ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 220262

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

PIN # 4638129334

APPLICANT/OWNER: Nibblock Homes | APPLICANT ADDRESS: 759 Concord Parkway N Ste 20 Concord NC 28027

SITE ADDRESS: 139 Robinson Ridge Dr Mooresville NC 28117 | PHONE: 704-920-7104 | ALT. PHONE

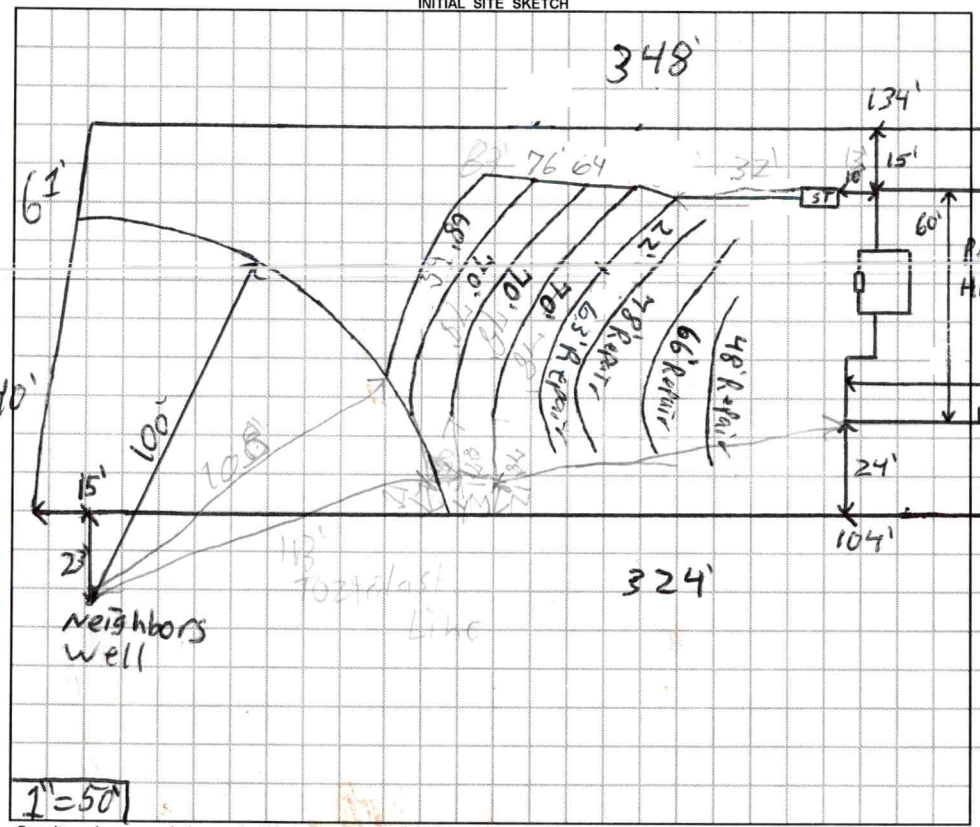
SITE DIRECTIONS: NC 150 W to Ron Robinson Rd, R on Robinson Ridge Rd, Lot on L | SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Robinson Ridge | SECTION: 1 | LOT # 2 | LOT AREA: 0.795 acres | DESIGN FLOW: 360GPD | L.T.A.R.: .3

