BCW

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # 306702

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

PIN # 4638-29-9776

APPLICANT/OWNER: Nelson Dellinger | APPLICANT ADDRESS: 170 Pisgah Church Road

SITE ADDRESS: 490 Kenway Loop Mooresville NC 28117 | PHONE: 704-902-0429 | ALT. PHONE 828-514-2604

SITE DIRECTIONS: 21 South Right on Perth Right on Fern Hill Left on Kenway | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Woodleaf | SECTION: 2 | LOT# 110 | LOT AREA: 1 | DESIGN FLOW: 360gpd | L.T.A.R.: .5

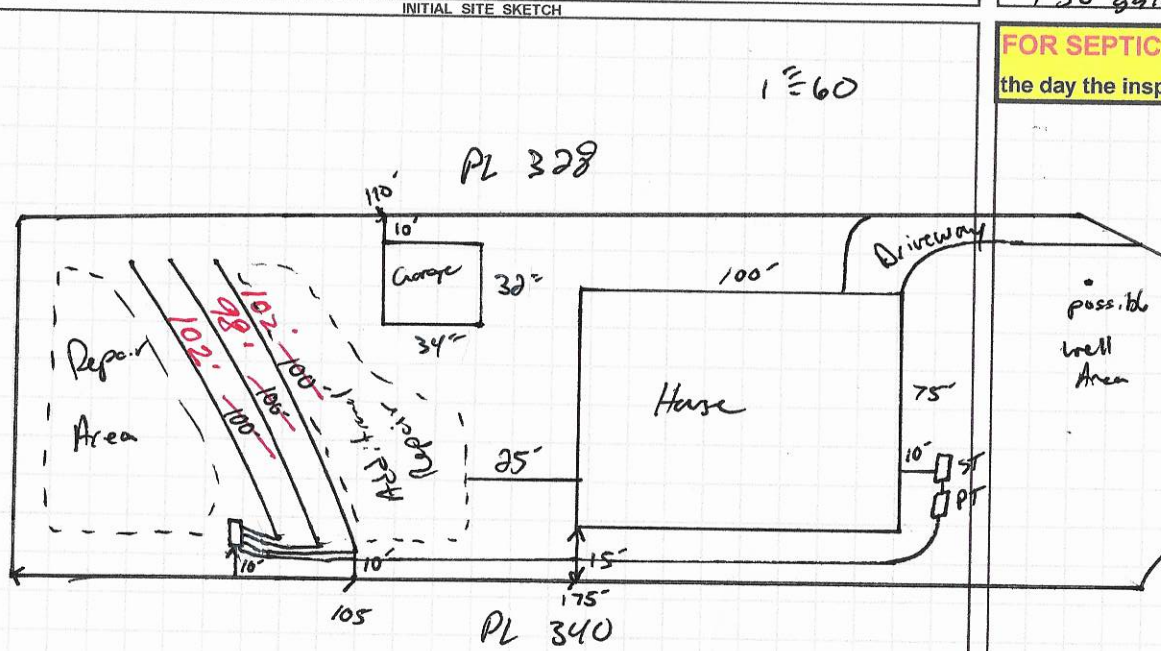
Septic Tank	1000	(gal)	STB SHOAF	7100	Date	5/18	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	1000	(gal)	PT SHOA	328	Date	See attached	System Description:	25% Reduction PM			
Pump Make			Model		Serial #		Repair System Description:	25% Reduction PM			
# Nitrification Fields	1		# Lines	3	Linear Ft:	300'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"		Trench Bottom Depth(~~Low side~~)	Max 36"			Gravel Depth	-	☐ GRAVITY	☒ PRESSURE	

☒ Residence	No. Bedrooms	3	Water Supply	
☐ Business	No. Persons	6	☒ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☒ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Install Drainlines on Contour and use PM for distribution. Detached Garage must meet Zoning Setbacks.

