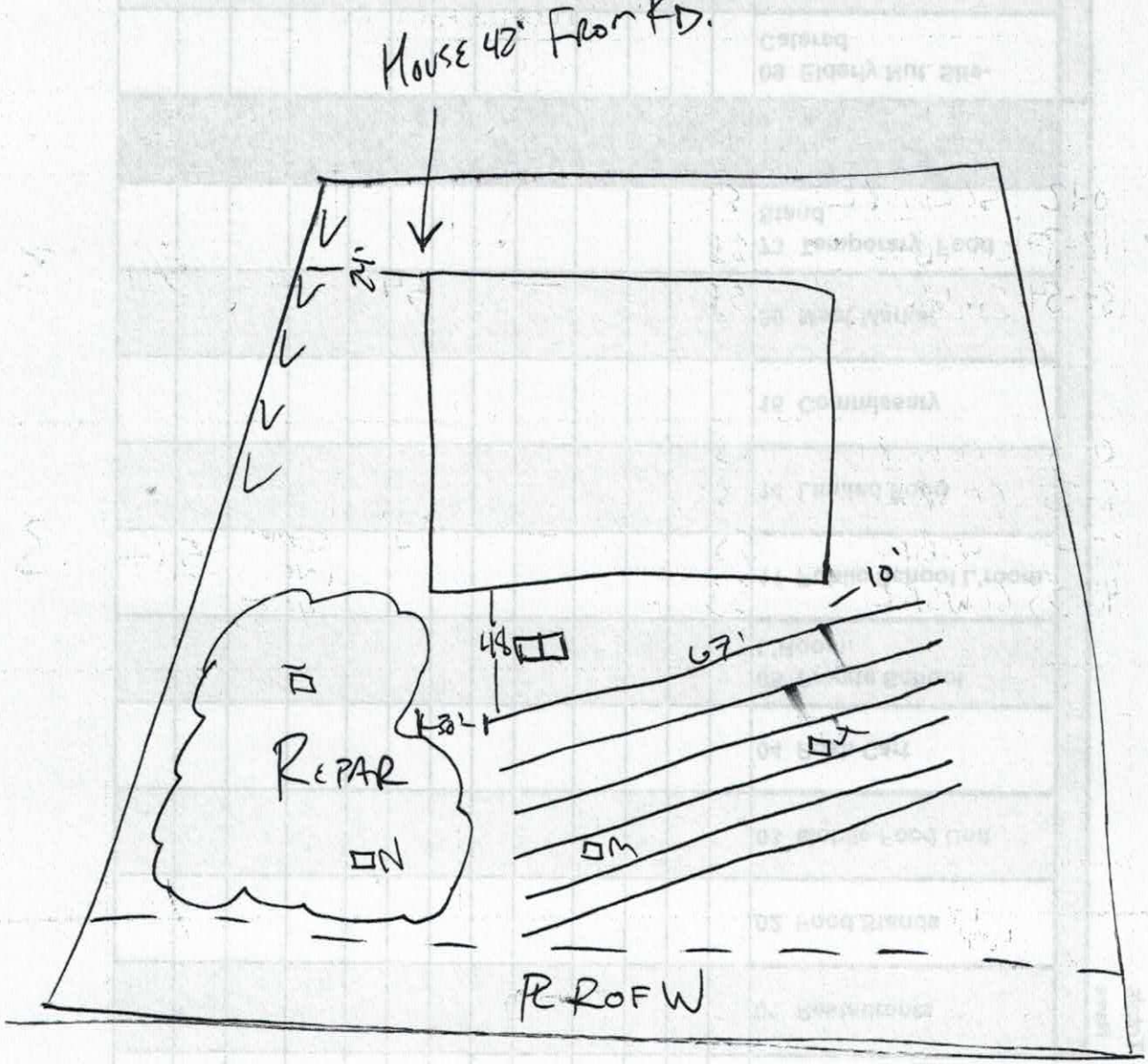
Sheet ___ of ___

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

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: _____

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
Pit 5	L 5%	0-12	SCLWSBK	SS	—	54"	—	54+	.3
		12-37	CSSBK	SS					
		37-54	CMSBK	SS					
Pit 6	L 5%	0-8	SCLWSBK	SS	—	53"	Comm Inc. 4553	53+	.3
		8-35	CMSBK	SS					
		35-45	CWSBK	SS					
		45-53	CLWSBK	SS					

