ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 (BB) | PERMIT # AP-322555

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

PIN # 4639 -- 18 -- 7140

APPLICANT/OWNER: MARK KATIBAH | APPLICANT ADDRESS: 9108 DEER PARK LANE, CHARLOTTE, N.C. 28277

SITE ADDRESS: 223 APACHE ROAD, TROUTMAN, N.C. 28166 | PHONE: 704-964-2050 | ALT. PHONE 704-516-9105

SITE DIRECTIONS: (3) ON 21, (R) ON PERTH, (R) ON STATE PARK, (2) ON MORRISON FARM, (2) ON APACHE, LOT ON (L) | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: CL+T | SECTION: 518 | LOT # 55 | LOT AREA: 1.439 AC | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.3

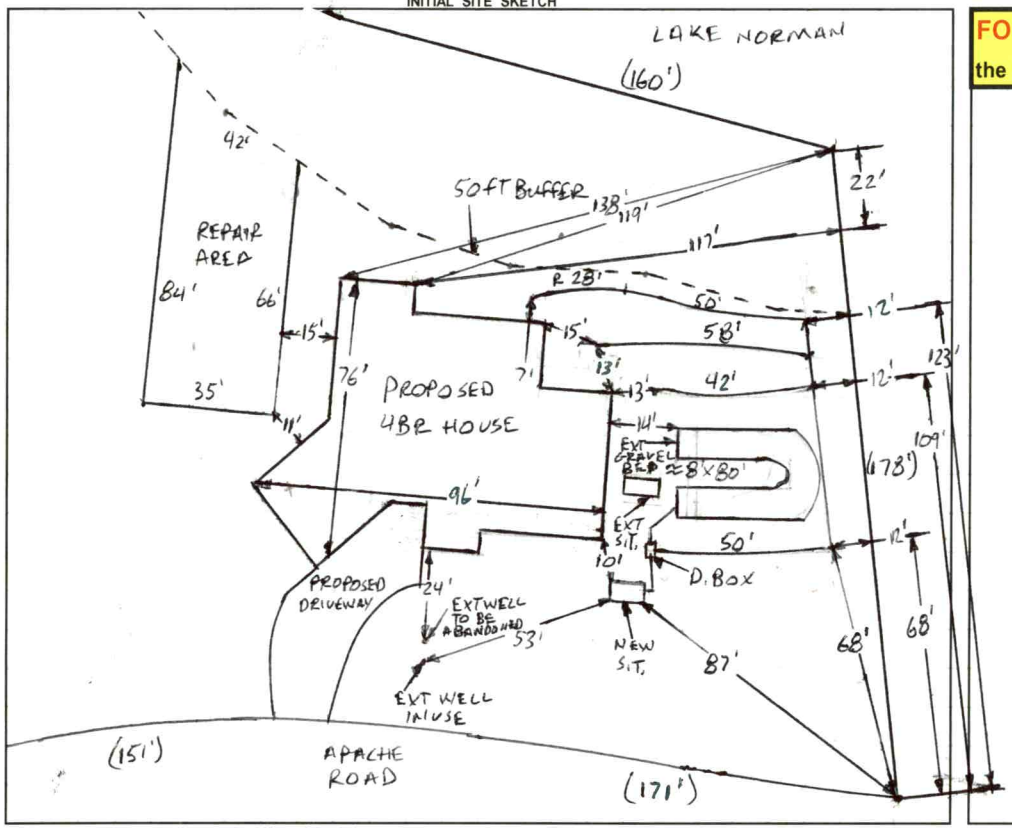
Septic Tank	1000 (gal)	STB	760	Date	10-26-22	☐ New System ☐ Repair ☑ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	– (gal)	PT	–	Date	–	System Description: EXT GRAVEL BED + 25% REDUCTION		☐ Business	No. Persons 8
Pump Make	–	Model	–	Serial #	–	Repair System Description: 50% REDUCTION		☐ Other	No. Employees –
# Nitrification Fields	1	# Lines	EXT + 4	Linear Ft	EXT + 200FT	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	EXT + 36"	Trench Bottom Depth (Low side)	28 IN	Gravel Depth	–	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private EXT ☐ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTER, UTILIZE A D-BOX TO SPLIT FLOW EQUALLY TO EXISTING SYSTEM + TO NEW SYSTEM, UTILIZE SERIAL DISTRIBUTION ON NEW SYSTEM, PUMP, CRUSH + FILL EXISTING TANK.