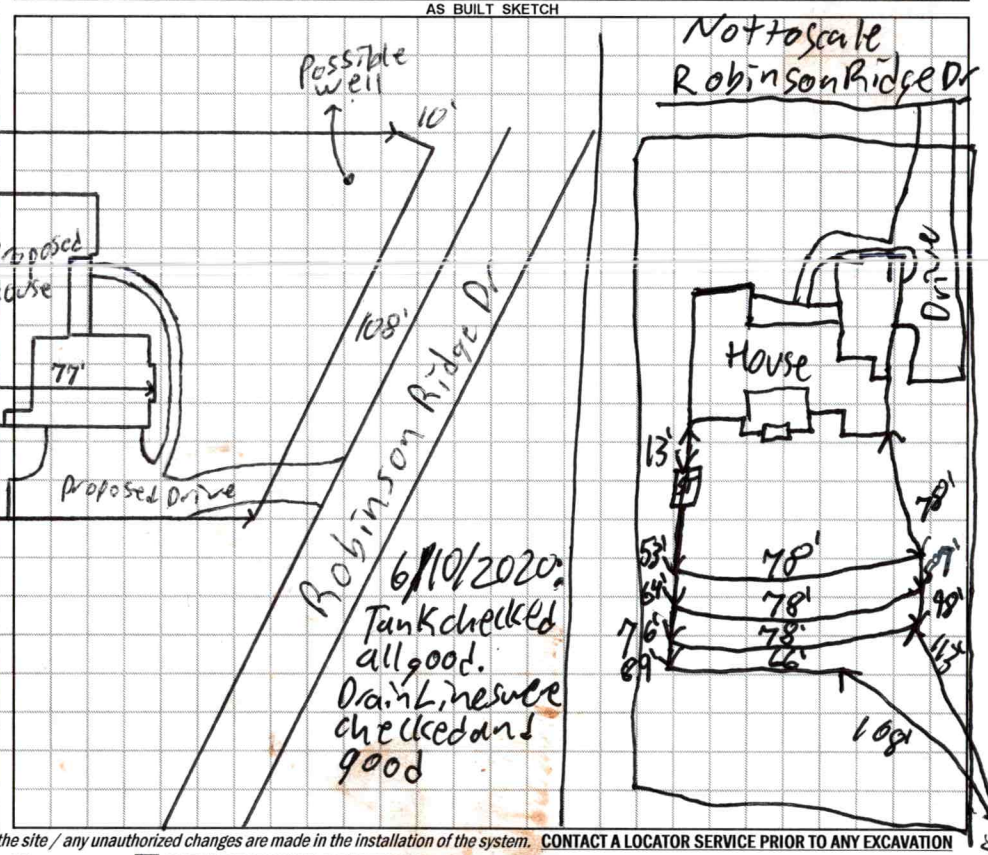
Septic Tank	1000	(gal)	STB Infiltrator	Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank		(gal)	PT	Date		System Description: 25% Reduction Gravity				☐ Business	No. Persons 6	☒ Private
Pump Make		Model		Serial #		Repair System Description: LPPPBPS				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft	300'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	36"	Gravel Depth			☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install Lines on contour. Do NOT Drive on store material or manipulate drain field.

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: [signature] Date: 3/24/2020 Installed by: Larry Hinkle Grading

IMPROVEMENT PERMIT by: Patrick J Boyle III Date: 3/23/2020 OPERATION PERMIT by: Patrick J Boyle III Date: 6/10/2020

AUTHORIZATION TO CONSTRUCT by: Patrick J Boyle III Date: 3/23/2020 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.

4

RECEIVED MAR 17 2020 AP-220262 | 300776
$105.00

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Limited Redraw

Application For: ( ) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Niblock Homes, LLC **Address:** 759 Concord Parkway N. Ste 20 Concord, NC **Zip:** 28027
Applicant Email: blivengood@niblockhomes.com **Phone:** 704-920-7104 **Alt. Phone:**
Owner Name: (same) **Address:** **Zip:**
Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 139 Robinson Ridge Dr. Mooresville, NC 28117
Subdivision Name: Robinsm Ridge **Section/Phase:** **Lot Number:** 2
Driving Directions: Hwy 150 W, Robinsm Rd, Robinsm Ridge Dr.

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:
( ) 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:**

(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 (X) 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: _____ 3/17/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

220262

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Marc Niblock Address: 759 Concord Pkwy N STE 20, Concord, NC Zip: 28027
Applicant Email: mniblock@niblockhomes.com Phone: 704-201-6701 Alt. Phone: 704-502-5588
Owner Name: Marc Niblock Address: 759 Concord Pkwy N, STE 20, Concord, NC Zip: 28027
Owner Email: mniblock@niblockhomes.com Phone: 704-201-6701 Alt. Phone: 704-502-5588

Property Information:

Street Address: 139 Robinson Ridge Dr
Subdivision Name: Robinson Ridge Section/Phase: 1 Lot Number: 2
Driving Directions: Turn right off NC-150 W onto Robinson Rd. Continue past Rustic Way 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: ___
Non-Residential Site Development: Type of Business: NA
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
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: ___
( ) Multi-connection Well Number of Houses: NA Number of Persons: ___
(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: LPP PBR

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: [signature] 6-22-18
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 139 Robinson Ridge Rd., identified as PIN (Parcel Identification Number) 4638-12-9334, 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.