COMMENTS: _____


HOUSE 42' FROM RD.
24'
10'
48'
67'
30'
REPAR
N
M
R ROF W

Revised Application

RECEIVED MAY 16 2017 OK

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)

#224571

1. APPLICATION FOR: ___Improvement Permit X 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:

William O'Connell	20211 Rainbow Cir, Cornelius, 28031	704-904-5612	
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Daniel A. Gibbs	243 Woodstream Cir Mooresville, NC 28117	704-360-4364	704-223-7108
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

Lot 68 Woodstream Cir Mooresville	Norman Woods	Plat Book 50/ Page 76
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: Brawley School Rd. West, Left on Stutts Rd. Left on Woodstream Cir., vacant lot next to 243 Woodstream Cir.

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

- (X) **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 ___

- (X) **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 ( ) Yes ( ) No **Does the site contain any jurisdictional wetlands?**
To The Best of Your Ability: ( ) 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: Daniel A. Gibbs _____ May 12, 2017

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, Daniel A Gibbs, am the legal owner(s) of the property located at Lot 68 Woodstream Cir. Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4636-62-3191, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Colony Construction, _____, 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.

Daniel A Gibbs	May 12, 2017	Beth A Gibbs	May 12, 2017
Signature of Owner(s)	Date	Signature of Witness	Date

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

RECEIVED JAN 26 2016 # 22457 / 22472

Paid $500.00

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT

(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 ___ BOTH ___ 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 ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable

3. **Applicant Information:**

Joe + Melanie Conklin	154 Wellshire St. Mooresville NC 28115		336-453-6028
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Dant Beth Gibbs	243 Woodstream Cir Mooresville NC 28117		
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

237 Woodstream Circle	Norman Woods	Lot 68
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: I 77 N to Exit 35, Left onto Brawley School Rd., Left onto Stutts Rd., Left onto Woodstream Circle. Turn Right to Stay on Woodstream Cir property is just past corner on right next to 243 woodstream

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

(X) 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 5+4
Maximum Number of Occupants 10
If Expansion, Current Number of Bedrooms ___

(X) 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:**

(X) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. **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. industry) 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.

9. **Signature:** Joe + Melanie Conklin
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1/23/17
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, Dan & Beth Gildos, am the legal owner of the property located at 237 Woodstream Circle, Lot 68, identified as PIN(Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) E. Joseph Conklin, Melanie Conklin, _____, _____, _____, 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.

Signature of Owner — 1/22/17 Date

Signature of Witness — 1/22/17 Date

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

or

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

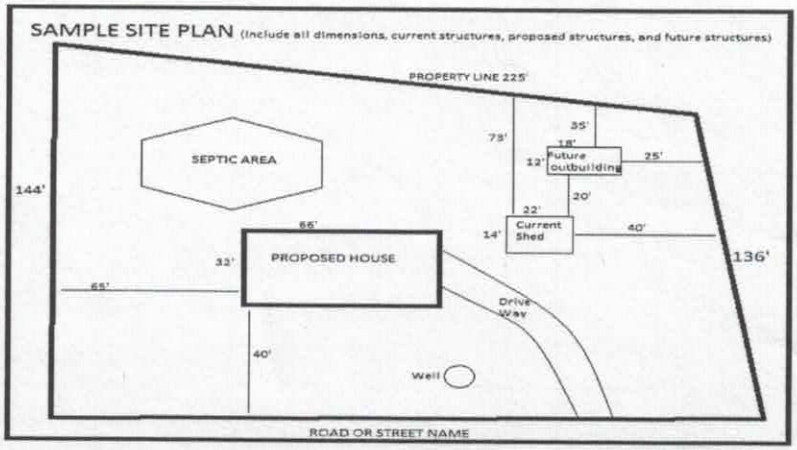
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ Area you prefer your septic system to be placed… **_____ North arrow, or other sufficient indicator of direction…**

