ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 3128716

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

PIN # 4637-16--2135

APPLICANT/OWNER: Leland Honeyman | APPLICANT ADDRESS: 631 Brawley School Rd, 300-164, Mooresville NC 28117

SITE ADDRESS: 383 Riverwood Rd, Mooresville NC 28117 | PHONE: 704-995-7912 | ALT. PHONE

SITE DIRECTIONS: (N) NC 150 → (L) McCrary → (R) Riverwood → lot (L) | SAP CONTROLLED: ☐ YES ☒ NO

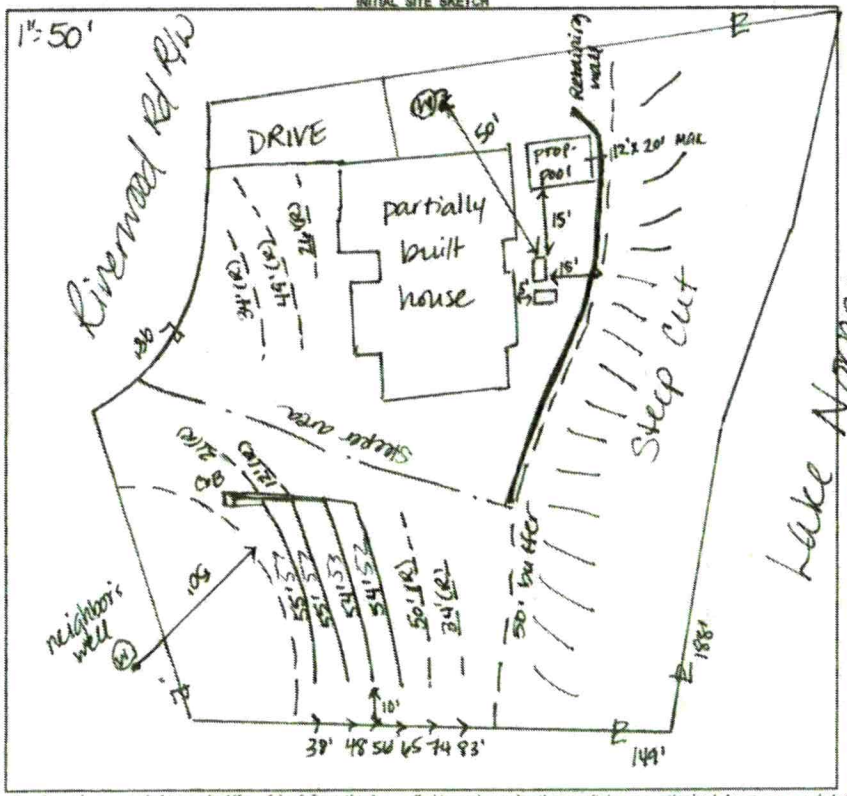
SUBDIVISION: CL&T | SECTION: 10 | LOT # 1152 | LOT AREA: 0.73 ac | DESIGN FLOW: 360gpd | L.T.A.R.: 0.275

Septic Tank	1000	(gal)	STB 2071	Date INFILTRATOR	☒ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	1000	(gal)	PT 2071	Date INFILTRATOR	System Description: LP PPBPS - Vertical				☐ Business	No. Persons 6	☒ Private
Pump Make	GOULDS	Model	WE0511H	Serial #	Repair System Description: PPBPS				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft 218'	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width	24" min	Trench Bottom Depth(Low side)	28"	Gravel Depth N/A		☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Max trench depth 34" - cannot become SAP
Do not pave, grade, park, drive, or bury utilities in drainfield

Tanks MUST be 5' from foundation and 15' from edge of cut 15' from waters edge of pool
Pool must be staked at time of installation.

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.

TRENCH BOTTOM VERIES FROM
28" LOWSIDE AWAY FROM HOUSE TO PIT 9-14-2021
36" LOWSIDE NEAR HOUSE

C: 0-43 SAP INC THRU OUT
CL: 43-82
TANKS & DRAINLINES CHECKED BCW

- Need backfill behind ST, ✓
- pool marked ✓ 9/20/21

2" supply line, 2' pressure head, 5/32" holes
L1 & L2 = 12 panels each
L3 & L4 = 13 panels each
Dose: 180g
Flow: 20.5 gpm
Run Time: 8.8 min
Drawdown: 8.6"

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: 9-9-2021 | Installed by: AJ REMODELING - Adan Garcia

