ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 229703

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

PIN # 4636 68 8381

APPLICANT/OWNER: 4G Design Build | APPLICANT ADDRESS: 488 - Pineville Rd Statesville NC 28625

SITE ADDRESS: 215 Webbed Foot Rd Mooresville NC 28117 | PHONE: — | ALT. PHONE —

SITE DIRECTIONS: BSR, Canvasback, Webbed Foot on Left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Mallard Head Country Club | SECTION: 3 | LOT # 1 | LOT AREA: .76 Acres | DESIGN FLOW: 360 | L.T.A.R.: .30

Septic Tank	1000 (gal)	STB	825	Date	10-8-19	☑ New System ☐ Repair ☐ Expansion	System Type: I II III (IV) V VI	☑ Residence	No. Bedrooms 3	Water Supply
Pump Tank	1000 (gal)	PT	303	Date	11-21-19	System Description:	LP- PPBPS	☐ Business	No. Persons 6	☑ Private
Pump Make		Model		Serial #		Repair System Description:	TS-FF Drip	☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	200	Maintenance Agreement Required:	☑ YES ☐ NO	☐ Slab	☑ Crawl Space	☐ Community
Trench Width	36in	Trench Bottom Depth	36 max	Gravel Depth	—		☐ GRAVITY ☑ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: OFFSite Easement Bk-2519 PG 324-350

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

The Oaks Group, PA

LSS # 1313

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	4-8-20	CCN
Tanks Checked	4-8-20	CCN
Pressure Manifold or Valve Box Checked	4-8-20	CCN
Pressure Head Set	4-8-20	CCN
Electrical Checked	4/13	KW
Floats Set	4/13	KW
Alarm Checked	4/13	KW
Maintenance Contract (Y) N	4/14	KW

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: Acknowledgment of Acceptance Received | Date: 4/1/2020 | Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Benjamin A Batten | Date: 3/30/2020 | OPERATION PERMIT by: Kayla Watson | Date: 4-14-20

AUTHORIZATION TO CONSTRUCT by: Benjamin A Batten | Date: 4/1/2020 | 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.

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

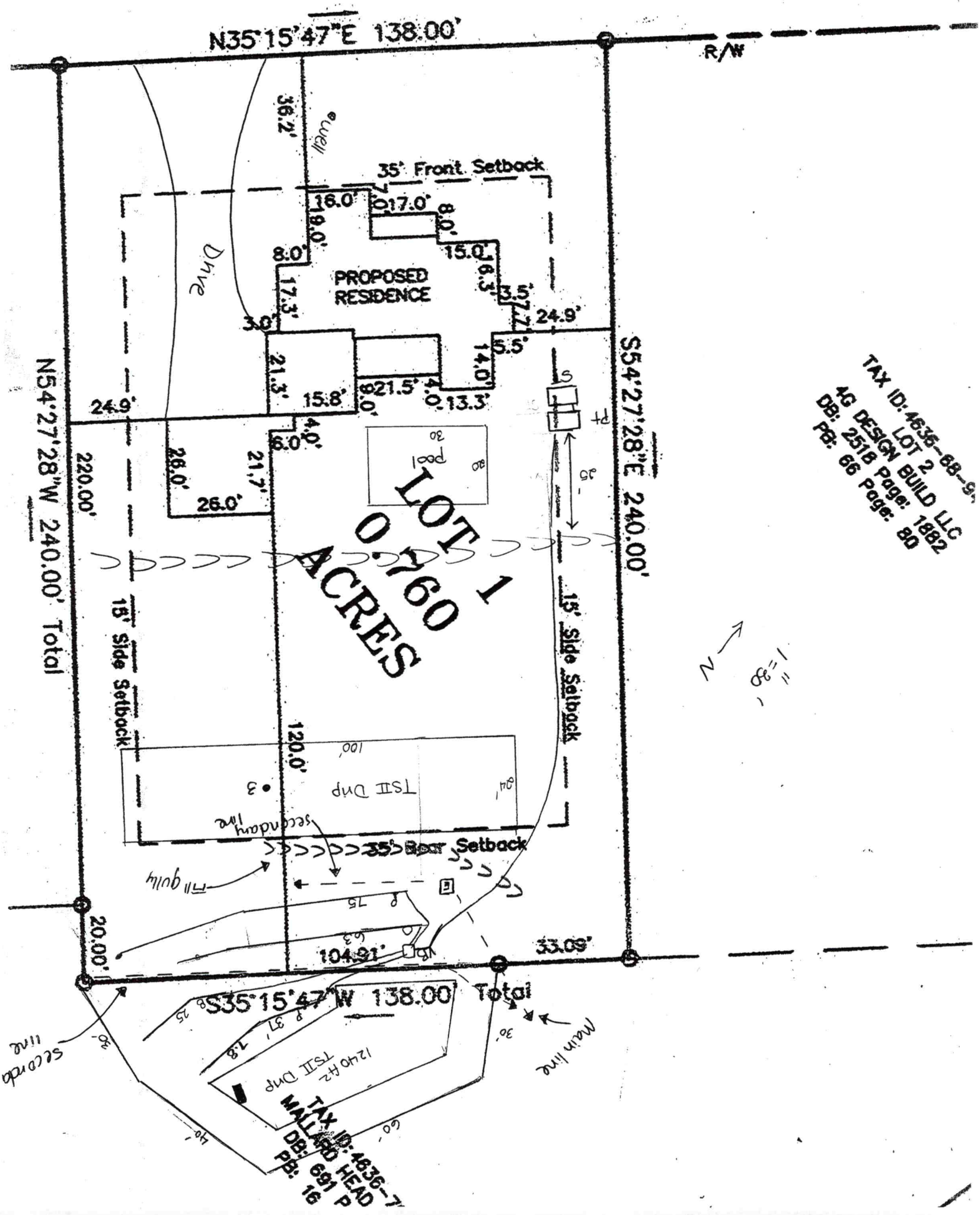
I, Kathleen Saunders, am the legal owner or the agent of the property located at 215 Webbed Foot Dr 28117, identified as PIN(Parcel Identification Number) 4636 68 8381, located in Iredell County, North Carolina.
Permit # 229703.

