IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233930

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

PIN # 4639176856 V

APPLICANT/OWNER: Robert Hess APPLICANT ADDRESS: 233 Apache Rd Troutman NC 28166

SITE ADDRESS: 233 Apache Rd Troutman NC 28166 PHONE: 704-650-2260 ALT. PHONE 704-650-5809.

SITE DIRECTIONS: Peeler Rd to on Strode Park to on Morrison Farm to on Apache house on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL+T SECTION: 18 LOT # 54 LOT AREA: .62 DESIGN FLOW: 360gpd L.T.A.R.: .30

Septic Tank	1000	(gal)	STB	1060	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	1060	Date	INFILTRATOR	System Description:	50% Reduction - Pressure Manifold			☐ Business	No. Persons	6	☑ Private
Pump Make	GOULD		Model	PE3SM	Serial #	1/3 HP	Repair System Description:	TSII Drip Irrigation			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1		# Lines	3	Linear Ft	200	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☑ Crawl Space		☐ Community
Trench Width	24		Trench Bottom Depth	36	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: See Site Design by Michael Athanas + Associates

Well Abandoned 3-15-19 MD

TANKS, DRAINLINES, SUPPLY LINE, # CHECKED 7-25-2019 BCW

INITIAL SITE SKETCH

See Site Design and Drawing by Michael Athanas + Associates

AS BUILT SKETCH

INSTALLED AS PERMITTED

	Date	Initials
Drain Lines Checked	7-25	BCW
Tanks Checked	7-25	BCW
Pressure Manifold or Valve Box Checked	9/18/19	MD
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / (N)	Not Required	

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: Brenda Smith Date: 3/12 Installed by: SPECIALTY SEPTIC

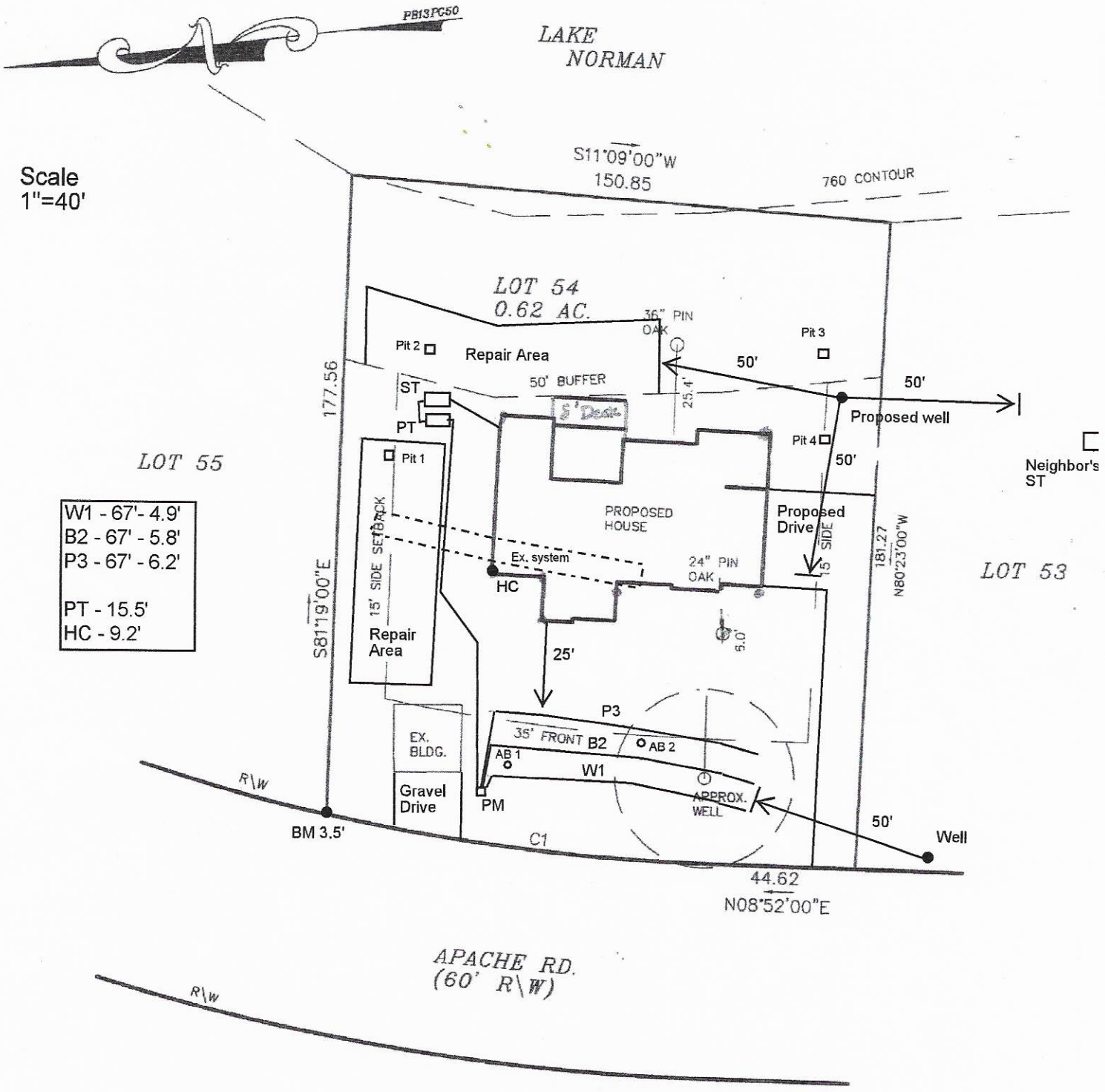
IMPROVEMENT PERMIT by: Benjamin A Batts Date: 3/8/2019 OPERATION PERMIT by: Mark Dotson Date: 9/18/19