IMPROVEMENT PERMIT by: D. Wiebers | Date: 9/9/21 | OPERATION PERMIT by: D. Wiebers | Date: 9/20/21

AUTHORIZATION TO CONSTRUCT by: D. Wiebers | Date: 9/9/21 | Existing System Inspected by: | Date:

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

Item	Date	Initials
Drain Lines Checked	9/16/21	BCW
Tanks Checked	9/20/21	DW
Pressure Manifold or Valve Box Checked	9/27/21	DW
Pressure Head Set	9/17/21	DW
Electrical Checked	9/20/21	DW
Floats Set	9/20/21	DW
Alarm Checked	9/20/21	DW
Maintenance Contract Needed? (Y) / N	9/17/21	DW
Comments:		
Pool must be marked	9/20/21	DW
3' of backfill needed behind ST	9/20/21	

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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

Sheet 1 of 1
PROPERTY ID #: 4637162135
COUNTY: Iredell

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

OWNER: Leland Honeyman
APPLICATION DATE 11/23/2020
ADDRESS: 631 Brawley School Rd 300-164 Mooresville NC 28117
DATE EVALUATED: 12/28/2020
PROPOSED FACILITY: New single fam PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 0.77 acres
LOCATION OF SITE: 383 Riverstone Dr
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	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
1	SS 12%	0-7	Topsoil	—	few Litho inclusons	60"	Litho inclusons common throughout	manganese common	PS.275
		7-17	C SBK	Fr s sl sexp					
		17-60"	CL WSBK	Fr ss sl sexp					
2	SS 14%	0-5	Topsoil	—	—	60"	Litho inclusons common more common at bottom	Parent Rx veins scattered throughout	PS.275
		5-16	C SBK	Fr sss sl sexp					
		16-60	CL WSBK	Fr ss sl sexp					
3	SS 9%	0-4	Topsoil	—	—	44"	Litho inclusons common to Loamy Sapt 48	Parent Rx vein between 46-48 and scattered throughout	PS.275
		4-20	C SBK	Fr sss sl sexp					
		20-46	CL WSBK	Fr ss sl sexp					
		46-48	Parent Rx vein	Fr					
		48-60	Loamy Sapt mat	VFr					
4	SS 12%	0-8	SCL WSBK	Fr ss sl sexp	—	60	Litho inclusons more common at bottom	Parent Rx inclusons scattered throughout	PS.275
		8-42	C SBK	Fr ss sl sexp					
		42-60	CL WSBK	Fr ss sl sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	218'	218'
System Type(s)	LPIPBPS	LPIPBPS
Site LTAR	.275	.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT:

COMMENTS: Partly cloudy

RECEIVED AUG 2 3 2021

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

Iredell County Health Department – Environmental Health Division

Intermediate

PAGE 1: *APPLICATION FORM*

AP-312876 $320.00

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: ( ) 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: Leland Honeyman Address: 383 Riverwood rd Zip: 28117
Applicant Email: Lelandhoneyman@hotmail.com Phone: 704-995-7912 Alt. Phone: _____
Owner Name: Leland Honeyman Address: 631 Brawley School rd Zip: 28117
Owner Email: same Phone: 704-995-7912 Alt. Phone: _____

Property Information:

Street Address: 383 - riverwood rd
Subdivision Name: CL&T Section/Phase: 10 Lot Number: 152
Driving Directions: OFF 150 Hwy go Left to riverwood go R to Lot on L.

Initial

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

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

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 2503 Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 4
(X) 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 (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.

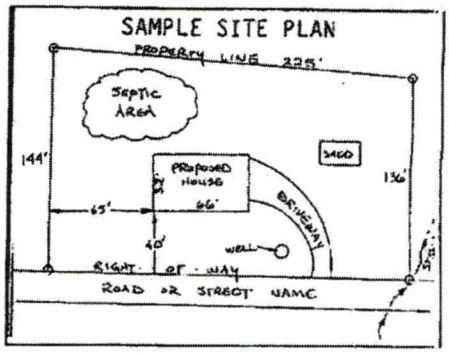
Signature: _____ 11-23-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