Use 3 ½ Sch 40 taps
21.33 Gallon per min | 6.5" drawdown
136 gallon dose | 6 minute run time

INITIAL SITE SKETCH



AS BUILT SKETCH

As built attached

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.

	Date	Initials
Drain Lines Checked	7-16-21	DW
Tanks Checked	7-16-21	DW
Pressure Manifold or Valve Box Checked	8-16-21	
Pressure Head Set	8-16-21	
Electrical Checked	8-16-21	
Floats Set	8-16-21	
Alarm Checked	8-16-21	
Maintenance Contract Y / (N)	not required	
Comments:		

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: 9-14-2020 Installed by: Craig Thompson Grading

IMPROVEMENT PERMIT by: _____ Date: 9-11-2020 OPERATION PERMIT by: James Boggs Date: 8-16-2021

AUTHORIZATION TO CONSTRUCT by: _____ Date: 9-11-2020 Existing System Inspected by: _____ Date: _____

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

BCW

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # 306702

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

PIN # 463 -829 - 9776

APPLICANT/OWNER: Nelson Dellinger | APPLICANT ADDRESS: 170 Pisgah Church Road

SITE ADDRESS: 490 Kenway Loop Mooresville NC | PHONE: 704-902-0429 | ALT. PHONE 828-514-2604

SITE DIRECTIONS: 21 South Right on Perth Right on Fern Hill Left on Kenway | SAP CONTROLLED: [ ] YES [X] NO

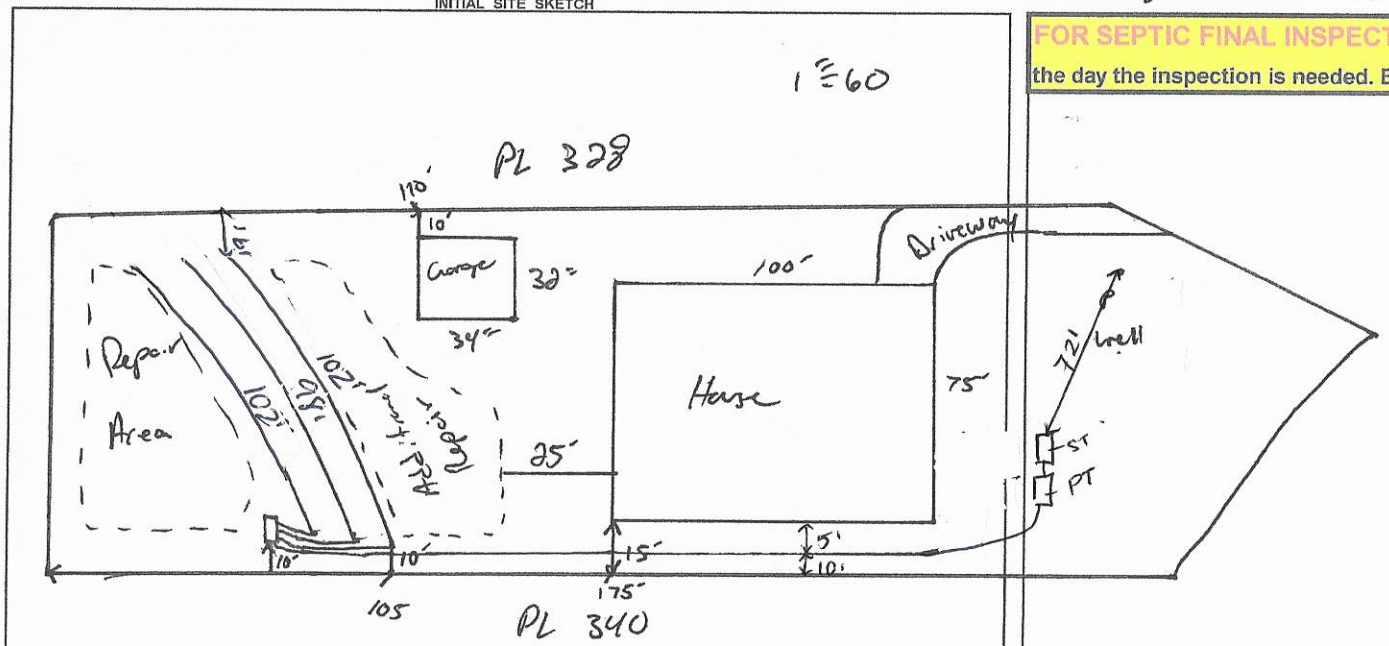
SUBDIVISION: Woodleaf | SECTION: – | LOT # 110 | LOT AREA: 1 | DESIGN FLOW: 360gpd | L.T.A.R.: .5