AUTHORIZATION TO CONSTRUCT by: Benjamin A Batts Date: 3/11/2019 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.

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	552.79'	103.78'	S 14°14'27" W	103.62'

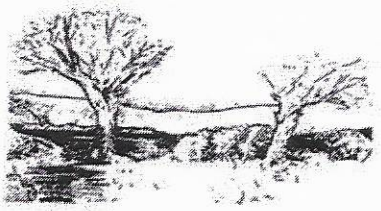
WILLIAM M. ALLEN, PLS



W1 - 67'- 4.9'
B2 - 67' - 5.8'
P3 - 67' - 6.2'

PT - 15.5'
HC - 9.2'

APPROVED MAR 1 2 2019
BAB



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 233 Apache Rd, CL&T Sec 18 Lot 54
House Footprint: See attached plan
Building Setbacks: 35' front, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms/Daily Flow: 3/360 GPD
Proposed LTAR: 0.3 GPD/FT^2 (initial), 0.125 GPD/FT^2 (repair)
Proposed System Type: PPBPS (8' on center)
Proposed Repair System Type: TSII Drip Irrigation
Distribution: Pressure manifold
Flow per Tap: 7.11 GPM
Tap Size and Material: ½" SCH 40
System Flow: 28.44 GPM
Dosing Volume: 172.8 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 15.6'
Friction Head: 1.8'
Pressure Head: 2'
Total Dynamic Head: 19.4'
Supply Line Length: 100' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36"
Proposed Trench Width: 24"

Line	Design Length	# of Panels	Actual Length	Elevation
White 1	67'	16	72'	4.9'
Blue 2	67'	16	76'	5.8'
Pink 3	67'	16	78'	6.2'

Initial System: 201' **Repair System:** 3200 FT^2
Pump Tank: 15.5' **House Corner:** 9.2' **Benchmark:** 3.5' (top of iron)

Comments:
The current well will need to be abandoned and a new well installed.