_____ _____
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

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, Niblock Homes LLC am the legal owner(s) of the property located at Robinson Ridge lot 2, identified as

PIN (Parcel Identification Number) 4638 129 334.000 located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** SEPTIC ENVIRONMENTAL SOLUTIONS, INC, 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

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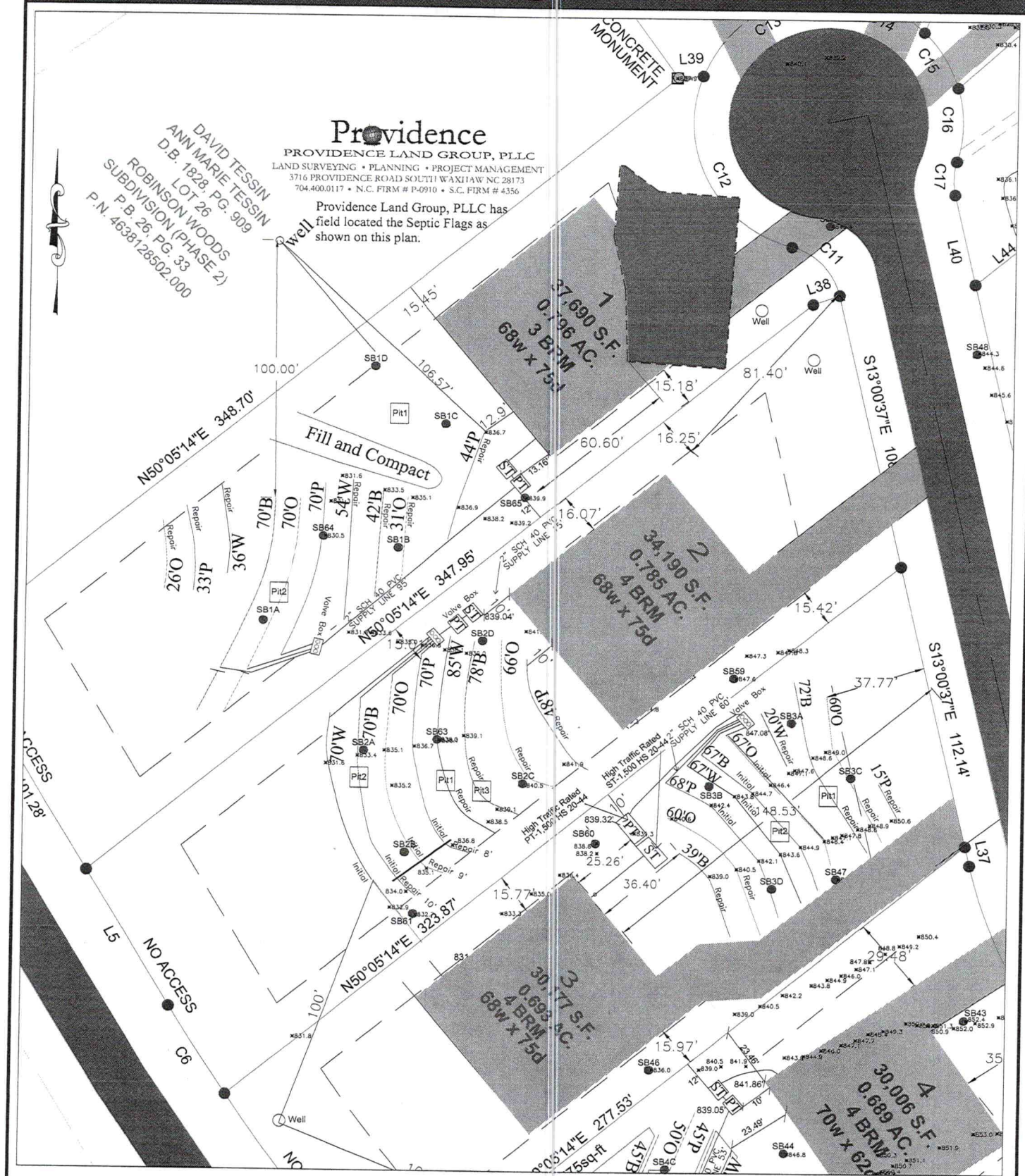
Mary C. Niblock
Signature of Owner(s)