Septic Tank	1000 (gal)	STB SHOAF 7100	Date 5/18	[X] New System [ ] Repair [ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000 (gal)	PT SHOAF 3268	Date See attached	System Description:	25% Reduction PM	[ ] Business	No. Persons	6	[X] Private
Pump Make		Model	Serial #	Repair System Description:	25% Reduction PM	[ ] Other	No. Employees		[ ] Public
# Nitrification Fields	1	# Lines 3	Linear Ft: 300'	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[X] Crawl Space		[ ] Community
Trench Width	36"	Trench Bottom Depth(Low side)	Max 36"	Gravel Depth –	[ ] GRAVITY [X] PRESSURE	[ ] Basement w/plumbing	[ ] Basement w/o plumbing		

Comments / Conditions: Install Drainlines on Contour and use PM for distribution. Detached Garage must meet Zoning Setbacks.

Use 3 ½ Sch40 taps
21.33 Gallon per min | 6.5" draw down
136 gallon dose | 6 minute run time

INITIAL SITE SKETCH



AS BUILT SKETCH

As Built - Near Scale

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.

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 9-14-2020 Installed by: Craig Thompson Grading

IMPROVEMENT PERMIT by: [signature] Date: 9-11-2020 OPERATION PERMIT by: James Boggs Date: 8-16-2021

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 9-11-2020 Existing System Inspected by: Date:

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

Danielle Wieberg

From: Jimmy Shoaf <jimmy@shoafprecast.com>
Sent: Friday, July 16, 2021 4:09 PM
To: Danielle Wieberg
Subject: RE: Pump tank

Danielle

The Pump Tank installed by Craig Thompson at 490 Kenway Loop, Mooresville was poured on June 22 2021 and tested 4500 PSI before leaving Shoaf Precast Inc

Thanks

Jimmy Shoaf

Shoaf Precast
Lexington, NC 27295
Email: Jimmy@ShoafPrecast.com
Phone: 336-787-5826
Web: www.shoafprecast.com

From: Danielle Wieberg [mailto:danielle.wieberg@co.iredell.nc.us]
Sent: Friday, July 16, 2021 3:38 PM
To: Jimmy Shoaf
Subject: Pump tank

Danielle Wieberg
Environmental Health Specialist
Iredell County Health Department
610 E. Center Avenue
Mooresville , NC 28115
704-902-4482

ExchangeDefender Message Security: Check Authenticity

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. Report suspicious emails by clicking the "Report Phish" button.

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

Sheet 1 of 1
PROPERTY ID #: 4638299776
COUNTY: Iredell

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

OWNER: Nelson Dellinger
ADDRESS: 170 Pisgah Church
APPLICATION DATE: 4-8-2020
PROPOSED FACILITY: 3 BR
PROPOSED DESIGN FLOW (.1949): 360 gpd
DATE EVALUATED: 4-29-2020
LOCATION OF SITE: 4190 Kenway Loop
PROPERTY SIZE: 1
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	12% SS	0-12	SBK scl	Fr SSSP Sap	N/A	48+	N/A	N/A	PS .3
		12-29	SBK c						
		29-48	SBK cl						
2	18% SS	0-6	SBK scl		N/A	48+	N/A	N/A	PS .3
		6-27	SBK c						
		27-48	SBK cl						
3	12% SS	0-6	SBK scl		N/A	48+	N/A	N/A	PS .3
		6-22	SBK c						
		22-48	SBK cl						
4	17% SS	0-6	SBK scl		N/A	48+	N/A	N/A	PS .3
		6-22	SBK c						
		22-118	SBK cl						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	300'
System Type(s)	2SC PM	2SC PM
Site LTAR	.3	.3