APPROVED MAR 1 2 2019
BOS

ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 46391768
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

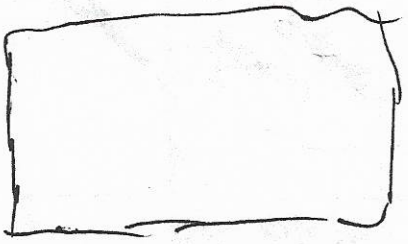
OWNER: Hess
ADDRESS: 233 Sparks Rd.
PROPOSED FACILITY: 3BR Home
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 233 Sparks Rd.
APPLICATION DATE 2/5/19
DATE EVALUATED: 2/19
PROPERTY SIZE: 6 Ac
PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger 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	Ridge 6%	0-10	SL WSBK	SO SP FR SBK	2.5YR 4/6	62		Lithomarbles	PS .3
		10-38	C SBK	SS SP FR					
		38-62	CL WSBK	SS SP VFR					
2	Ridge 8%	0-3	SL WSBK	SS SP FR SBK	2.5YR 4/6	64		ABK 4-25 Some Fe/Mn spots @ 60 inches	PS .3
		3-27	C SBK/ABK	SS SP FR					
		27-64	CL WSBK	SS SP VFR					
3	Side 8%	0-4	SL WSBK	SO SP FR	2.5YR 4/6	70		Plastic 42-54	Drip .125
		4-32	C ABK	SS SP FR					
		32-42	CL WSBK	SS SP FR					
		42-70	LSP M Plastic	NS NP VFR SEP					
4									

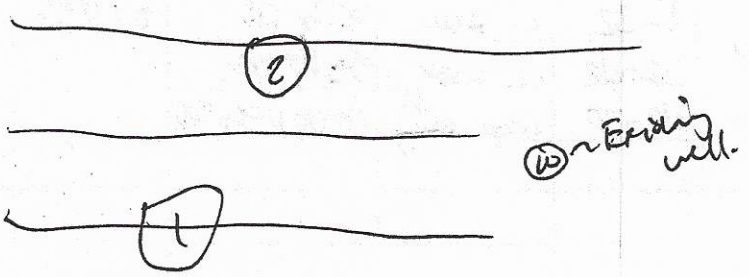
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200	.2810
System Type(s)	II 50% R.R	II
Site LTAR	.50	.125

OTHER FACTORS (.1946): PS 100% Repair Excavated
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: B. Kiss
OTHER(S) PRESENT:

COMMENTS:



(3)



(1) Existing well.

RECEIVED MAR 5 - 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Foundation Homes Residential Address: 438 Williamson Rd, Ste C Zip: 28117
Applicant Email: jsmith foundationhomes@gmail.com Phone: 704-650-2260 Alt. Phone: _____
Owner Name: Bob Heer Address: 233 Apache Rd Troutman Zip: 28166
Owner Email: bob.heer2@gmail.com Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 233 Apache Road, Troutman, NC 28166
Subdivision Name: _____ Section/Phase: _____ Lot Number: 54
Driving Directions: Perth Road (L) on State Park (L) on Morrison Farm (L) on Apache, house on left

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

(✓) 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: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) 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 (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: X _____ 3/4/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

233930

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: Robert Heer **Address:** 233 Apache Rd, Troutman, NC **Zip:** 28166

Applicant Email: _____ **Phone:** Jonathan-704-650-2260 **Alt. Phone:** _____

Owner Name: Same **Address:** Justin 704-650-5809 **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 233 Apache Rd

Subdivision Name: CL&T **Section/Phase:** 18 **Lot Number:** 54

Driving Directions: _____

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

(✓) 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
(✓) 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: _____ 2/5/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