DO NOT EXCEED A 36 IN MAX TRENCH DEPTH, DO NOT SHALLOW UP, WELL MUST BE ABANDONED PRIOR TO O.P., MAINTAIN 50FT FROM ALL WELLS, 50FT BUFFER + ALL PROPERTY LINES MUST BE MARKED AT TIME OF INSTALL

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.

1" N = 50 FT
S.T. = SEPTIC TANK
R = REPAIR
EXT = EXISTING

Installed as shown

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: Mark Kat | Date: 2/17/22 | Installed by: Stevens Septic

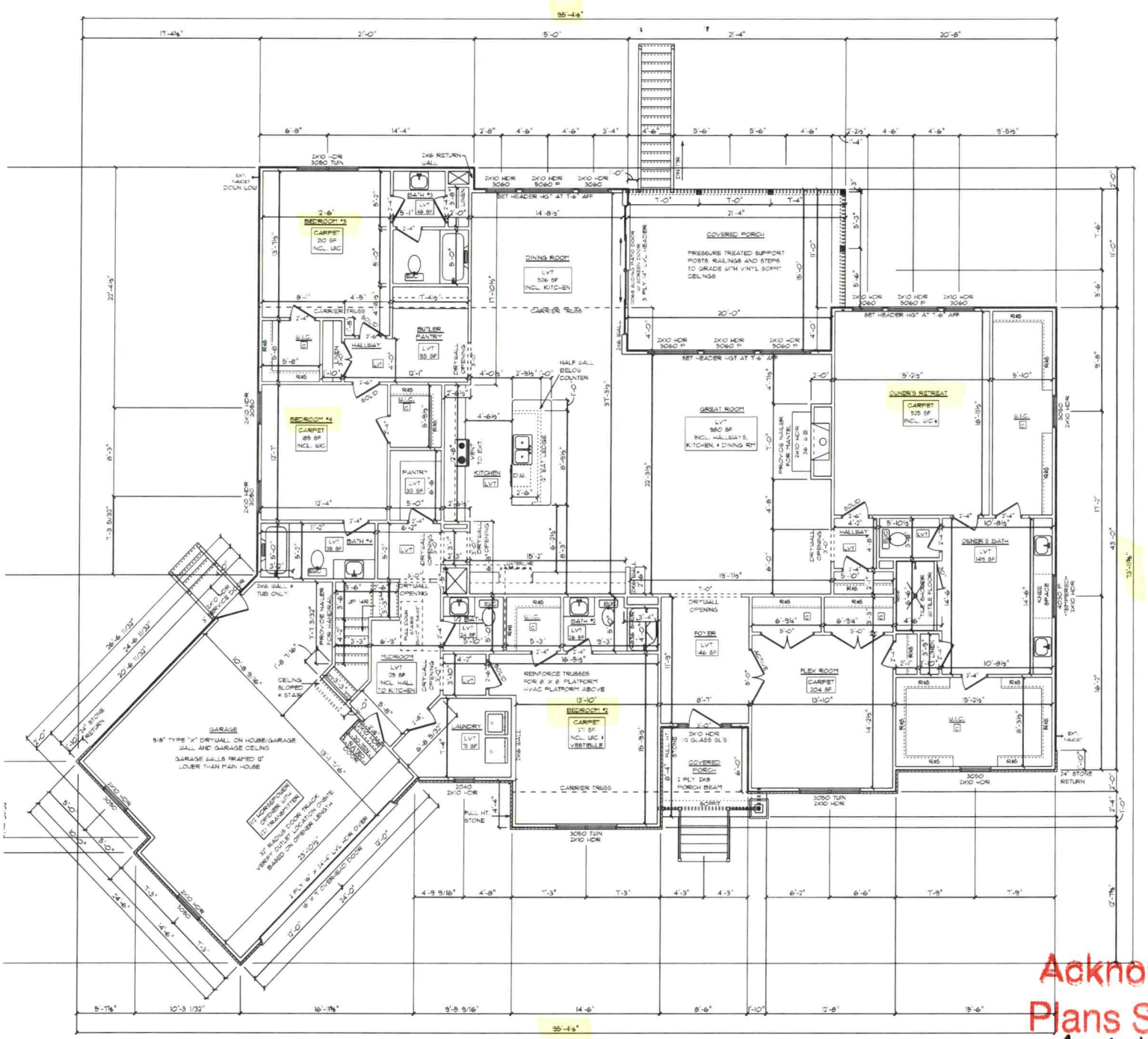
IMPROVEMENT PERMIT by: Burnt C. White | Date: 2-9-2021 | OPERATION PERMIT by: Sydney Howard | Date: 12/19/22