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

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None	None		

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

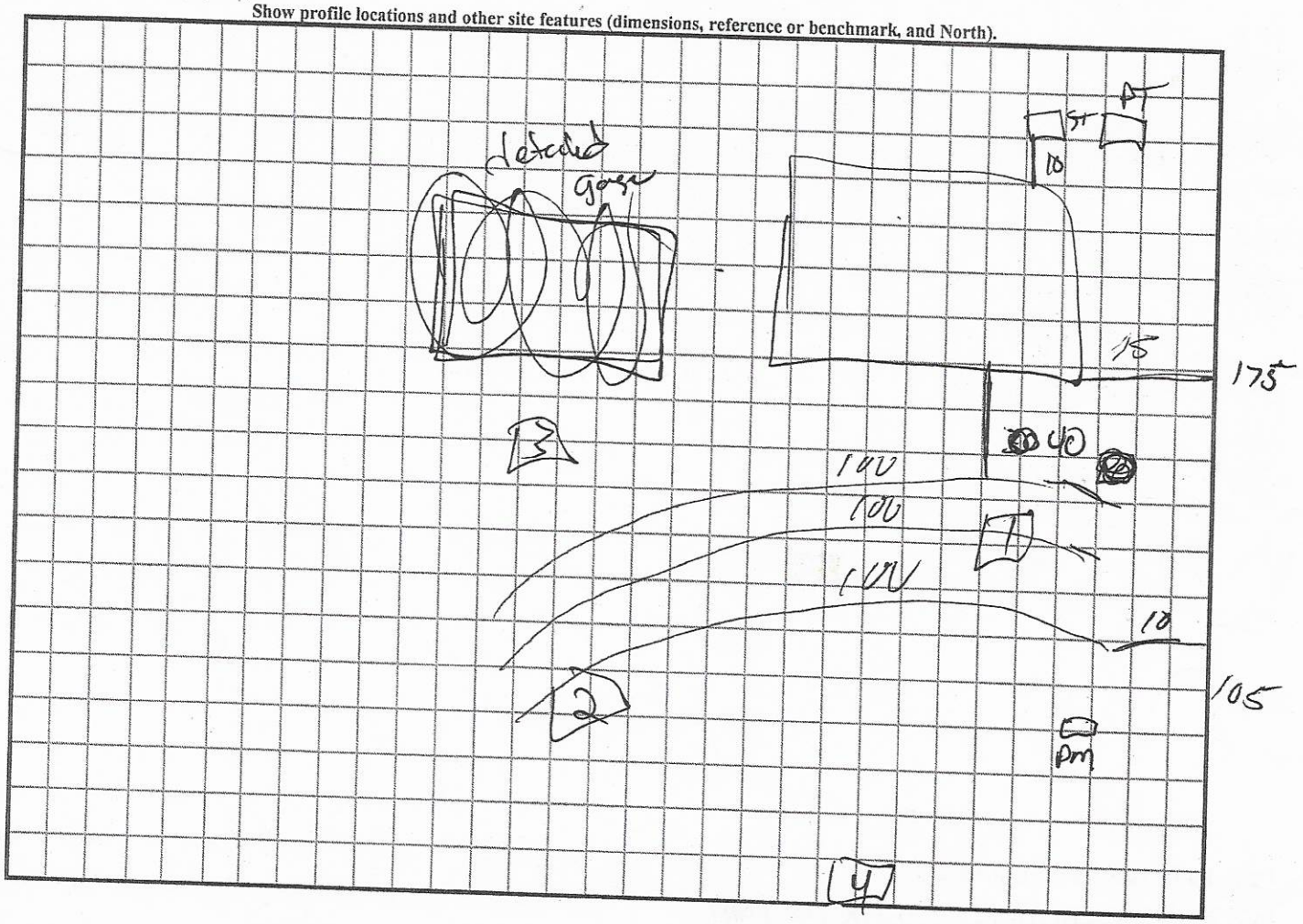
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