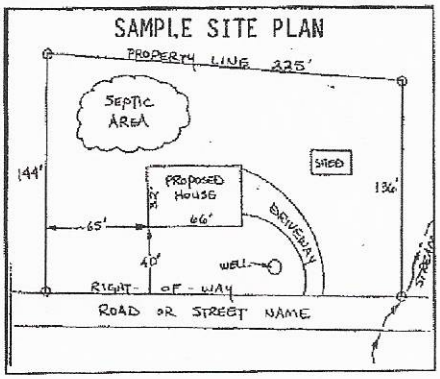
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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**
- ( ) **Preferred well location**
- ( ) **Preferred septic system location**
- ( ) **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

See attached

Signature: _____

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

3-4-19

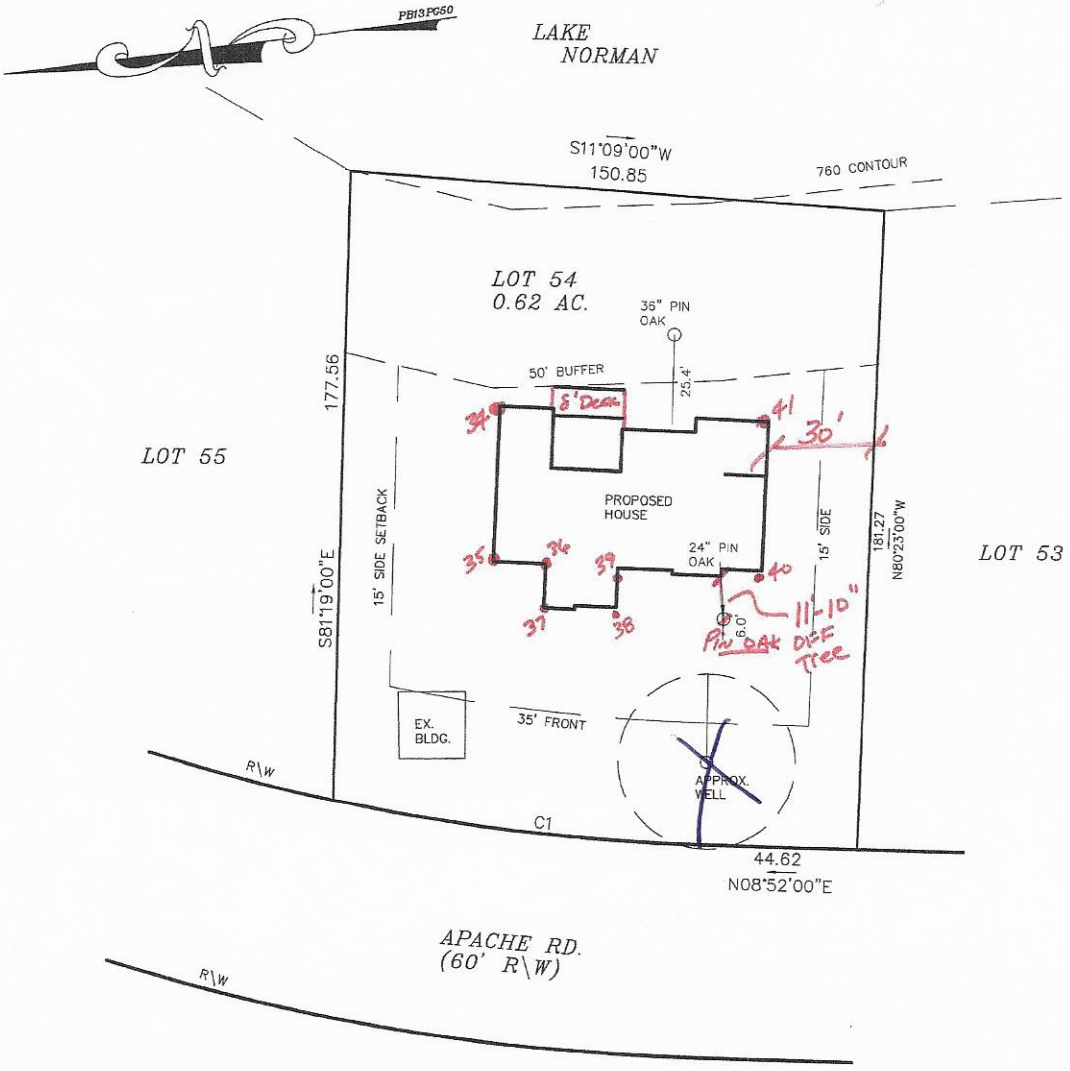
DATE

DAS DON ALLEN & ASSOCIATES, P. A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2490, page 1098, and/or plat book 13, page 50, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C.
my hand and seal on the 20, day of NOV.,
A.D. 20 18.

WILLIAM M. ALLEN, PLS

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	552.79'	103.78'	S 14°14'27" W	103.62'



PLOT PLAN SURVEY

OF

233 APACHE RD

LOT 54 CRESCENT LAND & TIMBER CORP. SECT. 18

SCALE 1" = 40'