AUTHORIZATION TO CONSTRUCT by: Burnt C. White | Date: 2-9-2021 | Existing System Inspected by: | Date:

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

Item	Date	Initials
Drain Lines Checked	12-19-22	SH
Tanks Checked	12-19-22	SH
Pressure Manifold or Valve Box Checked	12-19-22	SH
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	



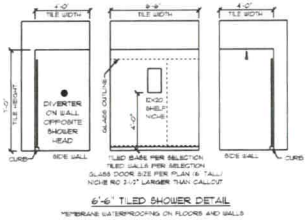
GENERAL FRAMING NOTES:
- DRYWALLED OPENINGS TO BE 8'-0" HEIGHT UNLESS OTHERWISE NOTED
- HEADERS TO BE 2-PLY 2X10 W/ (2) KING & (1) JACK STUDS UNLESS OTHERWISE NOTED
- ALL LVL'S AND CARRIER TRUSSES TO HAVE A MIN. OF (2) KING & (2) JACK STUDS, UNLESS NOTED OTHERWISE

PLAN NOTES:
- SMOOTH CEILINGS THROUGHOUT HOME
- PAINTED TRIM
- 5-1/4" BASEBOARDS
- 3-1/4" CASING ON INTERIOR DOORS AND WINDOWS HAVE DRYWALLED RETURNS
- 6-PANEL HOLLOW CORE MOLDED INTERIOR DOORS
- SILVERLINE, SINGLE-HUNG LOW-E VINYL WINDOWS W/ SOLAR GLAZING

FLOORING NOTES:
- ALL FLOORING BREAKS OCCUR @ CENTER LINE OF DOOR OPENINGS UNLESS OTHERWISE NOTED
- FLOORING SQUARE FOOTAGES INCLUDE CLOSETS RELATIVE TO THE AREA UNLESS OTHERWISE NOTED
- SOME FLOORING SQUARE FOOTAGES MAY INCLUDE HALLS OR AREAS THAT CONNECT WITHOUT WALL SEPARATION. IF THE SAME FINISH IS CONTINUED
- UPGRADED CARPET PADDING IN OWNER'S RETREAT AND CLOSETS AND FLEX ROOM AND 1ST'S CLOSETS

WALL BRACING NOTES:

WALL BRACING IS UTILIZING AN ENGINEERED DESIGN AS FOLLOWS: ALL WALLS SHALL BE CONTINUOUSLY SHEATHED WITH MIN. 7/16" OSB FASTENED WITH 6d COMMON NAILS AT 6" O.C. ALONG EDGES AND 12" O.C. ALONG INTERMEDIATE FRAMING. ADD BLOCKING TO WALLS IF SHEATHING MAKES UP BETWEEN 25% AND 50% OF WALL AND REDUCE NAIL SPACING TO 3" O.C. ON EDGES AND 6" O.C. ON INTERMEDIATE FRAMING. PORTAL FRAME PER DETAIL SHALL BE CONSTRUCTED AT THE GARAGE DOOR OPENING.



