ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 3094/81.

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

PIN # 4637 62 -6021

APPLICANT/OWNER: McNeil Lane LLC

APPLICANT ADDRESS: 144 McNeil Lane Mooresville NC 28117

SITE ADDRESS: 144 McNeil Lane Mooresville NC 28117. PHONE: 312 498 2456 ALT. PHONE

SITE DIRECTIONS: BSR R to Oak Tree R to McNeil Lane

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Estates at Oak Tree SECTION: 1 LOT # 8 LOT AREA: .69 Ac DESIGN FLOW: 480 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB	4160	Date	7-25	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	1000	(gal)	PT	363	Date	8-7	System Description:	4P Panel Block - 50% Reduction			
Pump Make	GOULD	Model	WE05111HHL	Serial #			Repair System Description:	4P - Panel Block 50% Reduction			
# Nitrification Fields	1	# Lines	4	Linear Ft:	270		Maintenance Agreement Required:	☒ YES	☐ NO		
Trench Width	24	Trench Bottom Depth(Low side)	36 inmax	Gravel Depth	—			☐ GRAVITY	☒ PRESSURE		

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees ☒ Crawl Space

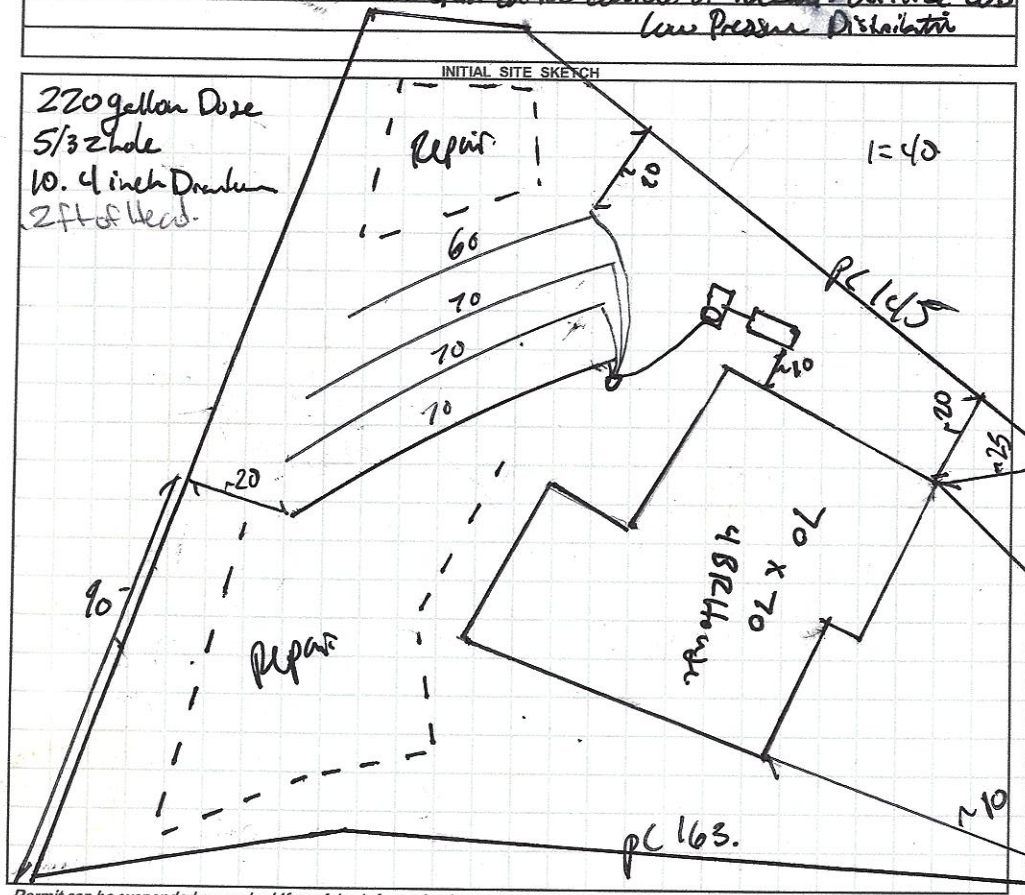
Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Install on the Contour of the Land. Utilize LPD Low Pressure Distribution

ST - 10ft to House 9/16/21.

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.