FALLSTOWN TWSP., IREDELL CO., N.C.

ACQUIRED BY: FOUNDATION HOMES

FIELD BOOK:
FILE: CLT 54 S18
DC FILE:
TAX MAP NO: 4639176856

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, Robert Heer, am the legal owner(s) of the property located at 233 Apache Rd, Troutman, NC, identified as PIN (Parcel Identification Number) 4639176856.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates Jonathan Smith, Foundation Home Residential, 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.

X _____
Signature of Owner(s)

1/25/2019
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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office - Central Permitting (704) 878-5305 Mooresville Office (704) 660-3625

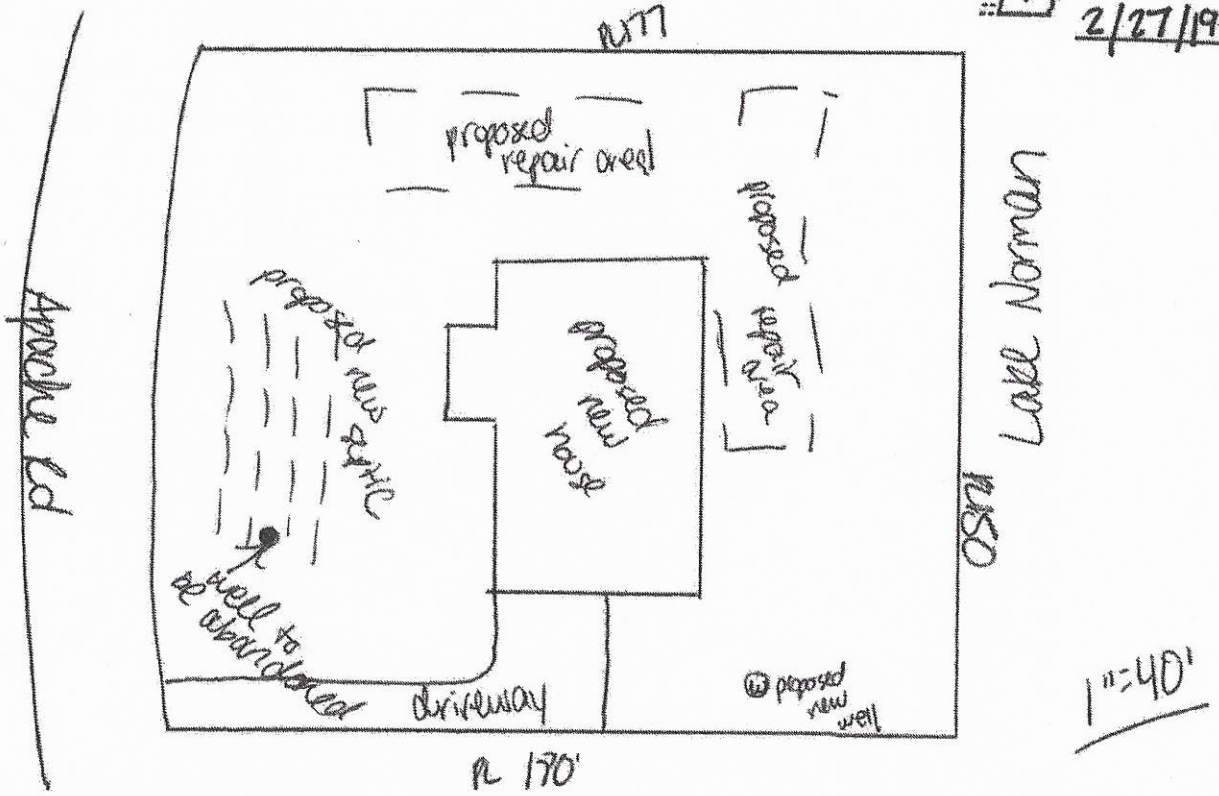
PRIVATE DRINKING WATER WELL PERMIT # 233930 **PIN #** 4039716856 **Type of Permit (circle one):** New Repair Abandonment