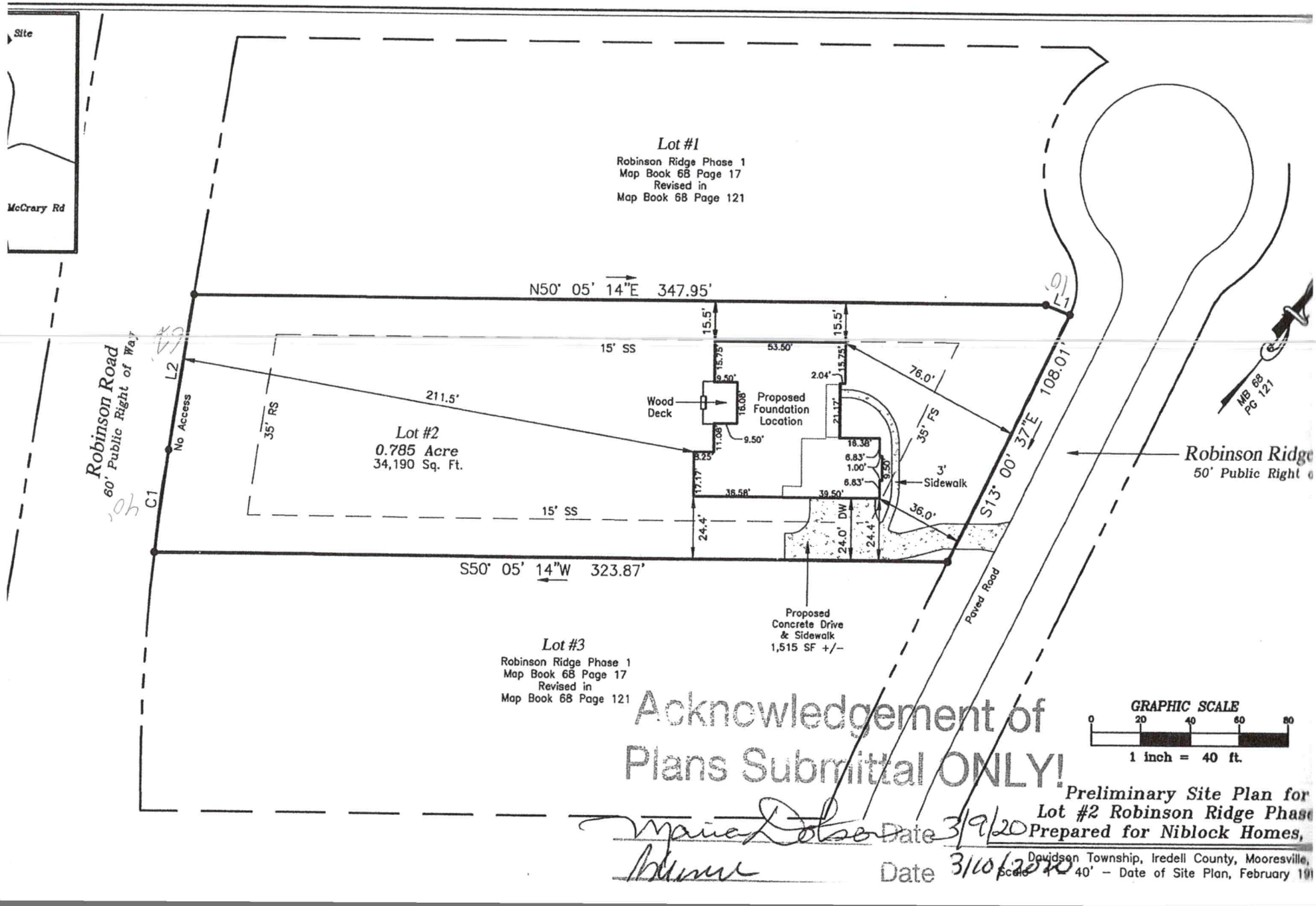
6-25-18
Date

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

Robinson Ridge Subdivision





Acknowledgement of Plans Submittal ONLY!

Maria Dolson Date 3/9/20

Date 3/10/2020

Acknowledgement of
Plans Submittal ONLY!