I do hereby agree to the permit design and the conditions of this permit.

Kathleen Saunders 4-1-2020
Signature of Owner /Agent Date

4/1/2020
Signature of Witness Date

KathleenMSaunders@gmail.com
email


N35°15'47"E 138.00'
R/W
36.2'
Well
35' Front Setback
16.0'
19.0'
17.0'
8.0'
15.0'
6.3'
3.5'
7.7'
24.9'
8.0'
17.3'
3.0'
PROPOSED RESIDENCE
Drive
21.3'
15.8'
8.0'
21.5'
4.0'
13.3'
14.0'
5.5'
24.9'
4.0'
6.0'
N54°27'28"W 240.00' Total
220.00'
28.0'
21.7'
26.0'
S54°27'28"E 240.00'
LOT 1
0.760
ACRES
pool
30
35'
15' Side Setback
15' Side Setback
120.0'
100'
TSII Dnp
3
84'
secondary line
35' Rear Setback
Fill gully
75'
63'
104.91'
33.09'
20.00'
S35°15'47"W 138.00' Total
Secondary line
30'
37'
18'
1240 ft²
TSII Dnp
TAX ID: 4636-7
MALLARD HEAD
DB: 691 P
PB: 16
60'
40'
Main line
30'
TAX ID: 4636-68-9
LOT 2
4G DESIGN BUILD LLC
DB: 2518 Page: 1882
PB: 66 Page: 80
N
1"=30'

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 215 Webbed Foot Road

Date: March 23, 2020

Attached is the septic specification information required to permit 215 Webbed Foot Road for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell 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, **excluding** soil descriptions, before permitting and/or septic system installation. The site contains highly variable soils; there may be soil features present that were not encountered during the evaluation.

The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c). The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 11.(c). The LSS Evaluation contains sufficient information to produce design and construction features for an IP/CA, and the LSS contains the proper insurance with the proper coverage.

Kathleen Saunders

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

215

Webbed Foot Fast Track Septic System Information

Number of Bedrooms	3
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	360
LTAR (gpd/ft2)	0.3
Primary System Type	**LP PPBPS**
No. Lines	4 (See Table)
Total Linear Feet	200
Trench Width	3'
Trench Spacing	9'
Max Trench Depth	36"
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	140' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	23.5 gpm
Elevation head	Approx. 11.4'
Pressure head	3.0'
Friction head	1.8'
20% Contingency	3.2'
Total Head	19.4'
Pump Requirements	23.5 gpm @ 19.4' of head To be designed by installer.
Maximum Dosing Volume	169.2 gal -2.2 doses/day @ design flow*
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 7.2 min.
Check Valve	Yes
Siphon Break hole	No
Repair System	**TS II Drip**
Total Linear Feet	3600 sqft
Repair LTAR	0.1
Repair Trench Depth	3"
	3" Cover can be brought in over repair area

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	System	Pink	LPPPBPS	37 endfed	7.8	9	9	1 per panel	5/32"
2	System	Blue	LPPPBPS	25 endfed		6	6	1 per panel	5/32"
3	System	Orange	LPPPBPS	63 endfed		15	15	1 per panel	5/32"
4	System	Pink	LPPPBPS	75 endfed		17	17	1 per panel	5/32"
						Total: 47	Total: 47 (1 in each panel turned up)		
				Total System: 200'					
				Total Repair: xxx'					

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000 gal.	13.2
House	Blue		

Notes: Keep tanks 25 ft from drainage ditch and system lines 10 ft from main power line
Repair can have 3" cover brought in

The LSS evaluation attached is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).