6'-6" TILED SHOWER DETAIL

MEMBRANE WATERPROOFING ON FLOORS AND WALLS

BELMONT AMERICAN TRADITION / CUSTOM
MAIN FLOOR PLAN
9' CEILING HEIGHT

Acknowledgement Of Plans Submittal ONLY!

Mark K Date 2/17/22

Date

Bryant C. White 2-9-2022

SOIL/SITE EVALUATION

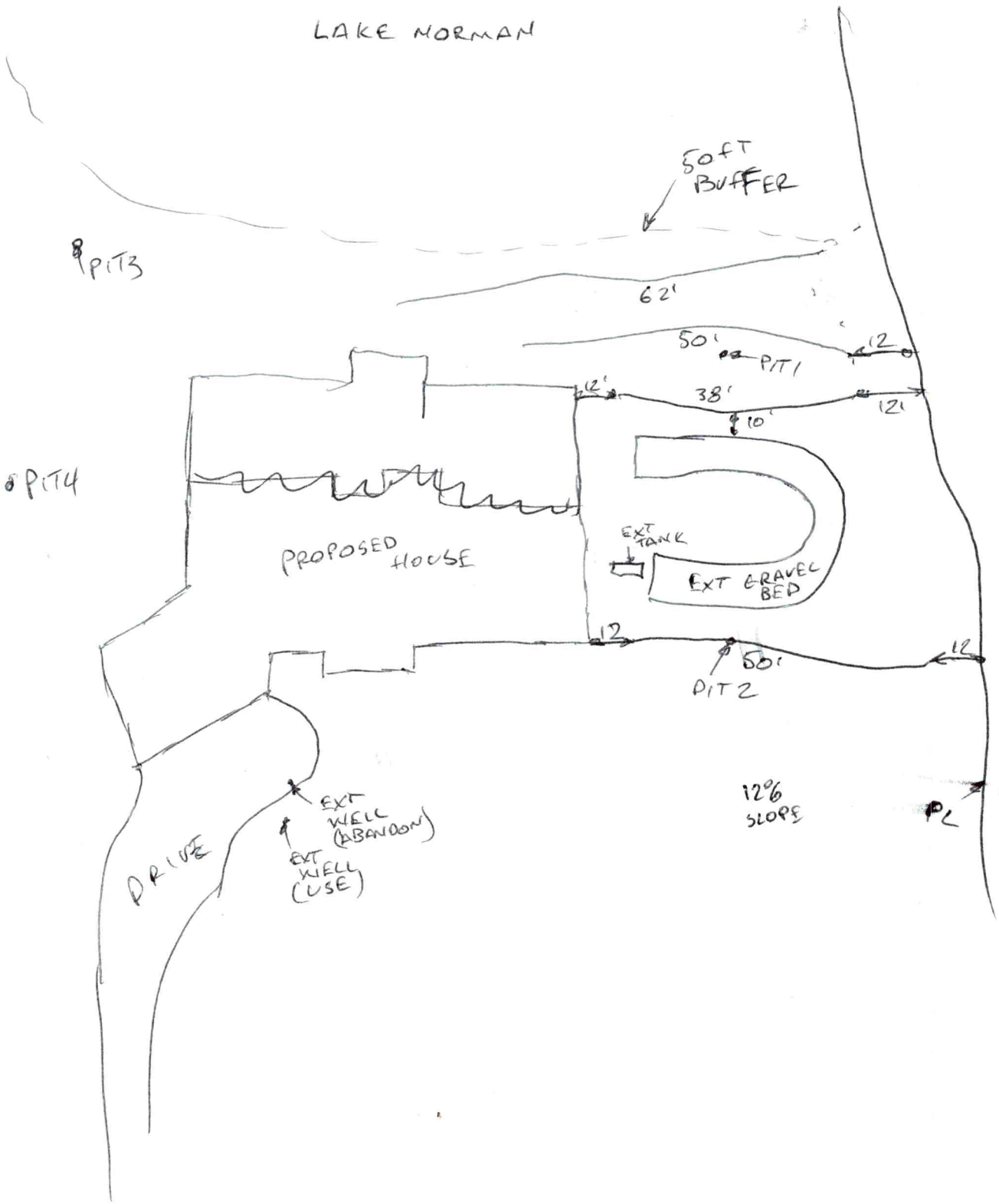
(Continuation Sheet-Complete all field in full)

