Paid 4/6/15 ✓ RECEIVED APR 1 4 2015
S/B 4/6 Paid $500.00 20951
Statesville

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT

(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)

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct X BOTH ___Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ✓Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

America's Home Place, Inc.	P.O. Box 4174, Irmo, SC 29063	(803) 530-1493	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Gayle Cillo	105 Highlands Cir. Easton, PA 18042	(908) 752-1481	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

154 Kiskadee Dr, Mooresville	Harbor View	Section 9, Lot 7
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: From EH, go (R) on E. Center Ave. for ~0.6 mi. Turn (L) on S. Main St. & go ~400 ft. Turn (R) on W. McLelland Ave. & go ~1.0 mi. Turn (L) on E. Plaza Dr./NC-150 W & go ~4.0 mi. Turn (R) on Perth Rd. & go ~2.0 mi. Turn (L) on Stumpy Creek Rd. & go ~0.2 mi. Turn (L) on Kiskadee Dr. & go ~0.2 mi. The subject property is on the (R) just before 160 Kiskadee Dr.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

- (X) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- (X) Repair To Failing Septic System due to _____
- ( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms N/A

- (X) Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- ( ) Basement w/Plumbing?
- ( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:
( ) New Well (X) Existing Well shared well w/section of sbdv. (X) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*
(3) Alternative (1) Conventional (4) Innovative (2) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: Matt McLaurin for America's Home Place, Inc. 4/6/2015
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Type: CONSOLIDATED REAL PROPERTY
Recorded: 11/21/2014 2:21:49 PM
Fee Amt: $82.00 Page 1 of 2
Revenue Tax: $56.00
Iredell County, NC
Matthew J. McCall Register of Deeds

BK 2329 PG 1 - 2

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: $ 56.00

Parcel Identifier No. 4638681152 Verified by _____ County on the ____ day of _____, 20__

By: _____

Mail/Box to: GRANTEE

This instrument was prepared by: Thebeau & Associates, PA, 19600 W. Catawba Avenue, Bldg. A, Ste. 100, Cornelius, NC

Brief description for the Index: LOT 7, Harbor View

THIS DEED made this 21st day of November, 20 14 by and between

GRANTOR	GRANTEE
Byung P. Jeon and wife, Cindy Jeon 5740 Lenox Park Place Buford, GA 30518	Gayle Michele Cillo and husband, Jeffrey Allen Thomas 154 Kiskadee Drive Mooresville, NC 28117

Enter in appropriate block for each Grantor and Grantee: name, mailing address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of Mooresville Township, Iredell County, North Carolina and more particularly described as follows:

BEING of Lot 7 of Harbor View Subdivision, Section Nine, Kiskadee, as shown on a map thereof recorded in Map Book 29 at Page 111 in the Iredell Public Registry.

The above described property is expressly subject to Declaration of Covenants, Conditions and Restrictions Harbor View as recorded in Book 986, at Page 714 and amended Book 1052, Page 1116 Iredell County Public Registry and further subject to those covenants and restrictions in Special Warranty Deed recorded in Book 985 at Page 1085, Iredell County Public Registry.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 1453 page 768.

All or a portion of the property herein conveyed ___ includes or X does not include the primary residence of a Grantor.

A map showing the above described property is recorded in Plat Book 29 page 111.

NC Bar Association Form No. 3 © 1976, Revised © 1/1/2010
Printed by Agreement with the NC Bar Association

ROTC

Page Count: 2
QNS QPQ QSI

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever, other than the following exceptions: All such valid and enforceable easements and restrictions of record.

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

_____ (Entity Name)	Byung P. Jeon (SEAL)
By: _____	Print/Type Name: Byung P. Jeon
Print/Type Name & Title: _____	Cindy Jeon (SEAL)
	Print/Type Name: Cindy Jeon
By: _____	_____ (SEAL)
Print/Type Name & Title: _____	Print/Type Name: _____
By: _____	_____ (SEAL)
Print/Type Name & Title: _____	Print/Type Name: _____

State of North Carolina - County or City of ~~Iredell~~ Mecklenburg

I, the undersigned Notary Public of the County or City of Lincoln and State aforesaid, certify that Byung P. Jeon and wife, Cindy Jeon personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this 21st day of November, 2014.

My Commission Expires: 12-5-16
(Affix Seal)

Notary Public
Notary's Printed or Typed Name

State of _____ - County or City of _____

I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that _____ personally came before me this day and acknowledged that he is the _____ of _____, a North Carolina or _____ corporation/limited liability company/general partnership/limited partnership (strike through the inapplicable), and that by authority duly given and as the act of such entity, he signed the foregoing instrument in its name on its behalf as its act and deed. Witness my hand and Notarial stamp or seal, this ____ day of _____, 20___.

My Commission Expires: _____
(Affix Seal)

NOTARY SEAL PRESENT
BUT NOT REPRODUCIBLE

_____ Notary Public
Notary's Printed or Typed Name

State of _____ - County or City of _____

I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that _____.

Witness my hand and Notarial stamp or seal, this ____ day of _____, 20___.

My Commission Expires: _____
(Affix Seal)

_____ Notary Public
Notary's Printed or Typed Name

NC Bar Association Form No. 3 © 1976, Revised © 1/1/2010
Printed by Agreement with the NC Bar Association