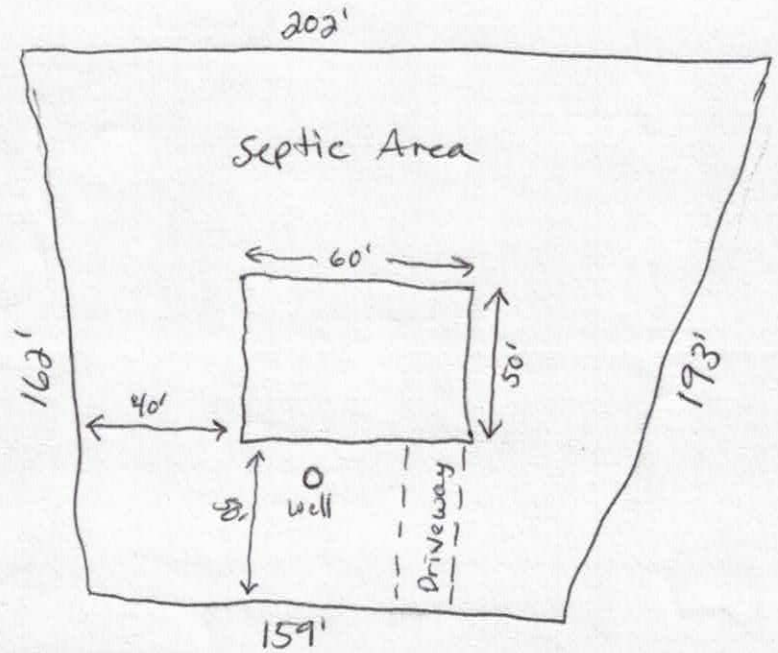
Circle N/A on the following if appropriate:

_____ 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



Signature: William O'Connell

REQUIRED **property owner or owner's legal representative signature.**

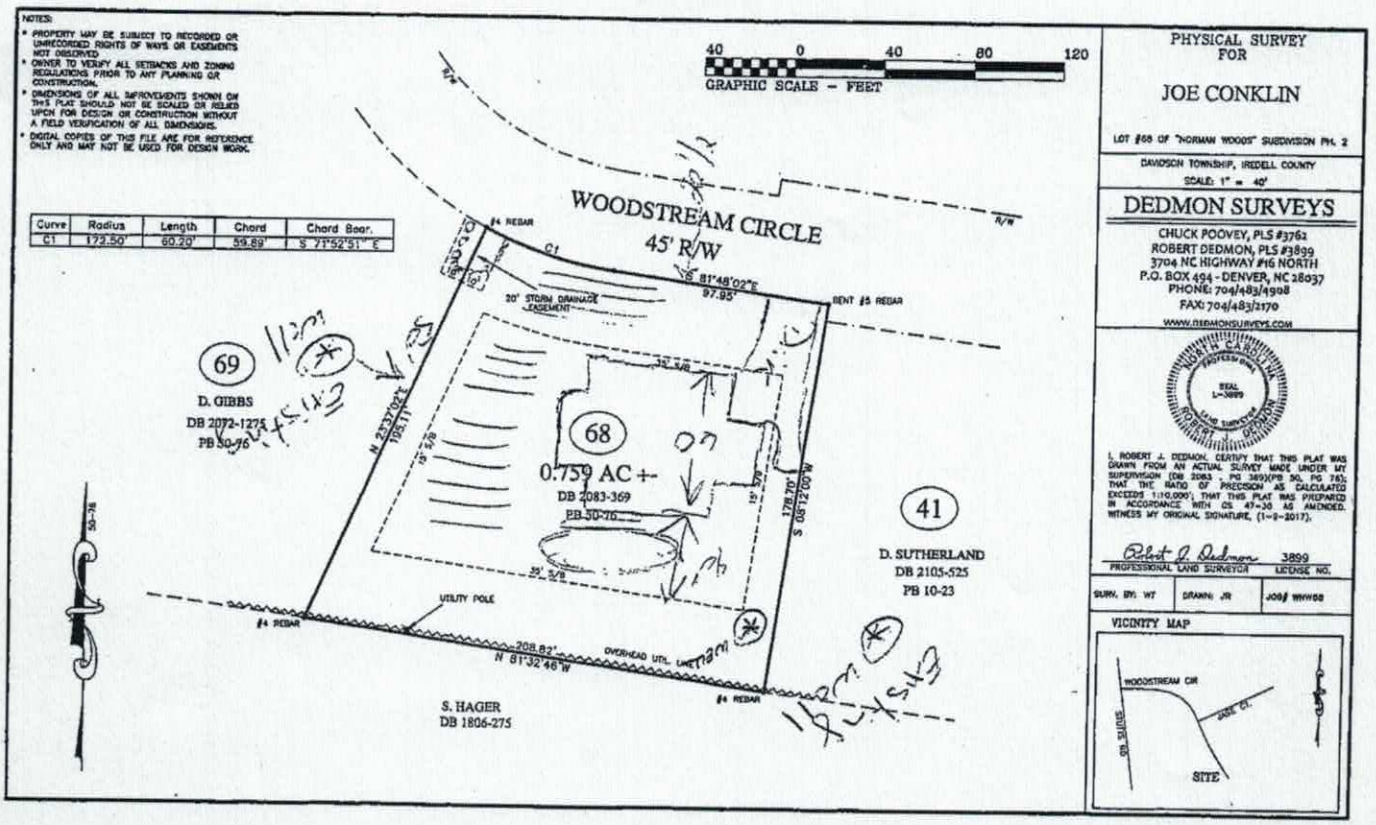
5/16/2017

DATE

septic 50' from Davis well

NOTES:
- PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS OR EASEMENTS NOT OBSERVED.
- OWNER TO VERIFY ALL SETBACKS AND ZONING REGULATIONS PRIOR TO ANY PLANNING OR CONSTRUCTION.
- DIMENSIONS OF ALL IMPROVEMENTS SHOWN ON THIS PLAT SHOULD NOT BE SCALED OR RELIED UPON FOR DESIGN OR CONSTRUCTION WITHOUT A FIELD VERIFICATION OF ALL DIMENSIONS.
- DIGITAL COPIES OF THIS FILE ARE FOR REFERENCE ONLY AND MAY NOT BE USED FOR DESIGN WORK.

Curve	Radius	Length	Chord	Chord Bear.
C1	172.50'	60.20'	59.89'	S 71°52'51" E



PHYSICAL SURVEY
FOR

JOE CONKLIN

LOT #68 OF "NORMAN WOODS" SUBDIVISION PH. 2

DAVIDSON TOWNSHIP, IREDELL COUNTY

SCALE: 1" = 40'

DEDMON SURVEYS

CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899
3704 NC HIGHWAY #16 NORTH
P.O. BOX 494 - DENVER, NC 28037
PHONE: 704/483/4908
FAX: 704/483/2170
WWW.DEDMONSURVEYS.COM