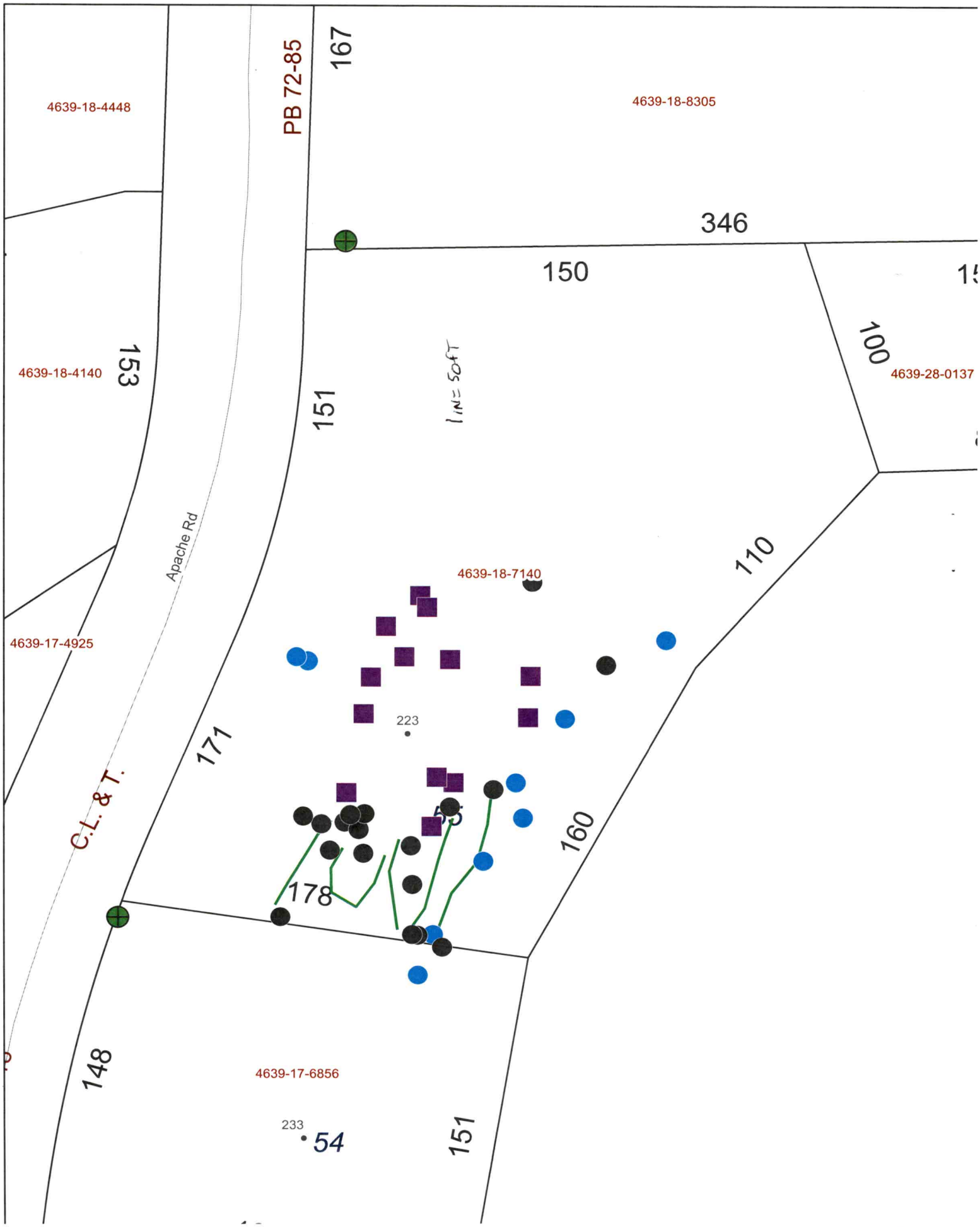
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4639-18-7140
DATE OF EVALUATION: 12-17-2021
COUNTY: IREDELL