APPLICANT/OWNER NAME: Foundation Homes ADDRESS: 438 Williamson PHONE: 704-650-2210

DIRECTIONS TO SITE: State Park Rd → L on Morrison Farm → L on Apache → house on left

SITE ADDRESS: 233 Apache Rd, Troutman 28166 SUBDIVISION: Cliff SECTION/LOT: 02/54

Initial Site Sketch



GROUTING RESULTS

Total Depth _____

Depth of Casing _____

Yield _____

Notes:

COPY

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Abandon well per NCAC well rules.

WELL PERMIT ISSUED BY: Carla C. Cook **DATE:** 2/26/19 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

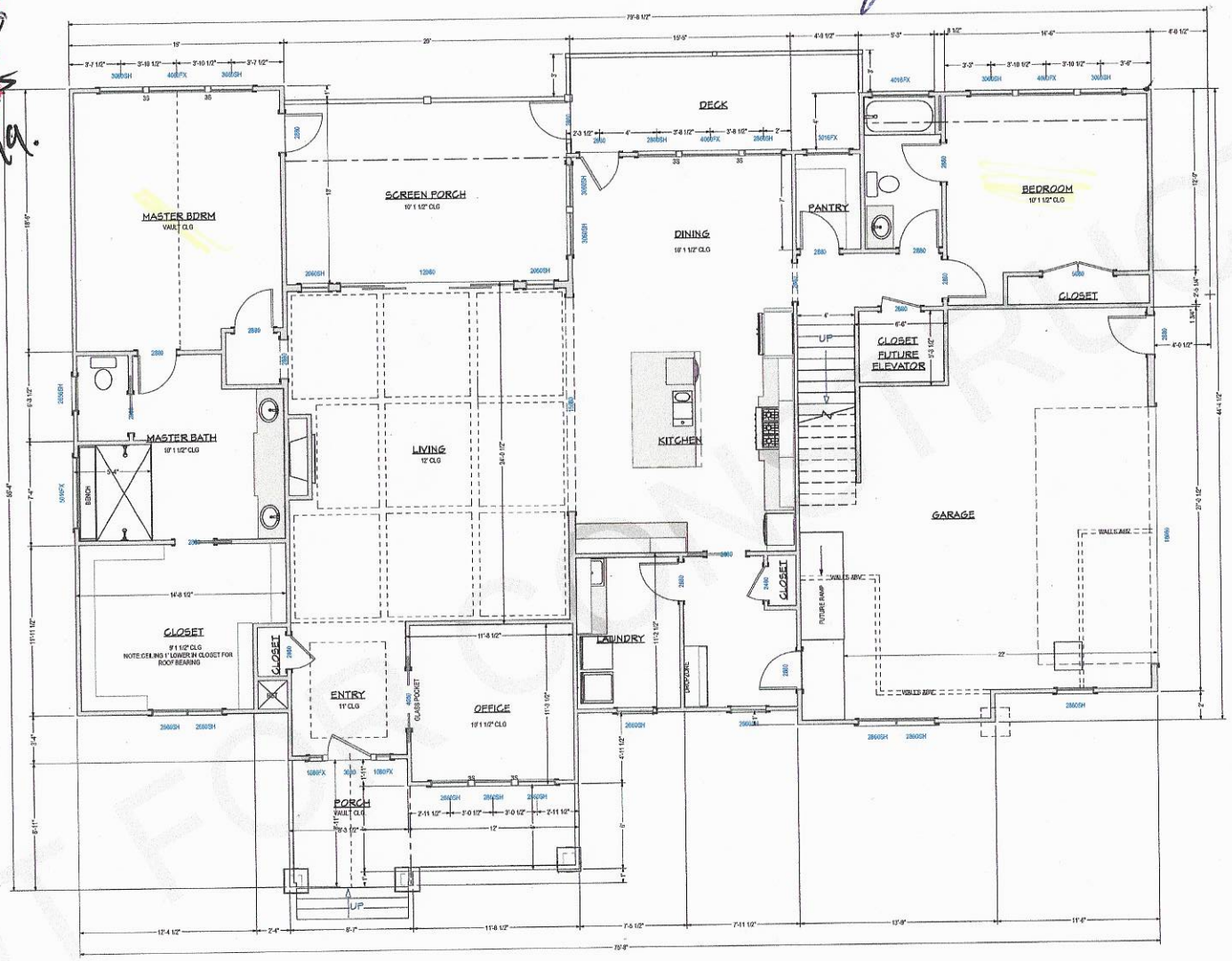
Well Contractor: Alfred Kiesling, Jr. **CONTRACTOR CERT #:** 3216-A **GROUT INSPECTION BY:** Daniel Lotton **DATE:** 3/5/19