As Built Attached

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: 2/5/21 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Benjamin A Bott Date: 2-1-2021 OPERATION PERMIT by: [signature] Date: 2/4/22

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bott Date: 2-1-2021 Existing System Inspected by: Date:

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

	Date	Initials
Drain Lines Checked	9/17/21	DW
Tanks Checked	9/16/21	MD
Pressure Manifold or Valve Box Checked	9/17/21	DW
Pressure Head Set	9/17/21	DW
Electrical Checked	2/4/22	CW
Floats Set	9/17/21	DW
Alarm Checked	9/17/21	DW
Maintenance Contract (Y) / N	2/4/22	CW

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

Sheet ____ of ____
PROPERTY ID #: _____
COUNTY: _____

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

Lot?

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

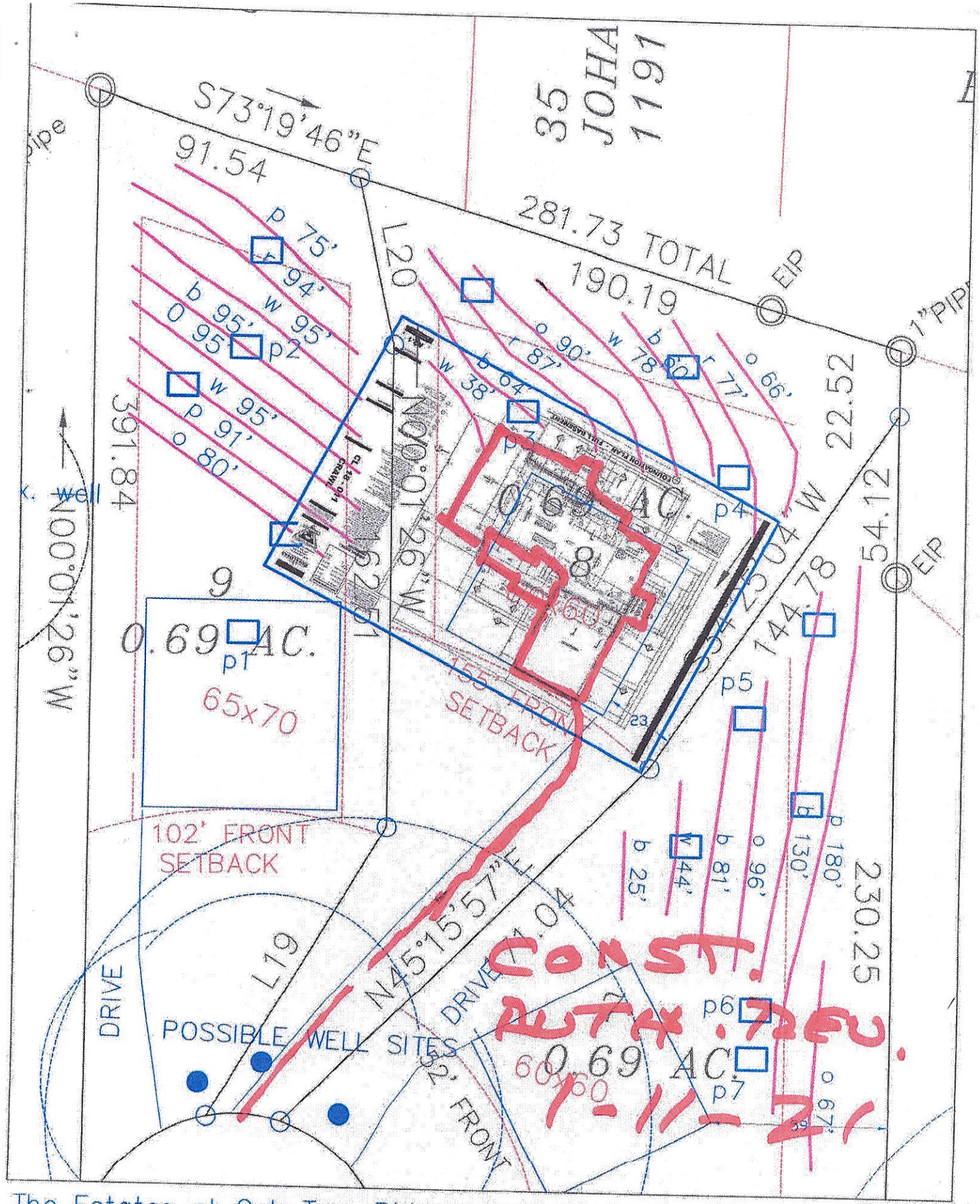
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Sib	0-8	Top-Disturb	~~SS Sp FR~~	2.5YR 4/6	58.			PS .30
		8-31	C SBK	SS SP FR SEXP					
		31-58	CL WSBK	SS SP VFR					
2	S	0-12	C - SBK	SSSP FR SEXP	2.5YR 4/6	53"		0.37	PS .30. large area of coarse fragment on opp sidewall
		12-53	CL - WSBK	SSSP VFR SEXP					
3	Sib	0-28	C SBK	SS SP FR SEXP	2.5YR 4/6	64			PS 0.3
		28-60	CL WSBK	SS SP FR SEXP					
4		0-12	~~F/I SBK~~	~~SSSP FR SEXP~~	2.5YR 4/6	51			PS 0.3 Large root stks TBQ 36
		12-17	CL WSBK	SSSP FR SEXP					
		17-51	CL WSBK						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