NORTH CAROLINA PROFESSIONAL SEAL L-3899 LAND SURVEYOR ROBERT J. DEDMON

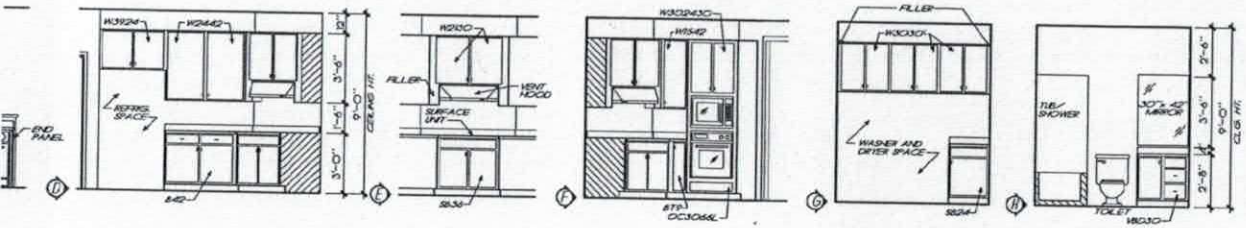
I, ROBERT J. DEDMON, CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DB 2083 - PG 369)(PB 30, PG 76); THAT THE RATIO OF PRECISION AS CALCULATED EXCEEDS 1:10,000'; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH GS 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, (1-9-2017).

Robert J. Dedmon 3899
PROFESSIONAL LAND SURVEYOR LICENSE NO.