60

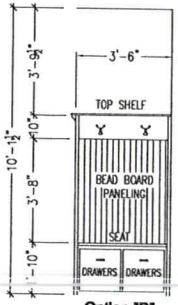
Date 3/9/20

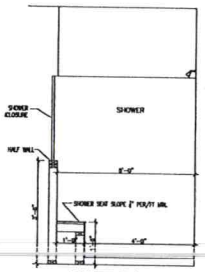
Date 3/10/2020

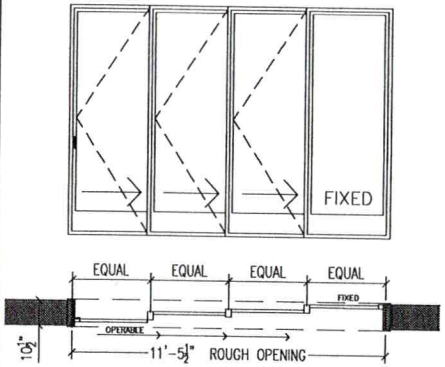
DOOR SCHEDULE					
QUANTITY	MARK	DOOR SIZE WxH	TYPE	SWING	ROUGH OPENING
1	28/80	32 x 98	CASED OPENING	NA	34" x 98 1/2"
3	30/80	36 x 98	CASED OPENING	NA	38" x 98 1/2"
1	50/80	60 x 96	CASED OPENING	NA	62" x 98 1/2"
1	24/68	30 x 80	EXTERIOR	Left	32" x 82 1/2"
1	28/80	32 x 98	EXTERIOR	Right	34" x 98 1/2"
1	30/68	36 x 80	EXTERIOR	Right	38" x 82 1/2"
1	20/68	24 x 80	INTERIOR	Left	26" x 82 1/2"
1	20/80	24 x 96	INTERIOR	Right	26" x 98 1/2"
2	24/68	28 x 80	INTERIOR	Right	30" x 82 1/2"
6	24/80	28 x 96	INTERIOR	Right	30" x 98 1/2"
4	24/80	28 x 96	INTERIOR	Left	30" x 98 1/2"
3	28/80	32 x 96	INTERIOR	Left	32" x 98 1/2"
2	28/80	32 x 96	INTERIOR	Right	34" x 98 1/2"
1	2 @ 30/80	2 @ 30 x 96	INTERIOR - BYPASS	Left	73" x 97 1/4"
1	83/80	99 x 96	OVERHEAD	NA	99" x 98"
1	183/80	195 x 96	OVERHEAD	NA	195" x 98"