COMMENTS: _____

Jk Corrects Part



The Estates at Oak Tree Ridge Lot 8 Septic Site Plan 7.27.20

Base site plan from DAS. Approx. septic line locations. Refer to flags in field.
Septic system and well must be approved and permitted by ICHD.

RECEIVED JAN 20 2021

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- 309481

Application For: (✓) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (A) 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: McNeil Lane LLC Address: 144 McNeil Lane Zip: 28117
Applicant Email: BRIANETIERNEY@Hotmail.com Phone: (312) 498-2456 Alt. Phone: _____
Owner Name: BRIAN TIERNEY Address: 271 MILFORD Circle Zip: 28117
Owner Email: BRIANETIERNEY@Hotmail.com Phone: (312) 498-2456 Alt. Phone: _____

Property Information:

Street Address: 144 McNeil LANE MOORESVILLE NC 28117
Subdivision Name: Estates at Oak tree Ridge Section/Phase: _____ Lot Number: 8
Driving Directions: Brawley TR OAK Tree TR McNeil LANE

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: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) 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: BET 1/20/2021
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

(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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, 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.

_____ 1/20/2021

Signature of Owner(s) Date

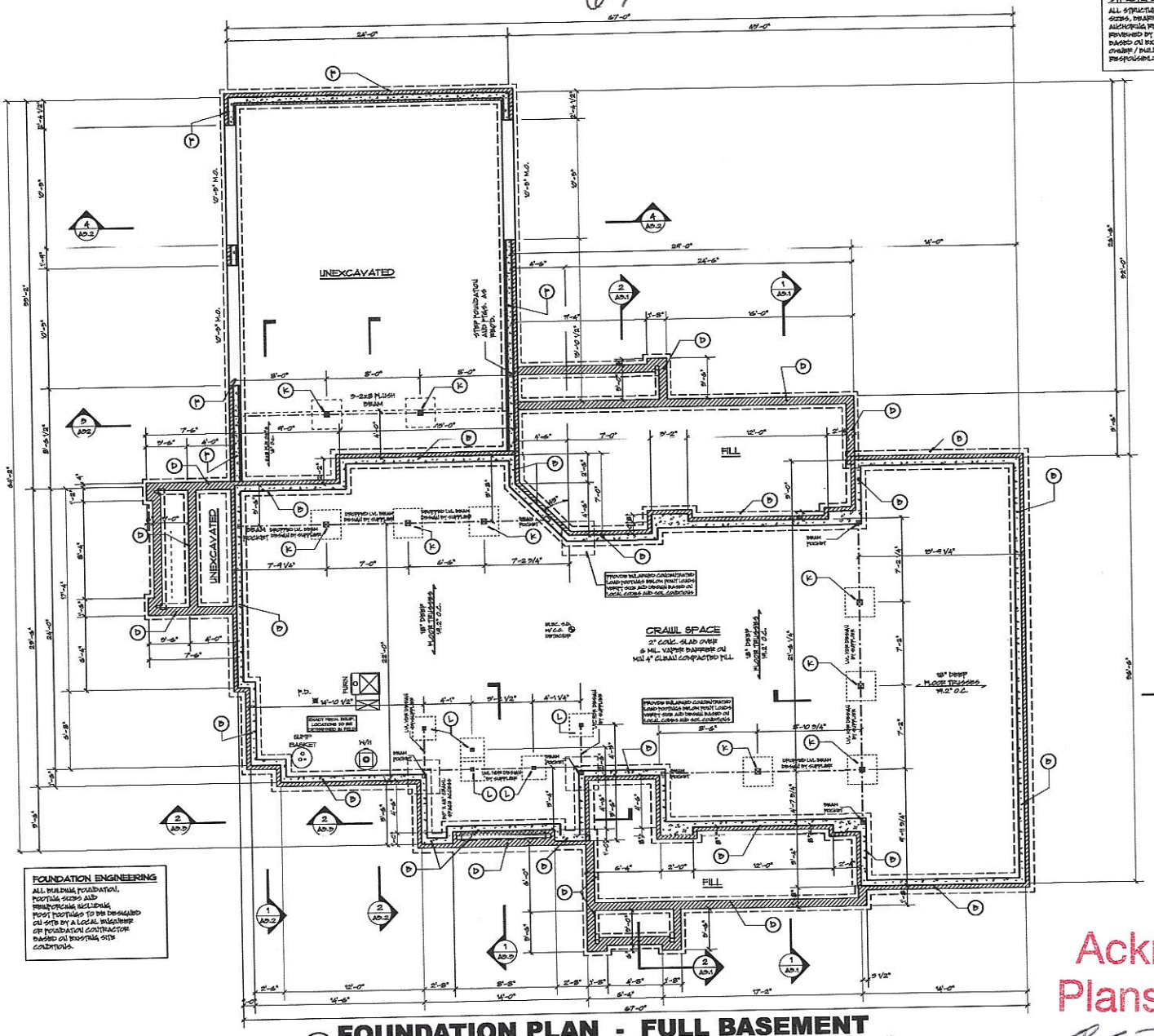
Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