Sheet 1 of 1
PERTY ID #:
COUNTY: Iredell

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

OWNER: 4G Design Build
ADDRESS: 488 Pineville Rd Statesville 28677
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: Lot 1
APPLICATION DATE
DATE EVALUATED: 10/12/17
PROPERTY SIZE:
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	L ~5%	0-5	Mo GR SL	FR NS/NP	Br				0.3
		5-32	Mo SBK C	FR SS/SP	R				
		32-60	WK SBK CL	↓	R; C yel & white sap	60+	N/A	N/A	
2	L ~5%	0-30	Mo SBK C	FR SS/SP	R				0.3
		30-60	WK SBK CL	↓	R; C yel & white sap	60	N/A	N/A	
B	L 5-8%	0-28	Mo SBK C	FR SS/SP	R				0.3
		28-50	WK SBK CL	↓	R; C sap	50"	N/A	N/A	
C	L 3-5%	0-23	Mo SBK C	FR SS/SP	R				0.35
		23-50	WK SBK CL	↓	R/multi; M sap				
		50-60	MA 4/SL SAP	↓	multi	50"	N/A	N/A	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IV	TSI Drip
Site LTAR	0.3	0.1

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: KMS KH
OTHER(S) PRESENT:

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
THE GREAT SEAL OF THE STATE OF NORTH CAROLINA
1313
STATE OF NORTH CAROLINA

Kathleen Saunders

COMMENTS:

Updated February 2014

#3 0-10 Mo GR SL FR NS/NP Br
KH 10-15 Mo SBK C Fi S/P Red 15" 2 Chroma's 0.1 to 15"

Ken Brown 704-819-4623
4qTurnKey@gmail.com

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

AC

Iredell County Health Department – Environmental Health Division

229703

PAGE 1: ***APPLICATION FORM***

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: ( ) 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: 4G Build Design **Address:** P.O. Box 60 Troutman NC **Zip:** 28166

Applicant Email: quinton@build4g.com **Phone:** 704-634-3647 **Alt. Phone:** _____

Owner Name: 11 **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

****

Property Information:

Street Address: 223 Webbed Foot

Subdivision Name: Mallard Head **Section/Phase:** 3 **Lot Number:** 1

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: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(A) 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: Kenneth Brown 7-15-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Ben

RECEIVED MAR 2 5 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Session Law Paid $1200.00

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

#229703

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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 an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: 4G Design Build Address: 488 Pineville Rd Statesville Zip: _____
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 215 Webbed Foot Rd 28117
Subdivision Name: Mallard Head Section/Phase: 3 Lot Number: 1
Driving Directions: BSR, Canvasback, Webbed Foot, on L

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

(X) 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: 3
Maximum Number of Occupants: 6
(X) 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

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
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Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well (X) 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 (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: Kathleen Saunders 3-24-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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, 4G Design Build, am the legal owner of the property located at 223 Webbed Foot Rd, identified as PIN(Parcel Identification Number) 4636608838 -ok, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) 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.

[signature] 3/24/2020
Signature of Owner Date

_____ _____
Signature of Witness 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, 4G Design Build, am the legal owner of the property located at 223 Webbed Foot Dr, identified as PIN(Parcel Identification Number) 4636-68-8381, located in Iredell County, North Carolina.