SEE SUPERINTENDENT FOR R.O. FRAMING ON POCKET DOORS





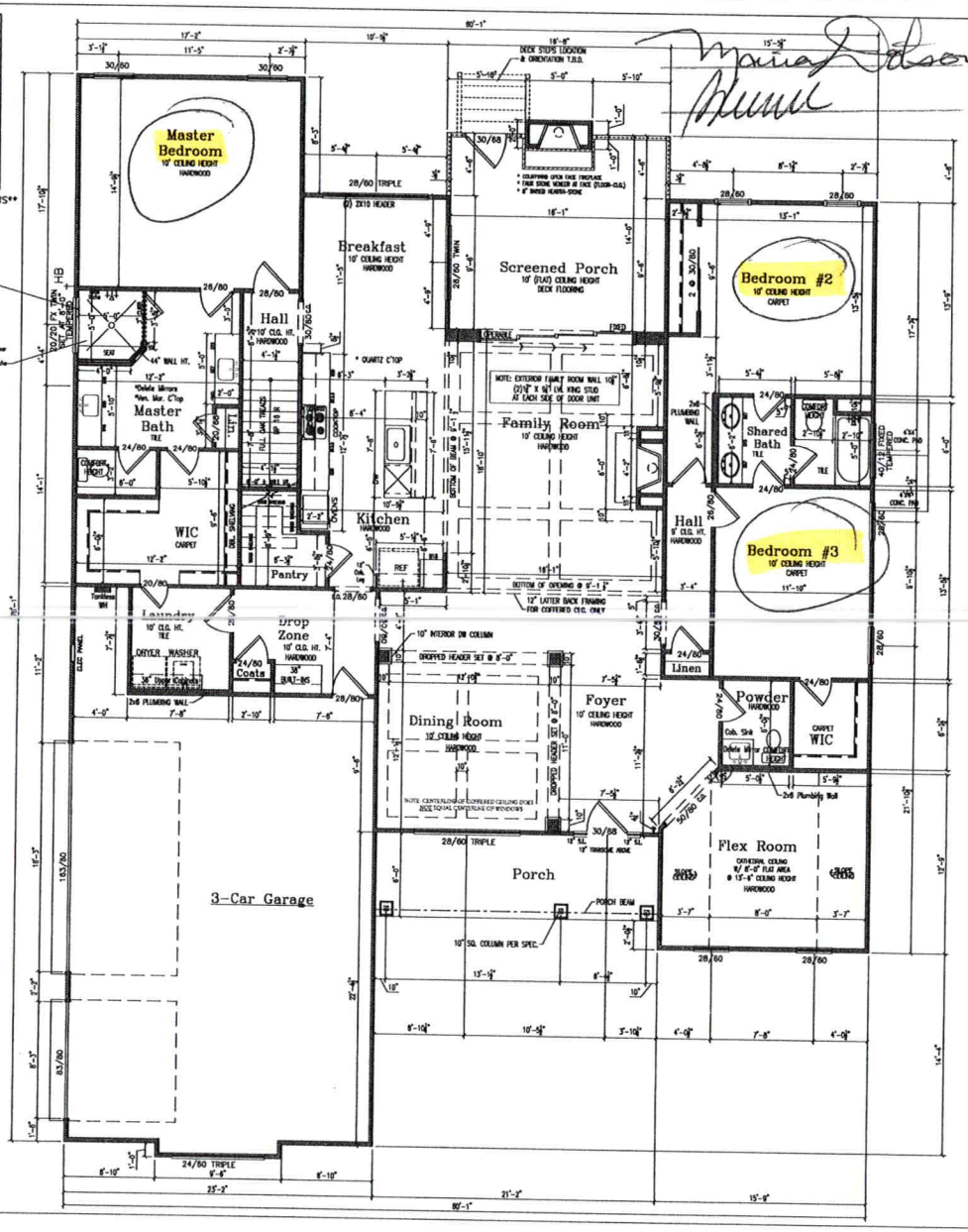




MULTI-SLIDE DOOR UNIT DETAIL

PER SUPPLIER:
* FRAME SIZE: 137" X 95½"
* ROUGH OPENING: 137½" X 96"
* OVERALL CONCRETE DIM 138" X 10½"

** SEE SUPERINTENDENT FOR OVERALL DIMS ***



SHELVING NOTES:
Closets - Total Slide Option
Pantry - Wood Shelves
Linen - Standard

SQUARE FOOTAGES FRAME

	SQ. FT.
1ST FLOOR	2592
2ND FLOOR	430
TOTAL LIVING	3022
GARAGE	781
FRONT PORCH	127
SCREENED PORCH	227

REVISION DATES:
2/17/20: c.o.#1-3
2/24/20: c.o.#4-5

BLOCK DEVELOPMENT CORPORATION
55 CORPORATE PARKWAY NORTH
CONCORD, NC
(704) 788-4818 FAX (704) 784-3720

LOT #2
@ Robinson Ridge
Moshier Residence

FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0" (34X22)
SCALE: 1/8" = 1'-0" (17X11)

DATE: 2/05/2020
PLAN: GRAYSON-A

DRAWN BY: MB
ESTIMATED BY: AK
CHECKED BY: MN

UPPER LEVEL FRAMING NOTES:

BRACED WALL LINE NOTE:
THIS STRUCTURE HAS BEEN ANALYZED FOR LATERAL LOADING USING CONTINUOUSLY SHEATHED 7/16" OSB WALL SHEATHING USING 8d NAILS AT 6" o.c. ALONG EDGES AND 12" o.c. AT INTERMEDIATE FRAMING. BLOCK AND NAIL ALL PANEL EDGES.

WHERE BRACED WALLS DO NOT MEET THE PRESCRIPTIVE REQUIREMENTS OF SECTION R602.10 OF THE CODE, IT HAS BEEN ANALYZED BY ENGINEERING ANALYSIS INCORPORATING ENGINEERED LATERAL BRACING ELEMENTS WHERE NEEDED TO MEET THE INTENT OF THE CODE. SEE PLANS FOR ALL NOTES AND DETAILS.