144 McNeil Lane / LOT 8

67'

64'



FOUNDATION PLAN - FULL BASEMENT

1 A2.1 SCALE: 1/4" = 1'-0"

FOUNDATION ENGINEERING

ALL BUILDING FOUNDATION, FOOTING SIZES AND REINFORCING INCLUDING POST FOOTINGS TO BE DESIGNED ON SITE BY A LOCAL ENGINEER OR FOUNDATION CONTRACTOR BASED ON EXISTING SITE CONDITIONS.

STRUCTURAL NOTES

ALL STRUCTURAL BEAM AND HEADER SIZES, BEARING CONDITIONS AND ANCHORING REQUIREMENTS MUST BE REVIEWED BY A STRUCTURAL ENGINEER BASED ON EXISTING SITE CONDITIONS. OWNER / BUILDER TO ASSUME ALL RESPONSIBILITY FOR BUILT STRUCTURE.

AREA CALCULATIONS

LOWER LEVEL	1020 SF
MAIN LEVEL	1020 SF
SECOND FLOOR	418 SF
TOTAL LIVABLE	2858 SF
TOTAL FINISHED	2858 SF
GARAGE	764 SF
PORCH 'A'	120 SF
PORCH 'B'	306 SF

GENERAL NOTES - FOUNDATION

- ALL WRITTEN DIMENSIONS SHALL TAKE PRECEDENCE OVER SCALING OF DRAWINGS
- DIMENSIONS ARE FROM INTERIOR FACE OF CONCRETE FOUNDATION WALLS
- FOUNDATION CONTRACTOR TO VERIFY ALL ROUGH-IN PLUMBING LOCATIONS AND ANY OTHER PENETRATIONS THRU CONCRETE FLOOR PRIOR TO CONSTRUCTION.
- BUILDER/FOUNDATION CONTRACTOR TO VERIFY FOOTING SIZES AND REINFORCEMENT REQUIREMENTS BASED ON EXISTING SOIL CONDITIONS PRIOR TO CONSTRUCTION.
- WHILE EVERY EFFORT HAS BEEN MADE TO ENSURE THESE PLANS ARE ACCURATE AND COMPLETE, THE OWNER / BUILDER MUST VERIFY ALL DIMENSIONS, CONSTRUCTION METHODS, SITE CONDITIONS AND SPECIFICATIONS. SIZES OF STRUCTURAL MEMBERS SUCH AS FOOTINGS, FOUNDATION SEALS, POSTS, BEAMS, JOISTS, RAFTERS, TRUSSES ETC. ARE FOR BIDDING AND PERMIT PURPOSES ONLY.