RECEIVED APR 2 0 2020

AP-306702
$500.00

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*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: Nelson Dellinger Address: 170 Pisgah Church Rd. statesville Zip: 28625
Applicant Email: hammerman5499@Aol.com Phone: 704-902-0429 Alt. Phone: 704 876 4387
Owner Name: Lauren Young Address: _____ Zip: _____
Owner Email: laurenyound2012@gmail.com Phone: 828 514 2604 Alt. Phone: _____

Property Information:

Street Address: 490 Kenway Loop Mooresville NC.
Subdivision Name: ~~Hwy 21 South / Right on Perth~~ Section/Phase: _____ Lot Number: _____
Driving Directions: 21 South - Right on Perth - Right on Fern Hill - Left Kenway

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

(✓) New Single Family Residence Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants: 4
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: _____ 4-8-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

dotloop signature verification: dl[illegible]

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, Woodbridge Partners, LLC, am the legal owner(s) of the property located at 480 Kenway Loop Mooresville NC., identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Nelson Dellinger, Nelson Dellinger Building Company, 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.

Jeffery Cernuto dotloop verified 04/10/20 11:14 AM EDT GKWS-B196-M7ZJ-ETDG

Signature of Owner(s) _____ Date

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

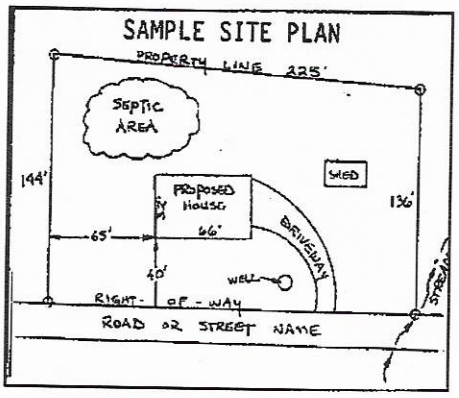
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY 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:

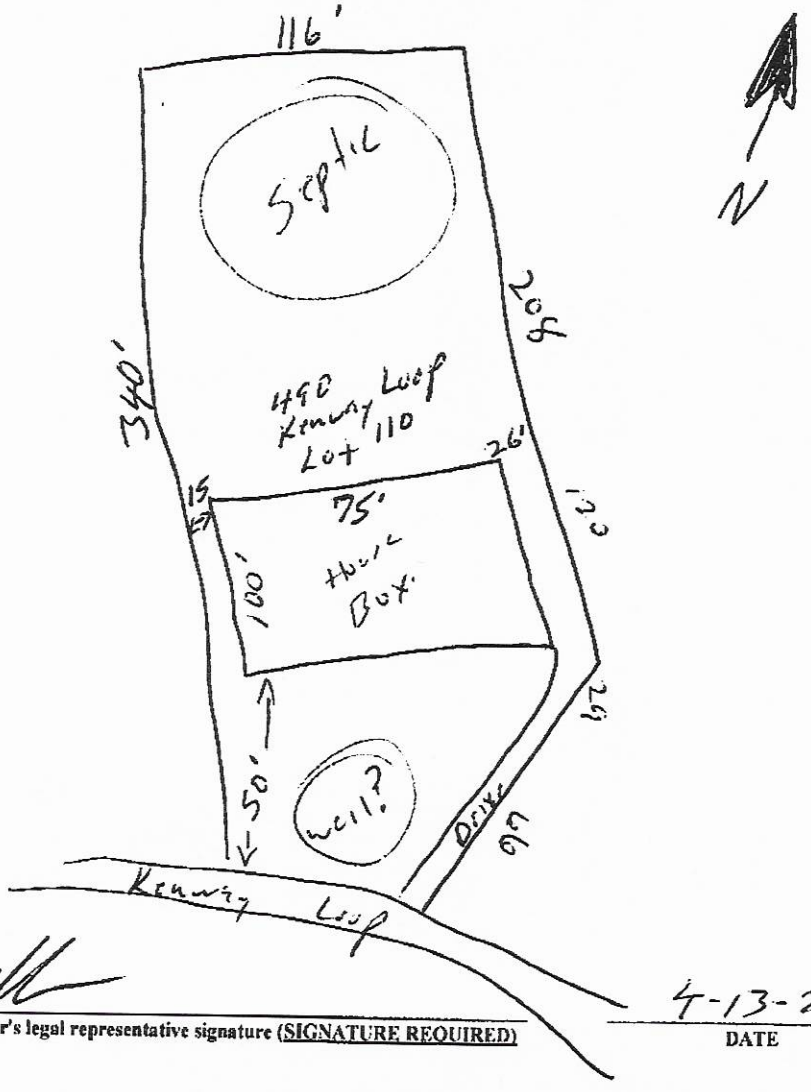
- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location and well location
- (✓) Area you prefer your septic system to be placed
- (✓) North arrow, or other sufficient indicator 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: _____ 4-13-2020