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ **DATE:** _____ **WELL HEAD INSPECTION BY:** _____ **DATE:** _____

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☐ WELL CONTRACTOR ID PLATE ☐ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☐ ACCESS PORT / VENT ☐ WELL SEAL ☐ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☐

CERTIFICATE OF COMPLETION BY: Burnett Cuthbertson **DATE:** 3-7-2019 **WATER SAMPLES BY:** _____ **DATE:** _____

Attachments: Form GW-1a (required except for abandonment) ☐ Form GW-30 ☒ Water Sample Results ☐ Plat ☐ CALL 704-664-3703 to schedule grout or well head inspections between 8-9am



79' 8 1/2"

54' 4"

75' 8"

FIRST FLO

ATTIC
ATTIC STORAGE
OPEN BELOW
DN
ATTIC
BONUS
19'1 1/2" CLG
CLG WALL
ATTIC
FIXTURE ELEVATIONS
INSTALL FLOOR TILE
(MOVED AT LATER DATE)
CLOSET
BATH
BEDROOM
9'1 3/8" CLG
55'-4"
40'-5 13/16"
6'-11 3/16"
12'-11 7/8"
1'-0 3/8"
17'-6 1/2"
17'-6 1/2"
5'
12'-4 1/2"
3'-5 1/2"
3'-4 1/2"
3'-8 1/2"

SECOND FL

IREDELL COUNTY

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

APPLICATION NUMBER
233930
Issue Date: 03/08/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4639176856.000	233 APACHE ROAD, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: WILKINSON DONALD R+BARBARA C	Applicant: CAPOTE BUILDERS & DEVE
Address: 6600 ROLLINGWOOD DRIVE	Address: 5426 CAPOTE ROAD
CLEMMONS, NC 27012	MAIDEN, NC 28650
Phone:	Phone: 704-483-7313

Use Requested	Zone Code
SFD	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.620	35.00	50.00	15.00	15.00	CACL	AE