WINDOWS
- MARVIN INTEGRITY ALL ULTREX SERIES - STYLE AND SIZE AS NOTED
- WINDOWS DESIGNATED WITH 'R' MUST MEASURE EGRESS
- WINDOW HEADER HEIGHTS SET TO 6'-11-3/8" OFF FLOOR
- BUILDER TO VERIFY WINDOW AND DOOR ROUGH OPENINGS AND HEADER HEIGHTS

FLOOR SYSTEM
- ENGINEERED WOOD FLOOR TRUSSES - DESIGNED TO MIN. L/480 DEFLECTION OR LESS
- TRUSS MANUFACTURER TO PROVIDE CHASES FOR ALL SUPPLY AND RETURN DUCTWORK
- TRUSS MANUFACTURER TO VERIFY REQUIRED AT CANTILEVERS FOR POINT LOADS FROM ABOVE
- TRUSS MANUFACTURER TO VERIFY LOCATIONS OF ANY GRANITE COUNTERTOPS AND PROVIDE PROPER FRAMING AS NEEDED

FRAMING
- 8'-2" LOWER LEVEL ROUGH CEILING HEIGHT
- 2X6 WALLS AT ALL POCKET DOORS
- PROVIDE SOLID BLOCKING AT ALL POINT LOADS

FOUNDATION NOTES:

- (P) 6" H. x 8" H. POURED CONC. 12" W. x 4'-4" H. POURED CONC. 20" W. x 8" H. CONC. PTG.
- (P) 8" H x 5'-4" POURED MID. CONC. 16"x 8" CONC FOOTING
- (F) 6" H. x 8" H. POURED - 4" LEDGE BOT. & 2" LEDGE INT. CONC. 12" W. x 5'-4" H. POURED CONC. 20" W. x 8" H. CONC. PTG.
- (K) 6x6 WOOD COLUMN ON 20"x20"x12" CONC PTG VERIFY SIZE OF PTG. BASED ON EXISTING SOIL CONDITIONS
- (L) 4 X 4 WOOD COLUMN ON 24" X 24" X 12" CONC. PTG. VERIFY SIZE OF PTG. BASED ON EXISTING SOIL CONDITIONS.

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Lake Elmo, MN
651-964-2762
www.royaloaksdesign.com

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FOUNDATION PLAN BASEMENT

A2.1

8

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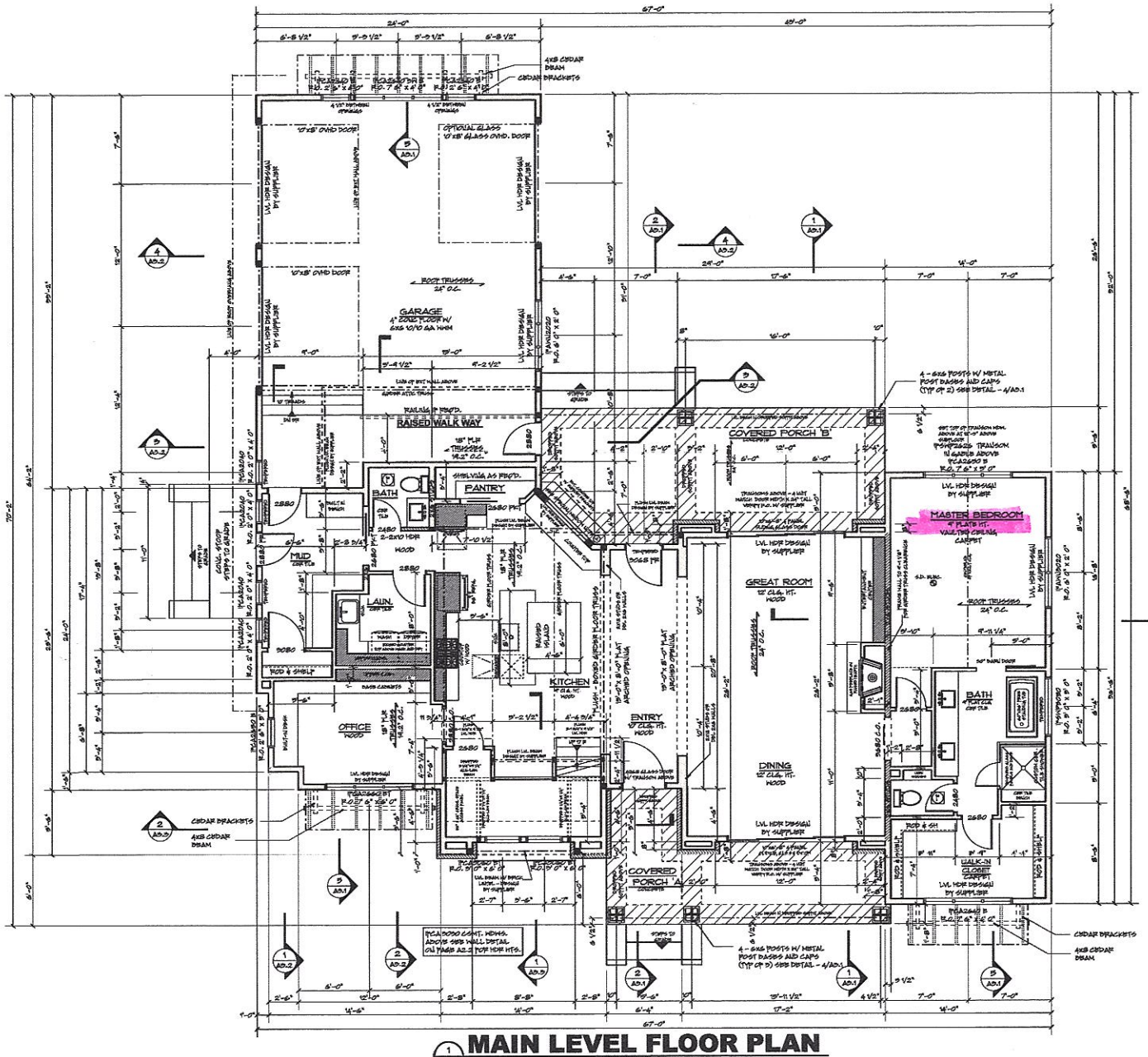
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BEJ 1/2021