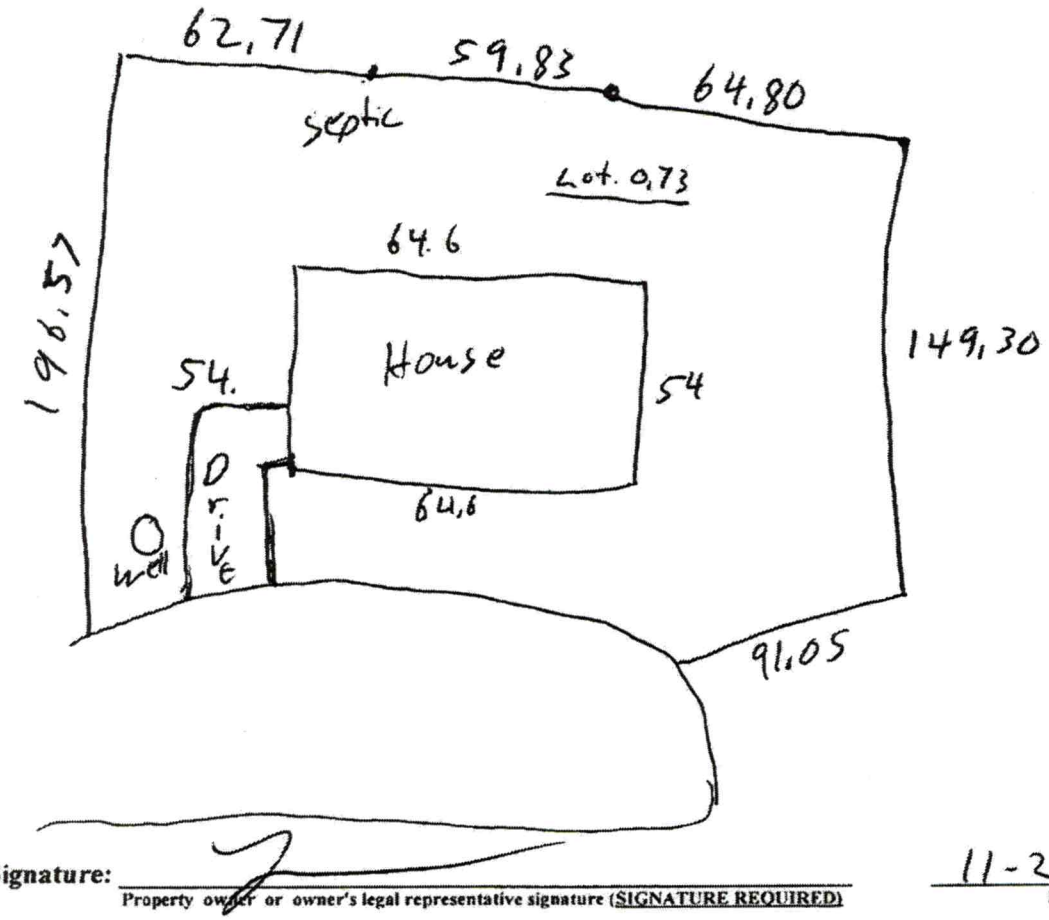
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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

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)

11-23-2020
DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. * (*Sign here*)** _____

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.

2. I, Leland Honeycutt, am the legal owner(s) of the property located at 383 - River wood rd mooresville 28117, identified as PIN (Parcel Identification Number) 4637-16-2135, located in Iredell County, North Carolina.