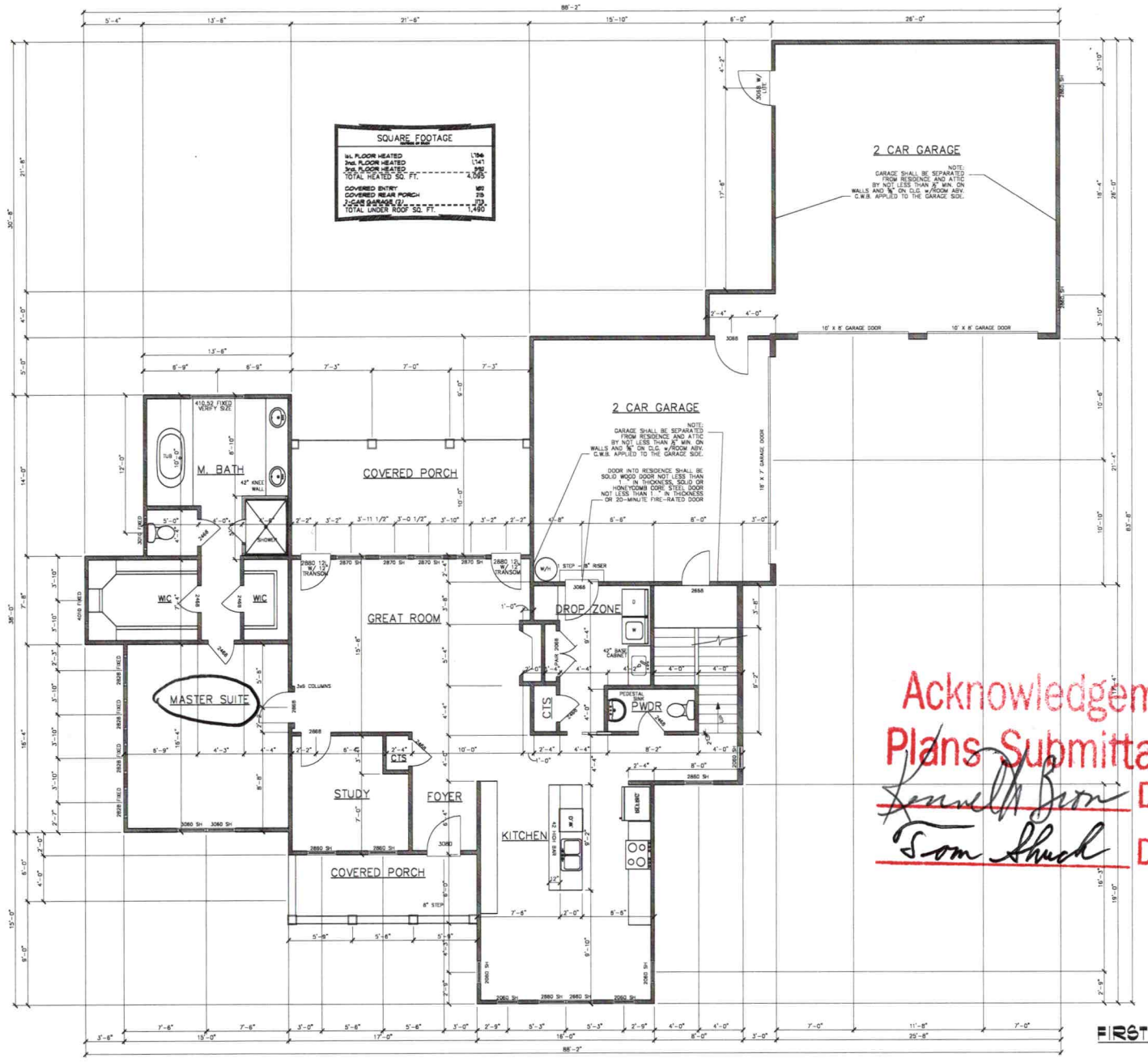
I do hereby authorize (print authorized agent/company name) The Oaks Group, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

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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.

_____ 8/1/17
Signature of Owner Date

_____ _____
Signature of Witness Date



Acknowledgement Of Plans Submittal ONLY!

Kenneth Bass Date 7-17-19

Tom Shuck Date 7/16/19

FIRST FLOOR PLAN

SCALE 1/4" = 1'-0"