Date

Date

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1 MAIN LEVEL FLOOR PLAN

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

STRUCTURAL NOTES

ALL STRUCTURAL BEAM AND HEADER SIZES, FRAMING CONDITIONS AND ANCHORING REQUIREMENTS MUST BE REVIEWED BY A STRUCTURAL ENGINEER BASED ON POSTING SITE CONDITIONS. OWNER / BUILDER TO ASSUME ALL RESPONSIBILITY FOR ENTIRE STRUCTURE.

AREA CALCULATIONS

LOWER LEVEL	1820 SF
MAIN LEVEL	1820 SF
SECOND FLOOR	418 SF
TOTAL LIVABLE	2998 SF
TOTAL FINISHED	2998 SF
GARAGE	764 SF
PORCH 'A'	180 SF
PORCH 'B'	306 SF

GENERAL NOTES - MAIN FLOOR

- WHILE EVERY EFFORT HAS BEEN MADE TO INSURE THESE PLANS ARE ACCURATE AND COMPLETE, THE OWNER / BUILDER MUST VERIFY ALL DIMENSIONS, CONSTRUCTION METHODS, SITE CONDITIONS AND SPECIFICATIONS. SIZES OF STRUCTURAL MEMBERS SUCH AS FOOTINGS, FOUNDATION WALLS, POSTS, BEAMS, JOISTS, RAFTERS, TRUSSES ETC. ARE FOR PERMIT AND REVIEW PURPOSES ONLY.

WINDOWS
- MARVIN INTEGRITY ALL-ULTREX SERIES UNITS SHOWN
  - STYLE AND SIZE AS NOTED
- WINDOWS DESIGNATED WITH 'H' MEET EGRESS CODES
- WINDOW HEADER HEIGHTS SET TO 7'-11-5/8" OFF FLOOR
- BUILDER TO VERIFY WINDOW AND DOOR ROUGH OPENINGS AND HEADER HEIGHTS

FLOOR SYSTEM
- ENGINEERED WOOD FLOOR TRUSSES
  - DESIGNED TO MIN. L/480 DEFLECTION OR LESS
- TRUSS MANUFACTURER TO PROVIDE CHASES FOR ALL SUPPLY AND RETURN DUCTWORK
- TRUSS MANUFACTURER TO VERIFY FRAMING AT CANTILEVERED POP OUT LOADS FROM ABOVE
- TRUSS MANUFACTURER TO VERIFY LOCATIONS OF ANY GRANITE COUNTERTOPS AND PROVIDE PROPER FRAMING AS NEEDED
- DIMENSIONS ARE FROM EXTERIOR FACE OF STUD OF EXTERIOR WALLS AND CENTERLINES OF INTERIOR PARTITIONS

FRAMING
- PLATE HEIGHTS (ROUGH FRAME):
  - @ 1-1/8" MAIN LEVEL
  - @ 10'-1-1/8" ABOVE BSMT. FLOOR, FOYER
- 2x6 WALLS AT ALL POCKET DOORS
- PROVIDE SOLID BLOCKING AT ALL POINT LOADS
- ALL INTERIOR DOOR AND HDR HEIGHTS TO BE 2-2X10 UNLESS NOTED OTHERWISE
- DENOTES SOLID BEARING W/ WALL CONTINUOUS TO FOUNDATION BELOW - VERIFY LOADS W/ LOCAL STRUCTURAL ENGINEER