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

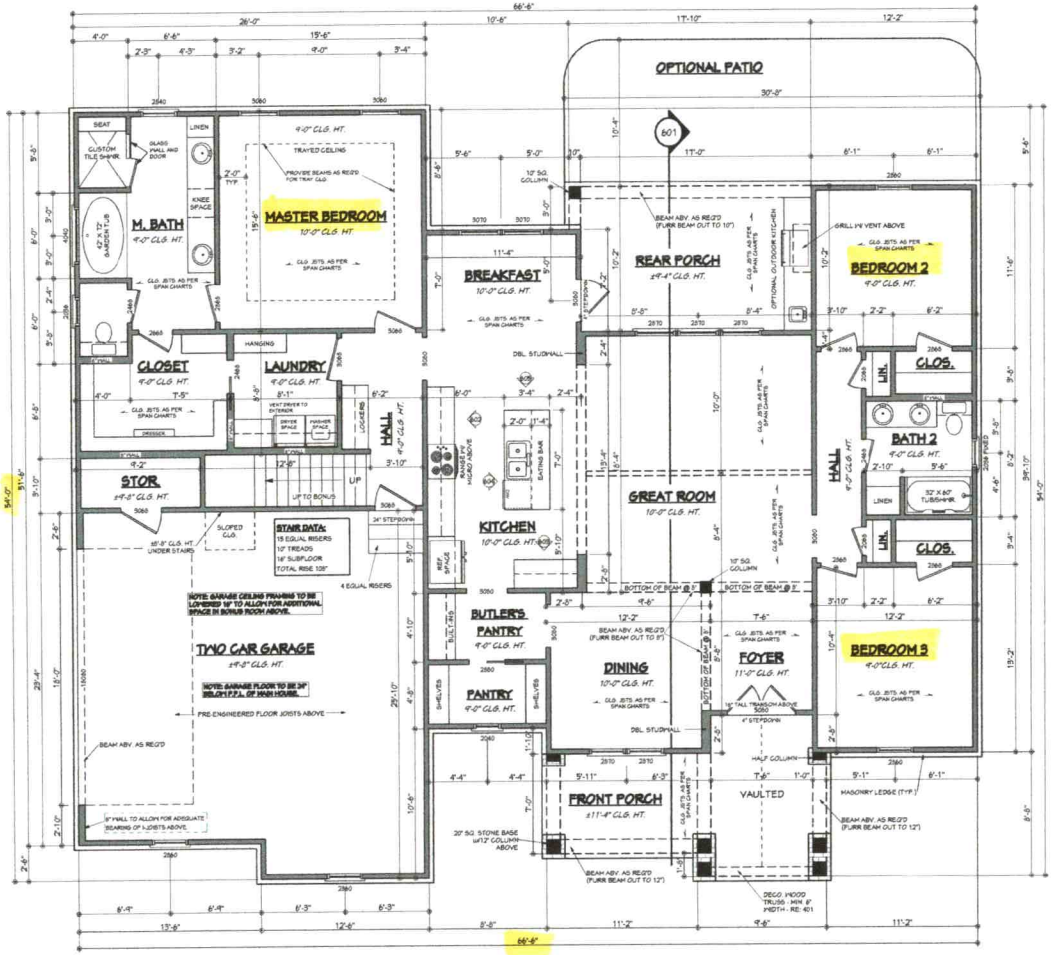
- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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.

_____ 11-23-2020
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677



2073-SV-SL FLOOR PLAN

SCALE: 1/4" ========== 1'-0"

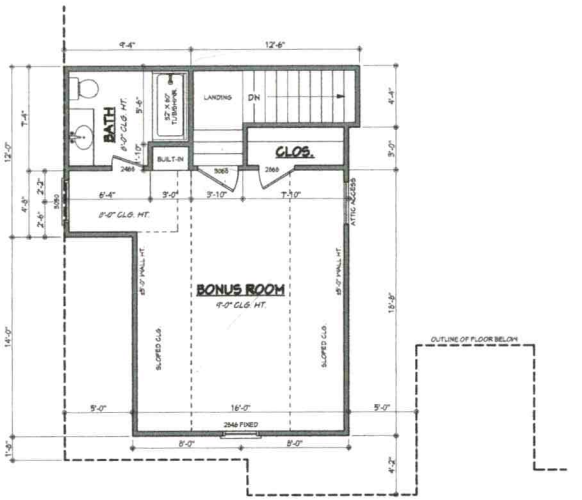
AREAS:	2073	S.F. HEATED - NOT INCLUDING MASONRY
	430	S.F. UNHEATED - FUTURE BONUS ROOM
	633	S.F. UNHEATED - TWO CAR GARAGE
	175	S.F. UNHEATED - REAR PORCH
	35	S.F. UNHEATED - STORAGE
	179	S.F. UNHEATED - FRONT PORCH
	1452	S.F. UNHEATED - TOTAL
	3525	S.F. TOTAL

NOTE: CONTRACTOR TO LOCATE HVAC UNITS AND WATER HEATER AT SITE

AC
Plans
Date 1-24-2017
Date 1/24/2017

NOTES:

1. ALL DIMENSIONS & SITE CONDITIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION.
2. ALL FINISHES (INTERIOR & EXTERIOR) TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION.
3. VERIFY ALL DOOR AND WINDOW STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION. MANUFACTURER TO SUPPLY ALL ROUGH OPENING SIZES.
4. CONTRACTOR TO VERIFY ALL CLEARANCES OF ALL DOORS, WINDOWS AND OTHER ITEMS THAT ARE CRITICAL, PRIOR TO CONSTRUCTION.
5. CONTRACTOR TO ADAPT PLANS AS REQUIRED TO MEET ALL APPLICABLE CODES AT SITE.
6. ALL BEAMS TO BE SIZED BY A LICENSED STRUCTURAL ENGINEER.
7. PORCHES, BALCONIES OR RAISED FLOOR SURFACES LOCATED MORE THEN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW AT ANY POINT WITHIN 36 INCHES HORIZONTALLY SHALL HAVE GUARDS NOT LESS THAN 36 INCHES IN HEIGHT. OPEN SIDES OF STAIRS WITH A TOTAL RISE OF MORE THAN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW SHALL HAVE GUARDS NOT LESS THAN 34 INCHES IN HEIGHT MEASURED VERTICALLY FROM THE NOSING OF THE TREADS. INSECT SCREENING SHALL NOT BE CONSIDERED AS A GUARD. IRC 2015, R312.1.1 & R312.1.2
8. M1305.1.3 APPLIANCES IN ATTICS. ATTICS CONTAINING APPLIANCES SHALL BE PROVIDED WITH AN OPENING AND A CLEAR AND UNOBSTRUCTED PASSAGEWAY LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE, BUT NOT LESS THAN 30 INCHES HIGH AND 22 INCHES WIDE AND NOT MORE THAN 20 FEET LONG MEASURED ALONG THE CENTERLINE OF THE PASSAGEWAY FROM THE OPENING TO THE APPLIANCE. THE PASSAGEWAY SHALL HAVE CONTINUOUS SOLID FLOORING IN ACCORDANCE WITH CHAPTER 5 NOT LESS THAN 24 INCHES WIDE. A LEVEL SERVICE SPACE AT LEAST 30 INCHES DEEP AND 30 INCHES WIDE SHALL BE PRESENT ALONG ALL SIDES OF THE APPLIANCE WHERE ACCESS IS REQUIRED. THE CLEAR ACCESS OPENING DIMENSIONS SHALL BE A MINIMUM OF 20 INCHES BY 30 INCHES, AND LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE.
EXCEPTIONS:
a. THE PASSAGEWAY AND LEVEL SERVICE SPACE ARE NOT REQUIRED WHERE THE APPLIANCE CAN BE SERVICED AND REMOVED THROUGH THE REQUIRED OPENING.
b. WHERE THE PASSAGEWAY IS UNOBSTRUCTED AND NOT LESS THAN 6 FEET HIGH AND 22 INCHES WIDE FOR ITS ENTIRE LENGTH, THE PASSAGEWAY SHALL BE NOT MORE THAN 50 FEET LONG.
9. APPLIANCE ACCESS FOR INSPECTION SERVICE, REPAIR AND REPLACEMENT. APPLIANCES SHALL BE ACCESSIBLE FOR INSPECTION, SERVICE, REPAIR AND REPLACEMENT WITHOUT REMOVING PERMANENT CONSTRUCTION, OTHER APPLIANCES, OR ANY OTHER PIPING OR DUCTS NOT CONNECTED TO THE APPLIANCE BEING INSPECTED, SERVICED, REPAIRED OR REPLACED. A LEVEL WORKING SPACE AT LEAST 30 INCHES DEEP AND 30 INCHES WIDE SHALL BE PROVIDED IN FRONT OF THE CONTROL SIDE TO SERVICE AN APPLIANCE. INSTALLATION OF ROOM HEATERS SHALL BE PERMITTED WITH AT LEAST AN 18-INCH WORKING SPACE. A PLATFORM SHALL NOT BE REQUIRED FOR ROOM HEATERS.
M1305.1.1 FURNACES AND AIR HANDLERS. FURNACES AND AIR HANDLERS WITHIN COMPARTMENTS OR ALCOVES SHALL HAVE A MINIMUM WORKING SPACE CLEARANCE OF 3 INCHES ALONG THE SIDES, BACK AND TOP WITH A TOTAL WIDTH OF THE ENCLOSING SPACE BEING AT LEAST 12 INCHES WIDER THAN THE FURNACE OR AIR HANDLER. FURNACES HAVING A FIREBOX OPEN TO THE ATMOSPHERE SHALL HAVE AT LEAST A 6-INCH WORKING SPACE ALONG THE FRONT COMBUSTION CHAMBER SIDE. COMBUSTION AIR OPENINGS AT THE REAR OR SIDE OF THE COMPARTMENT SHALL COMPLY WITH THE REQUIREMENTS OF CHAPTER 17.
EXCEPTION: THIS SECTION SHALL NOT APPLY TO REPLACEMENT APPLIANCES INSTALLED IN EXISTING COMPARTMENTS AND ALCOVES WHERE THE WORKING SPACE CLEARANCES ARE IN ACCORDANCE WITH THE EQUIPMENT OR APPLIANCE MANUFACTURER'S INSTALLATION INSTRUCTIONS.
10. EMERGENCY ESCAPE AND RESCUE OPENINGS SHALL BE OPERATIONAL FROM THE INSIDE OF THE ROOM WITHOUT THE USE OF KEYS, TOOLS OR SPECIAL KNOWLEDGE. WINDOW OPENING CONTROL DEVICES COMPLYING WITH ASTM F 2090 SHALL BE PERMITTED FOR USE ON WINDOWS SERVING AS A REQUIRED EMERGENCY ESCAPE AND RESCUE OPENING. ALL SLEEPING ROOMS TO HAVE AN EXTERIOR ACCESS THROUGH A DOOR OR WINDOW WITH A MINIMUM OF 5.7 SQUARE FEET NET CLEAR OPENING AS PER IRC 2015 R310.2.1. EXCEPTION: GRADE FLOOR OR BELOW GRADE OPENINGS SHALL HAVE A MINIMUM NET CLEAR OPENING OF 5 SQUARE FEET. MAXIMUM SILL HEIGHT TO BE 44 INCHES. MINIMUM NET CLEAR OPENING HEIGHT TO BE 24 INCHES. MINIMUM NET CLEAR OPENING WIDTH TO BE 20 INCHES.
11. ALL RETURN AIR GRILLS ARE TO BE LOCATED TO COMPLY WITH SECTION M1602 OF THE IRC 2015.
12. ALL SQUARE FOOTAGE MEASUREMENTS ARE APPROXIMATE AND MAY DIFFER FROM ACTUAL CONSTRUCTED RESIDENCE OR BUILDING.
13. FIRE SPRINKLER SYSTEM TO BE DESIGNED AND INSTALLED (IF REQUIRED BY LOCAL CODES) AS PER THE IRC 2015 AND BY A LICENSED PROFESSIONAL IN THE AREA OF CONSTRUCTION.
14. ALL BATHROOM EXHAUST VENTS SHALL BE VENTED DIRECTLY TO THE EXTERIOR OF THE HOME AND NOT INTO THE ATTIC. IRC 2015, M1501.2