SEAL FOR STRUCTURAL ONLY
NC Certificate of Licensure P-0713

4G DESIGN BUILD

PROJECT:
Webbed Foot Road 2-story
Mallard Head Country Club
MOORESVILLE, NC

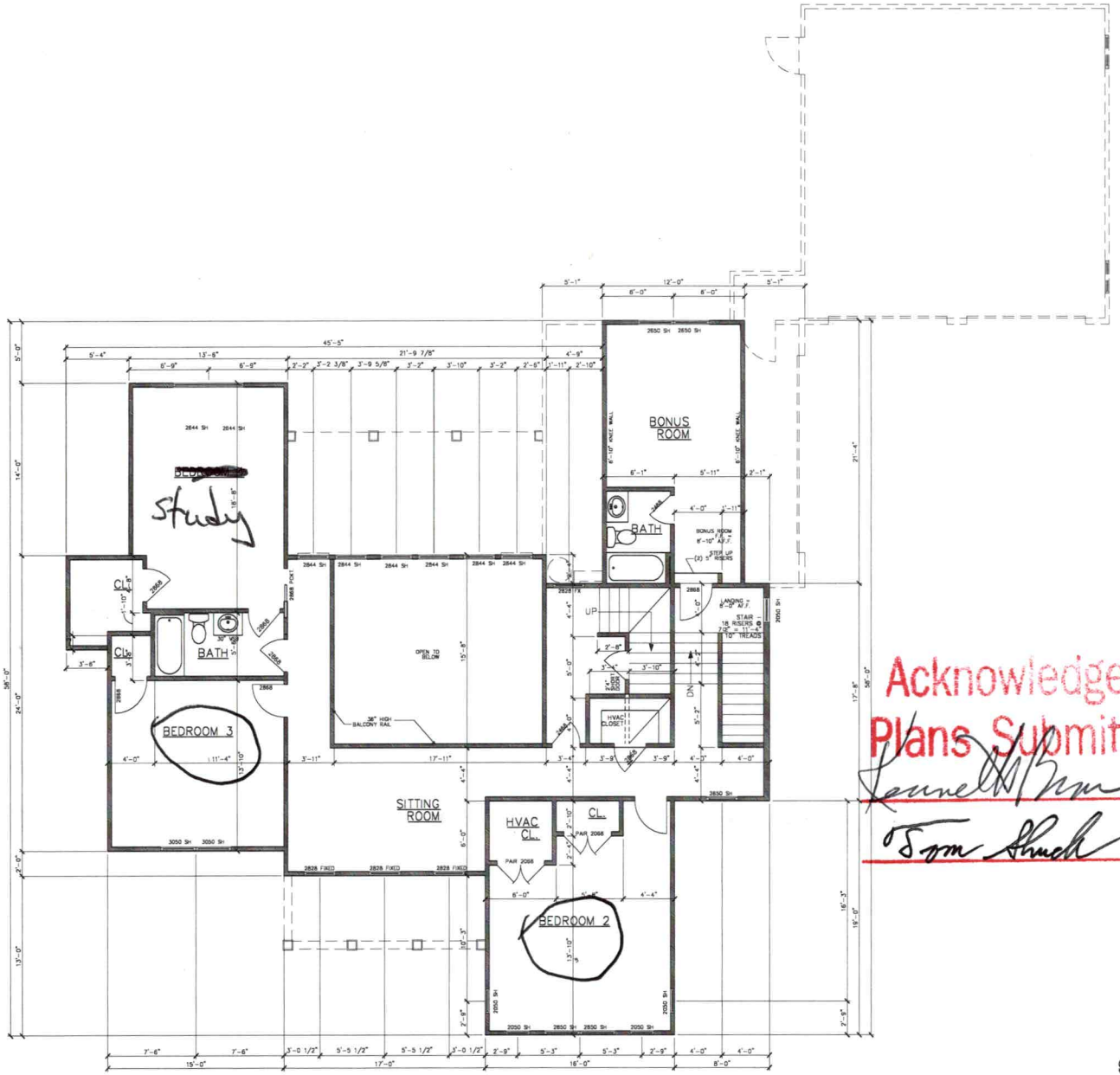
Southern dynamic
Engineering and Design, PLLC
P.O. BOX 87, Waxhaw, NC 28173
PH: (704) 900-4596 Fax: (704) 749-9439
Email: Scott@SouthernDynamic.com
Website: SouthernDynamic.com

DRAWN BY: KATHY HARRIS

DATE: NOVEMBER 12, 2018

REVISIONS:

SHEET
A3



Acknowledgement Of
Plans Submittal ONLY!
Date 7-17-19
Date 7/16/19

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

SEAL FOR STRUCTURAL ONLY
NC Certificate of Licensure P-0713

4G DESIGN BUILD

PROJECT:
Webbed Foot Road 2-story
Mallard Head Country Club
MOORESVILLE, NC

Southern dynamic
Engineering and Design, PLLC
P.O. BOX 87, Waxhaw, NC 28173
Ph: (704) 900-4596 Fax: (704) 740-0439
Email: Scott@SouthernDynamic.com
Website: SouthernDynamic.com

DRAWN BY: KATHY HARRIS
DATE: NOVEMBER 12, 2018
REVISIONS:

SHEET
A4

IREDELL COUNTY

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

APPLICATION NUMBER
229703
Issue Date: 08/28/2017

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4636688381.000	223 WEBBED FOOT ROAD, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: MALLARD HEAD DEV CORP	Applicant: THE OAKS GROUP
Address: P O BOX 3008 MOORESVILLE, NC 28117	Address: 121 HOLT LN MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	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	113327	TOTAL FEES:	$ 77.25