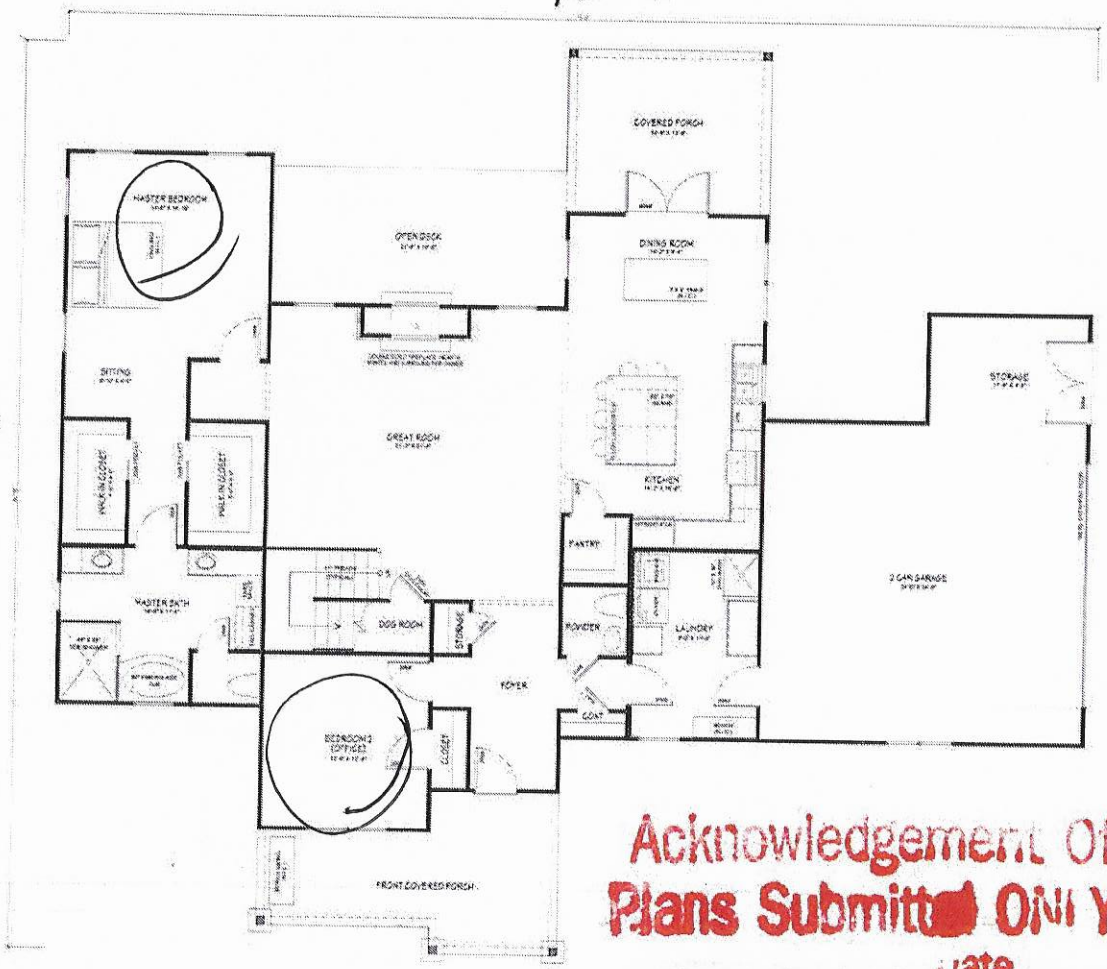
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