SURV. BY: WT	DRAWN: JR	JOB # WW08

VICINITY MAP

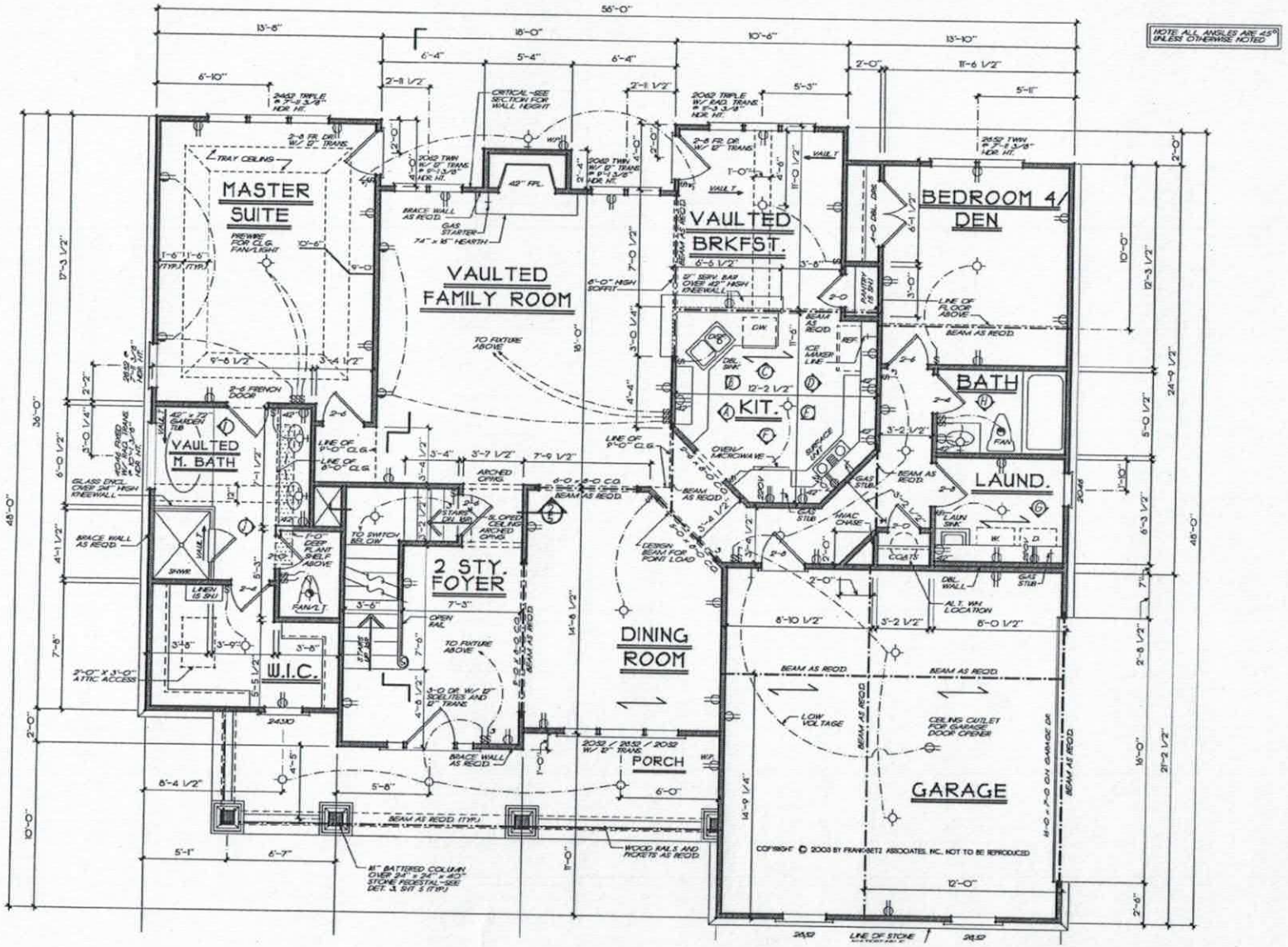
50 x 50 house 16x30 pool



LAUN. ELEV.
1/4" = 1'-0"

BATH ELEVATIONS
1/4" = 1'-0"

Acknowledgement Of
PLANS ONLY!
JA 5-30-17
Date



First Floor

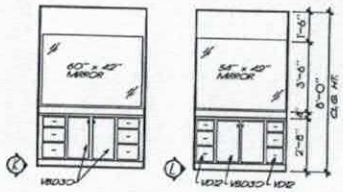
REVISIONS

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authorized in writi

HOMEPLANS

FIRST FLOOR PLAN/K.& B. ELEVS.

FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND STOCK HOMEPLANS



BATH ELEVATIONS

1/4" = 1'-0"

3A 5-30-17

NOTE: ALL CEILING JOISTS AND RAFTER BRACING TO BEAR ON LOAD BEARING WALLS DESIGNED TO CARRY LOAD THRU ALL LEVELS AND TERMINATE AT FOUNDATION AND BE SUPPORTED BY THICKENED SLAB GRADE BEAM OR FOOTING DESIGNED TO CARRY LOAD.

NOTE: ALL ANGLES ARE 45° UNLESS OTHERWISE NOTED

FAMILY ROOM BELOW

BEDRM. 2

FOYER BELOW

BATH

W.I.C.

BEDRM. 3

W.I.C.

HVAC CHASE

W.I.C.

OPT. BONUS RM.

SLOPED CEILING

LINE OF 8'-0" CEILING

ATTIC ACCESS

LINE OF FLAT CEILING

PREWIRE FOR CLG. FAN/LIGHT

BEAM AS REQ'D.

TO SWITCHES BELOW

TO SWITCH BELOW

OPEN RAIL

STAIRS DN. 7/8

BRACE WALL AS REQ'D.

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2nd Floor

IREDELL COUNTY

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

APPLICATION NUMBER
224571
Issue Date: 01/26/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4636623191.000	237 WOODSTREAM CIRCLE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: GIBBS DANIEL A+BETH A	Applicant: CONKLIN, EDWARD J.
Address: 243 WOODSTREAM CIRCLE MOORESVILLE, NC 28117	Address: 154 WELLSHIRE ST. MOORESVILLE, NC 28115
Phone:	Phone: 336-453-6028

Use Requested	Zone Code
	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.760	35.00	35.00	15.00	15.00	CACL	X