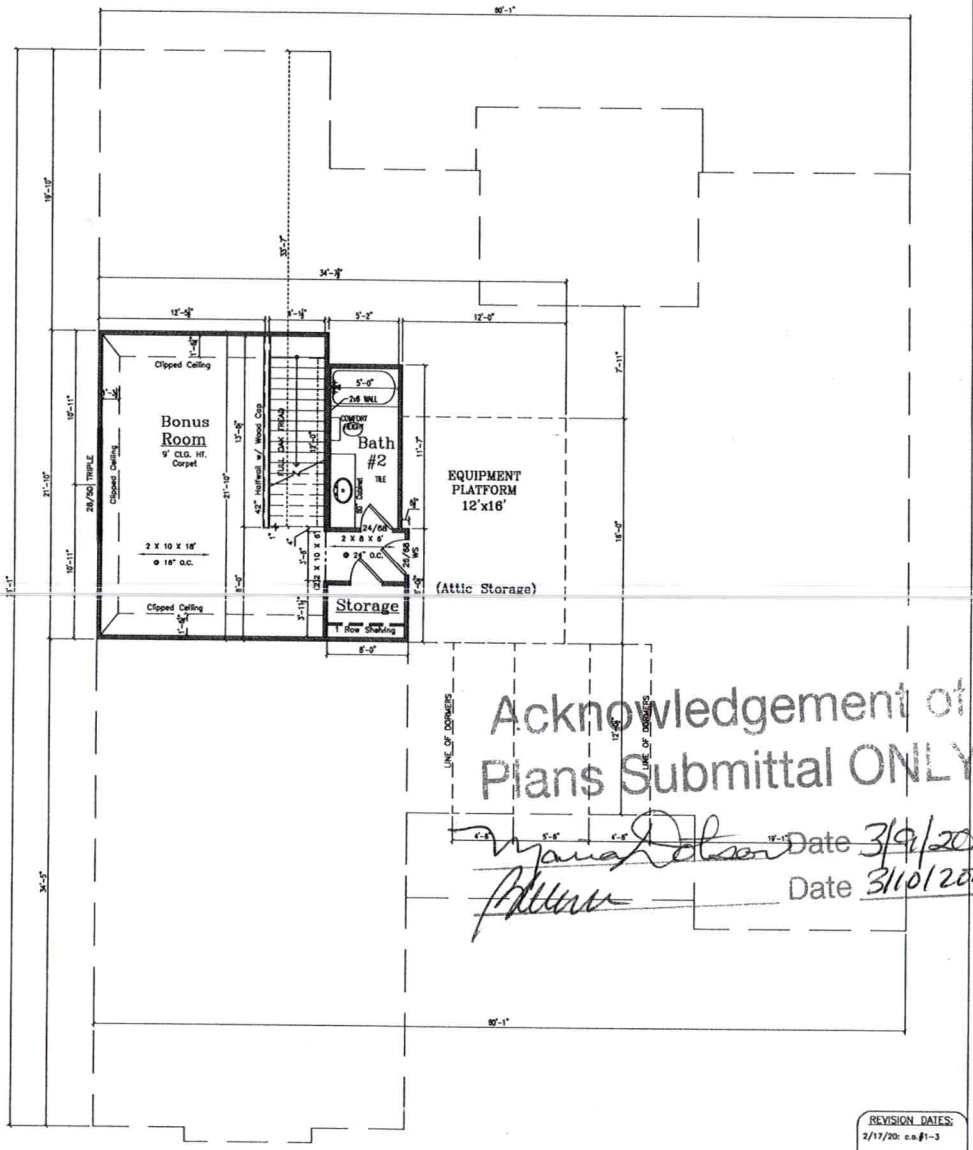
1. "T.T.R" INDICATES "TIE (CEILING JOIST) TO RAFTER WITH FOUR 3"X0.131" NAILS)
2. ALL LOAD– BEARING HEADERS SHALL BE (2)2X8 SPF#2 WITH 1 'J' AND 1 'K' UNLESS OTHERWISE NOTED ON THE PLAN.
3. ALL WALLS UP TO 10 FT. TALL SHALL BE A MINIMUM OF 2X4 SPF#2 @ 16" o.c. UNLESS NOTED OTHERWISE ON THE PLAN. TALLER WALLS SHALL COMPLY WITH TABLE R602.3(5) OF THE CODE OR AS NOTED ON THE PLAN.
4. WOOD BEAMS SHALL BE SUPPORTED BY METAL HANGERS OF ADEQUATE CAPACITY WHERE FRAMING INTO BEAMS OR LEDGERS. THE FOLLOWING HANGER SCHEDULE MAY BE USED UNLESS NOTED OTHERWISE ON THE PLAN:

MEMBER SIZE	SIMPSON HANGERS
(2) 2X8	LUS 28–2
(2) 2X10	LUS 210–2
(2) 2X12	LUS 210–2
(2) 1¾" X 9¼" LVL	HUS 410
(2) 1¾" X 11⅞" LVL	HUS 412
(2) 1¾" X 14" LVL	HUS 412
ALL TRIPLE LVLs	HHUS 5.50/10