PRINTER NOTE: DRAWINGS PRINTED TO SCALE ON 24" x 36" PAPER SIZE

PRELIMINARY

75'-0"

67'-0"



Acknowledgement Of
Plans Submitted ONLY!

Date

Date 9-11-2020

DOOR NOTES

1. PROVIDE SAFETY GLAZING IN DOORS AND WINDOWS AS REQUIRED BY CODE
2. ALL HEADERS IN EXTERIOR WALLS TO BE 6'-8" U.N.O.
3. COORDINATE DOOR TRIM STYLE WITH OWNER
4. COORDINATE HARDWARE STYLE WITH OWNER
5. SEE FLOOR PLANS FOR ADDITIONAL DOOR INFORMATION

FRONT

H OT

D&T HOMEDESIGNS

DESIGNER

THESE DRAWINGS ARE INSTRUMENTS OF SERVICE AND SHALL REMAIN THE PROPERTY OF D & T HOME DESIGNS, LLC. ALL RIGHTS RESERVED. THIS DRAWING IS NOT TO BE REPRODUCED OR USED FOR CONSTRUCTION IN ANY MANNER WITHOUT THE WRITTEN AUTHORIZATION OF D & T HOME DESIGNS, LLC

COPYRIGHT 2020

D & T HOME DESIGNS, LLC HAS TAKEN GREAT CARE IN THE PREPARATION OF THESE PLANS HOWEVER SINCE CODES ARE SUBJECT TO CHANGE AND INTERPRETATIONS MAY VARY WE DO NOT GUARANTY COMPLIANCE WITH ANY SPECIAL CODE OR ORDINANCE. CONTRACTOR IS TO VERIFY COMPLIANCE AND WHO MAKING A PERMIT APPLICATION. THESE PLANS SHOULD BE REVIEWED BY A LOCAL ENGINEER OR ARCHITECT FOR STRUCTURAL DESIGN COMPLIANCE. D & T HOME DESIGNS, LLC ASSUMES NO RESPONSIBILITY FOR UNKNOWN CONDITIONS ENCOUNTERED IN THE FIELD.

SQUARE FOOTAGE

REVISIONS

Customer Name
Lauren Young

Address
100 Arrowry Loop
Mooresville, North Carolina

Plan Design Number
R-2020-140

Sheet Title
MAIN LEVEL FLOOR PLAN

Sheet No.
B3.0

IREDELL COUNTY · NC

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

APPLICATION NUMBER
306702 Issue Date: 04/14/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4638299776.000	490 KENWAY LOOP	Iredell County

Owner Information	Applicant Information
Name: WOODBRIDGE PARTNERS LLC	Name: NELSON DELLINGER BUILDING COMPANY
Address: P O BOX 3608	Address: 170 PISGAH CHURCH ROAD
MOORESVILLE, NC 28117	STATESVILLE, NC 28625
Phone:	Phone: (704)902-0429