BONUS FLOOR PLAN

SCALE: 1/4" ========== 1'-0"

HOUSE PLAN ZONE
Designing Homes Building Relationships
Website: www.HPZplans.com
Email: sales@hpzplans.com
Phone: 601.336.3254
Fax: 1.800.574.1387
N·C·B·D·C NATIONAL COUNCIL OF BUILDING DESIGNERS & CERTIFICATION
JONATHAN L. BOONE CERTIFICATION NO. 20-1197

Pre-Drawn Plan ID:
2073-SV-SL

House Plan Zone, LLC has invested great care and effort in the development of these plans and the completion of these construction documents. However, we cannot guarantee the accuracy of the information contained herein. We will not be responsible for any claims, losses or damages resulting from errors, omissions or deficiencies in the plans or construction documents. In addition to construction drawings, a Professional Engineer may be required to certify the design of certain components of construction, including but not limited to floor trusses, roof trusses, engineered beams, and foundations. Additional engineering may be required to comply to the local soil and rain loads included in these plans. It is general in nature and shall be verified by a licensed engineer prior to construction.

Date: 11/30/16
Drawn By: J.A.B.
Project Name:

SHEET NUMBER
3

IREDELL COUNTY

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

APPLICATION NUMBER
312876 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4738399715.000	383 RIVER RUN RD	Iredell County

Owner Information	Applicant Information
Name: DAVIES WILLIAM J	Name: LELAND HONEYMAN
Address:	Address: 631 BRAWLEY SCHOOL RD
,	MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
5.03	35	35	15	15	WSIV-PA South Yadkin	NO

Remarks

SFD

Lake Lots: Must meet both the 50-foot setback from the 760' contour line and the 35-foot setback from the rear property line for any structure.

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.

Date: 11/24/2020

Signature of Owner/Contractor

Permit Number	312876	TOTAL FEES:	$77.25