5. NOTE: FILL ALL OF THE HOLES IN BEAM HANGERS WITH 16d x 3½" COMMON NAILS (3¼" x 0.162") OR 16d x 2½" (2½" x 0.162") NAILS UNLESS OTHERWISE SPECIFIED BY THE MANUFACTURER. DO NOT BEND OR MODIFY THE HANGER OR USE INAPPROPRIATE FASTENERS. DO NOT USE 10dX 1½" "HANGER NAILS" UNLESS OTHERWISE NOTED ON THE PLANS OR IN SITUATIONS WHERE ONLY 1¾" OR LESS OF WOOD IS PROVIDED TO NAIL INTO.
6. "LVL" AND GLU–LAM BEAMS MUST HAVE ENOUGH STUDS TO SUPPORT ALL PLIES AT EACH END WITH A MINIMUM OF (3)–2X4 OR (2)–2X6 STUDS UNDER EACH END UNLESS NOTED OTHERWISE.
7. ALL POINT LOADS FROM ROOF BRACES, JACK STUDS, BEAM SUPPORTS –WHETHER WOOD OR STEEL–CANNOT BEAR ON SHEATHING ALONE. BLOCKING EQUAL TO OR BETTER THAN THE POINT LOAD SUPPORTS ABOVE MUST BE CARRIED THROUGH ALL CONSTRUCTION TO THE FOUNDATION. INSTALL 2X4 SQUASH BLOCKS (S.B.) OF EQUAL NUMBER TO COLUMN ABOVE BETWEEN SUBFLOOR AND FOUNDATION WALL OR LOWER PLATE. RIM BOARDS AND I–JOIST BLOCKING SHALL NOT BE CONSIDERED AS AN ACCEPTABLE MEANS OF SUPPORT UNDER CONCENTRATE POINT LOADS FROM LVL AND STEEL BEAMS OR WHERE "S.B' IS INDICATED ON THE PLAN.
8. FASTEN ALL TRIPLE PLY LVLs TOGETHER WITH TWO ROWS OF 5" LONG FLATLOK OR SIMPSON SDS SCREWS @ 16" o.c. AND FOUR PLY LVLs WITH TWO ROWS OF 6¾" FLATLOK SCREWS @ 16" o.c. UNLESS NOTED OTHERWISE ON THE PLANS. THE SCREWS SHALL BE LOCATED A MINIMUM OF 2" AND A MAXIMUM OF 3" FROM THE TOP OR BOTTOM OF THE BEAM.
9. FASTEN FIRST KING STUD TO LUMBER HEADER WITH AT LEAST THREE 16D (3½"X0.162") IN EACH PLY. EACH KING STUD PLY SHALL BE NAILED TO THE OTHER WITH TWO ROWS OF 3"x0.131" NAILS AT 9"o.c. SEE R602.7.5 FOR NUMBER OF KING STUDS REQUIRED IF NOT NOTED ON PLANS.

'J' = JACK STUD 'K' = KING STUD 'ST'= STUD

10. CONTRACTOR TO PROVIDE 22"x30" ACCESS TO ATTIC.
11. SEE ARCHITECTURAL PLANS FOR ALL DIMENSIONS.



REVISION DATES:
2/17/20: c.o.#1-3

IBLOCK DEVELOPMENT CORPORATION
739 CONCORD PARKWAY NORTH
CONCORD, NC
(704) 788-4818 FAX (704) 784-3720

LOT #2
@ Robinson Ridge
Moshier Residence

SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0" (34X22)
SCALE: 1/8" = 1'-0" (17X11)

DATE: 2/05/2020
PLAN: GRAYSON–A

DRAWN BY:MB
ESTIMATED BY:AK
CHECKED BY:MN

IREDELL COUNTY

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

APPLICATION NUMBER
220262
Issue Date: 07/13/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4638222491.000	139 ROBINSON RIDGE DRIVE, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: WILLIAMS RANDY P+KIMBERLY S	Applicant: ROBINSON WOODS DEVELOP
Address: 486 IREDELL CO, NC 28625	Address: PO BOX 4628 MOORESVILLE, NC 28117
Phone:	Phone: 919-606-5852

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
18.000	35.00	35.00	15.00	15.00	CA	AE

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	74263	TOTAL FEES:	$ 77.25