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
SFD

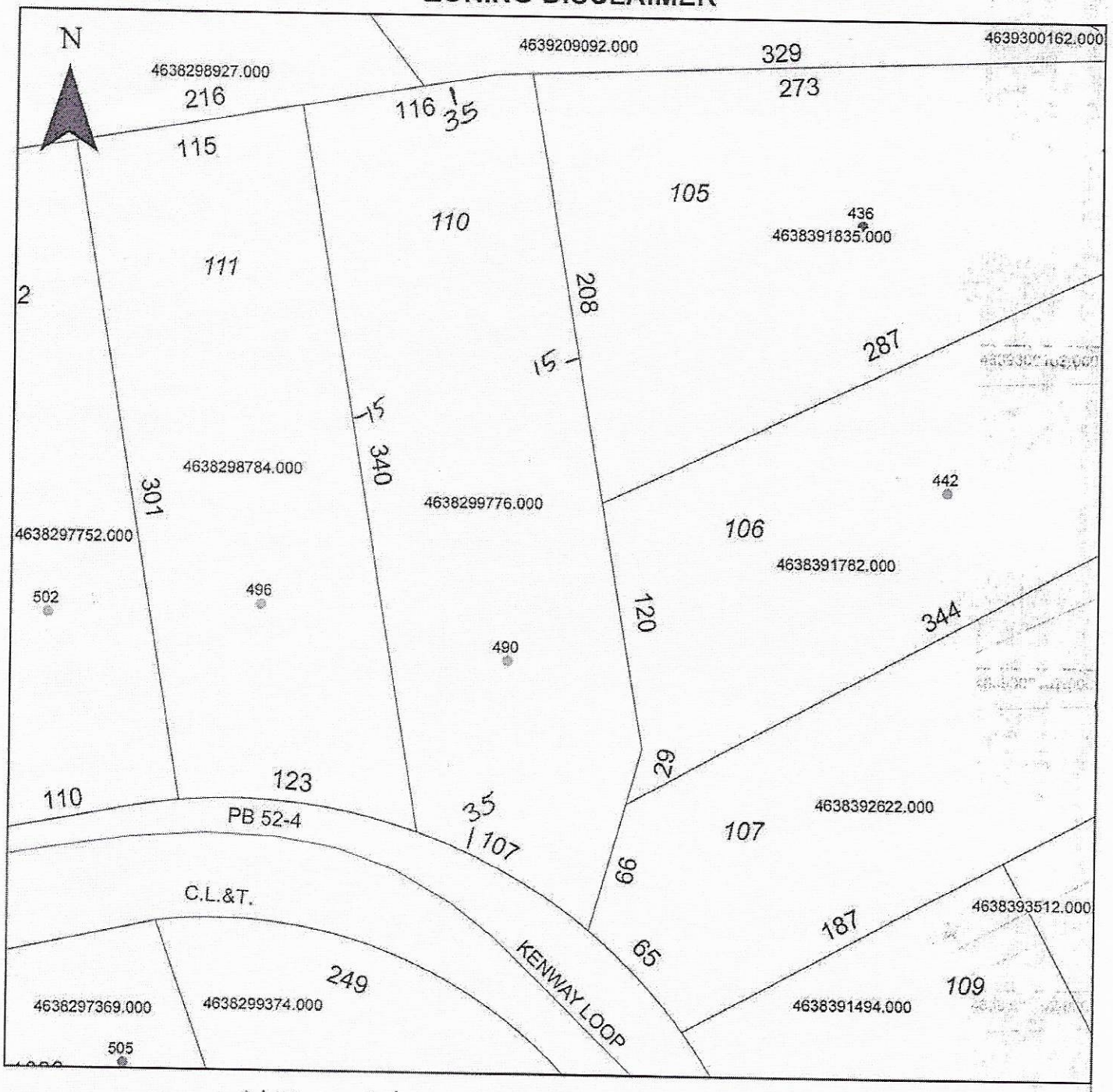
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Signature of Owner/Contractor

Date: 04/14/2020

Permit Number	306702	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 490 Kenway

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

Date