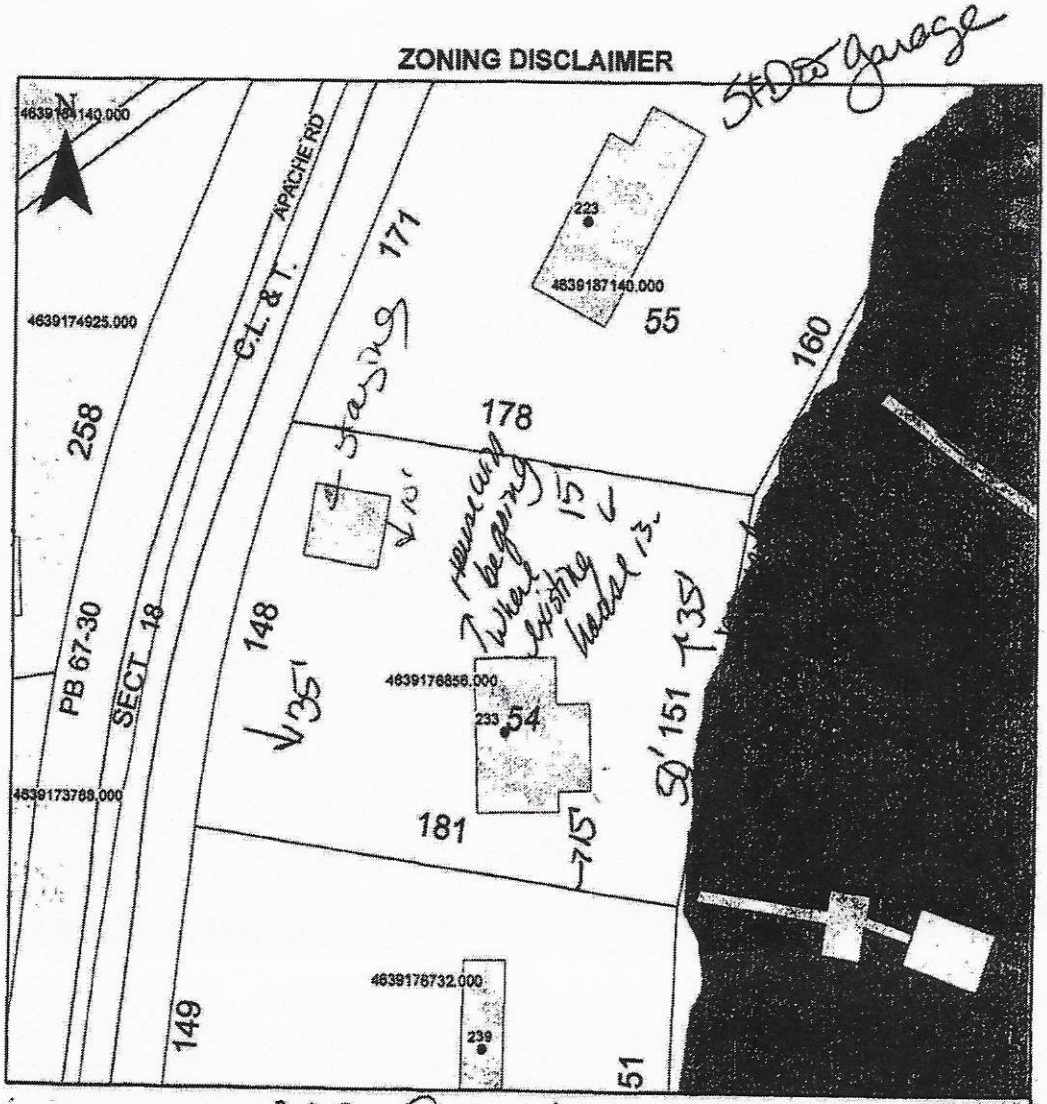
Remarks:

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	131258	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 233 Apache.

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.

Anthonio Capelle
Applicant

3/8/18
Date