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MAIN FLOOR PLAN

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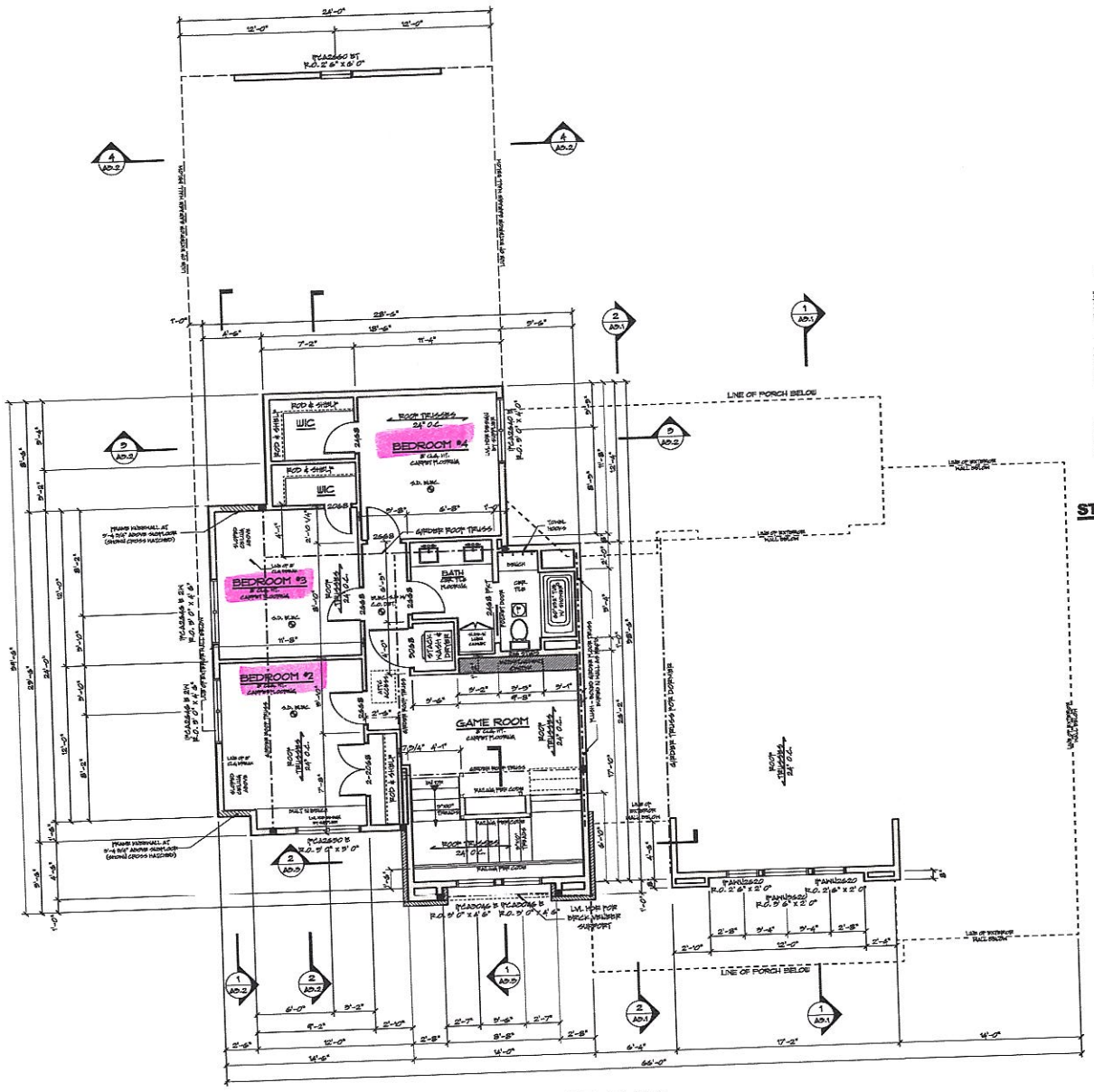
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Date 1/20/21