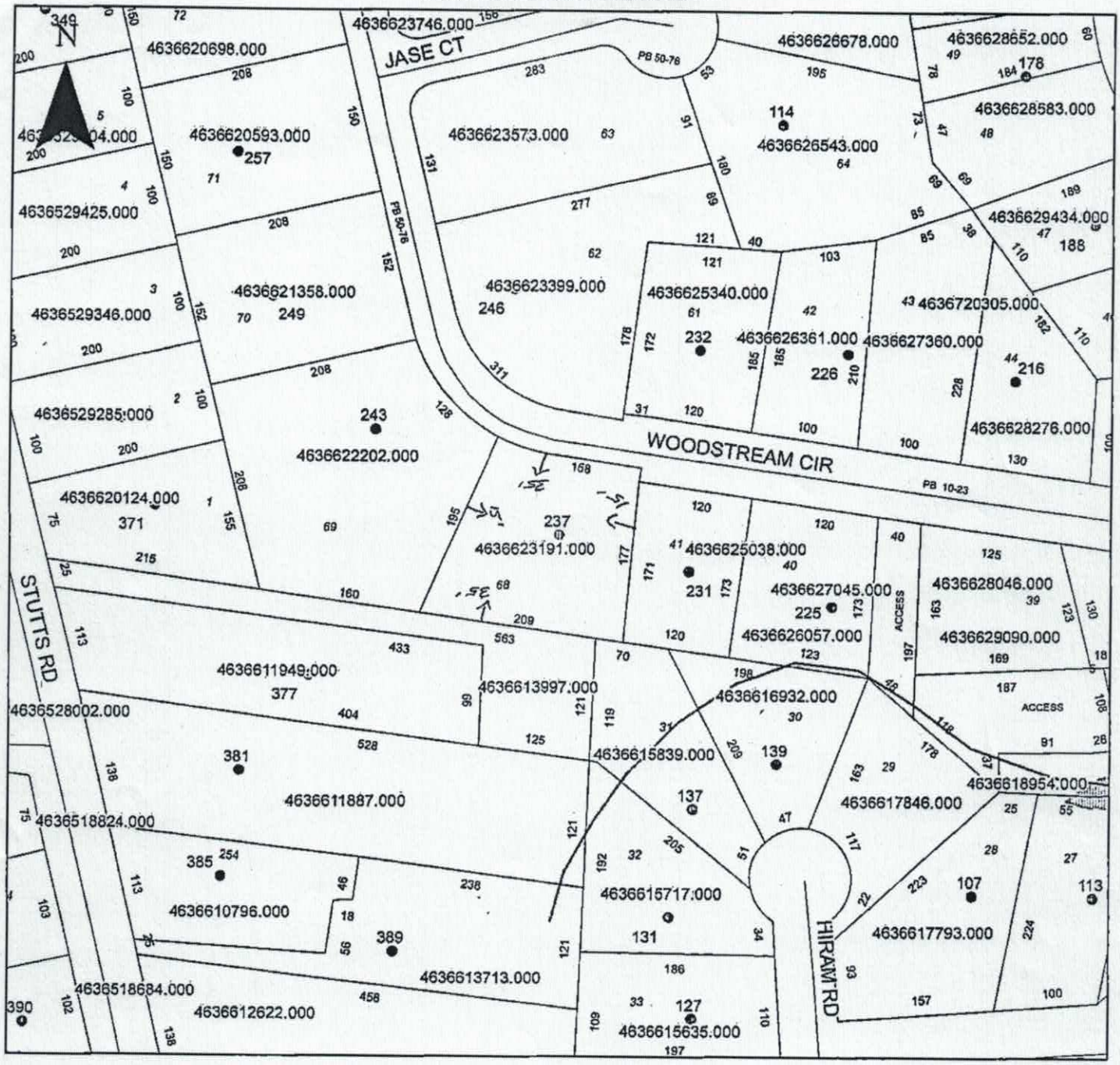
Remarks:

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	91474	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 237 Woodstream Cir.

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

1/26/17
Date