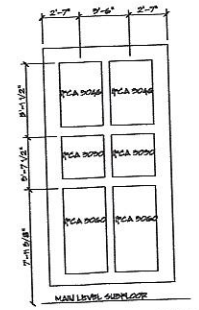
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1 SECOND LEVEL FLOOR PLAN

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



STAIRWAY WINDOW DETAIL

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

AREA CALCULATIONS	
LOWER LEVEL	1820 sf
MAIN LEVEL	1820 sf
SECOND FLOOR	418 sf
TOTAL LIVEABLE	2238 sf
TOTAL FINISHED	2238 sf
GARAGE	744 sf
PORCH 'A'	180 sf
PORCH 'B'	306 sf

GENERAL NOTES - SECOND FLOOR

- ALL MATERIAL DIMENSIONS SHALL TAKE PRECEDENCE OVER SCALING OF DRAWINGS
- DIMENSIONS ARE FROM EXTERIOR FACE OF STUD OF EXTERIOR WALLS AND CENTERLINE OF INTERIOR PARTITIONS
- WHILE EVERY EFFORT HAS BEEN MADE TO ENSURE THESE PLANS ARE ACCURATE AND COMPLETE, THE OWNER / BUILDER MUST VERIFY ALL DIMENSIONS, CONSTRUCTION METHODS, SITE CONDITIONS AND SPECIFICATIONS. SIZING OF STRUCTURAL MEMBERS SUCH AS FOOTINGS, FOUNDATION WALLS, POSTS, BEAMS, JOISTS, RAFTERS, TRUSSES ETC. ARE FOR BIDDING AND REVIEW PURPOSES ONLY.

WINDOWS
- MARVIN ELEMENTS ALL-ULTREX SERIES UNITS SHOWN
  - STYLE AND SIZE AS NOTED
- WINDOWS DESIGNATED WITH 'E' MEET EGRESS CODES
- MARVIN HEADER HEIGHTS SET TO 6'-11-3/8" OFF FLOOR
- BUILDER TO VERIFY WINDOW AND DOOR ROUGH OPENINGS AND HEADER HEIGHTS

FLOOR SYSTEM
- ENGINEERED WOOD FLOOR TRUSSES
  - DESIGNED TO MAX L/480 DEFLECTION OR LESS
- TRUSS MANUFACTURER TO PROVIDE CHASES FOR ALL SUPPLY AND RETURN DUCTWORK
- TRUSS MANUFACTURER TO VERIFY FRAMING AT CANTILEVERS FOR POINT LOADS FROM ABOVE
- TRUSS MANUFACTURER TO VERIFY LOCATIONS OF ANY GRANITE COUNTERTOPS AND PROVIDE PROPER FRAMING AS NEEDED

FRAMING
- PLATE HEIGHTS (ROUGH FRAMED)
  - 8'-1-1/8" MAIN LEVEL
- 2X6 WALLS AT ALL POCKET DOORS
- PROVIDE SOLID BLOCKING AT ALL POINT LOADS
- ALL INTERIOR DOOR AND WINDOWS TO BE 2-2X10 UNLESS NOTED OTHERWISE
  - DENOTES SOLID BEARING W/ WALL CONTINUOUS TO FOUNDATION BELOW - VERIFY LOADS W/ LOCAL STRUCTURAL ENGINEER

STRUCTURAL NOTES

ALL STRUCTURAL BEAM AND HEADER SIZES, BEARING CONDITIONS AND ALL OTHER REQUIREMENTS MUST BE REVIEWED BY A STRUCTURAL ENGINEER BASED ON ACTUAL SITE CONDITIONS. OWNER / BUILDER TO ASSUME ALL RESPONSIBILITY FOR ENTIRE STRUCTURE.

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SECOND FLOOR PLAN

A2.3

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Date

Date 1/20/21

IREDELL COUNTY

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

APPLICATION NUMBER
309481
Issue Date: 07/28/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4637616408.000	242699 OAK TREE RD	Iredell County

Owner Information	Applicant Information
Name: SULLIVAN TIERNEY INDUSTRIES INC	Name: SULLIVAN TIERNEY INDUSTRIES INC
Address: 271 MILFORD CIR	Address: 271 MILFORD CIR
MOORESVILLE, NC 28117	MOORESVILLE, NC 28117
Phone: (312)498-2456	Phone: (312)498-2456

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
7.55	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
SFD - NEEDS ZD - HOLD BU UNTIL PLAT IS RECORDED -144 MCNEIL

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: 07/28/2020

Signature of Owner/Contractor

Permit Number	309481	TOTAL FEES:	$77.25