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 8%	0-30	CL SBK	FR, S, P, SEXP	SAP INC THRU OUT	58"+	NA	NA	PS .3
		~~30~~-58	CL WSBK	FR, SS, SP, ~~SEXP~~					
2	LINEAR SIDE 5%	0-8	FILL	MIXED	SAP INC THRU OUT	48"	II PS SL	NA	PS .3
		8-27	C, SBK	FR, S, P, SEXP					
		27-48	CL, WSBK	FR, SS, SP, SEXP					
		48-58	SAP, RC	VFR, NS, NP, SEXP					
3	FOOT 4%	~~0~~-9	~~FILL~~ FILL	MIXED	SAP, INC THRU OUT 10YR 6/2 ~~40~~ 40"+ 10YR 6/1 44"+	43"	PS II SL	NA	PS .3 ABOVE 36"
		9-30	C, SBK	FR, S, P, SEXP					
		30-43	CL, WSBK	FR, SS, SP, SEXP					
		43-58	SAP, RC	VFR, NS, NP, SEXP					
4	LINEAR SIDE 10%	0-10	FILL	MIXED	SAP INC THRU OUT	48"+	PS II SL	NA	PS .3
		10-27	C, SBK	FR, S, P, SEXP					
		27-48	CL, WSBK	FR, SS, SP, SEXP					
		48-60	SAP, RC	VFR, NS, NP, SEXP					

COMMENTS:


LAKE NORMAN
50 FT BUFFER
PIT 3
62'
50'
PIT 1
12
12'
38'
10'
12'
PIT 4
PROPOSED HOUSE
EXT TANK
EXT GRAVEL BED
12
50'
12
PIT 2
EXT WELL (ABANDON)
EXT WELL (USE)
DRIVE
12% SLOPE
PL
APACHE ROAD


4639-18-4448
PB 72-85
167
4639-18-8305
346
150
153
4639-18-4140
151
1 IN = 50FT
100
4639-28-0137
Apache Rd
4639-18-7140
110
4639-17-4925
223
171
C.L. & T.
160
178
148
4639-17-6856
233
54
151

MD BW

Wants to meet on site
Please CALL prior to inspection
Name: Mark Katibah
Number: 704-964-2050

RECEIVED NOV 12 2021

Paid $500.00

ST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED

AP- 322555

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* Possible Expansion

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: MARK KATIBAH Address: 9108 DEERPARK LN CHAR. NC Zip: 28277
Applicant Email: MARK.KATIBAH@GMAIL.COM Phone: 704/964-2050 Alt. Phone: _____
Owner Name: MELISSA KATIBAH Address: SAME Zip: _____
Owner Email: MELISSA.KATIBAH@GMAIL.COM Phone: 704/516-9105 Alt. Phone: _____

Property Information:

Street Address: 223 APACHE ROAD
Subdivision Name: — Section/Phase: _____ Lot Number: 55
Driving Directions: PERTH ROAD → STATE PARK ROAD → MORRISON FARM → APACHE

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: 4
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____
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: _____

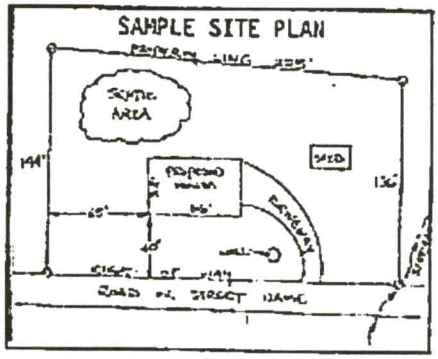
Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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: Mark Katibah 10-20-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) 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

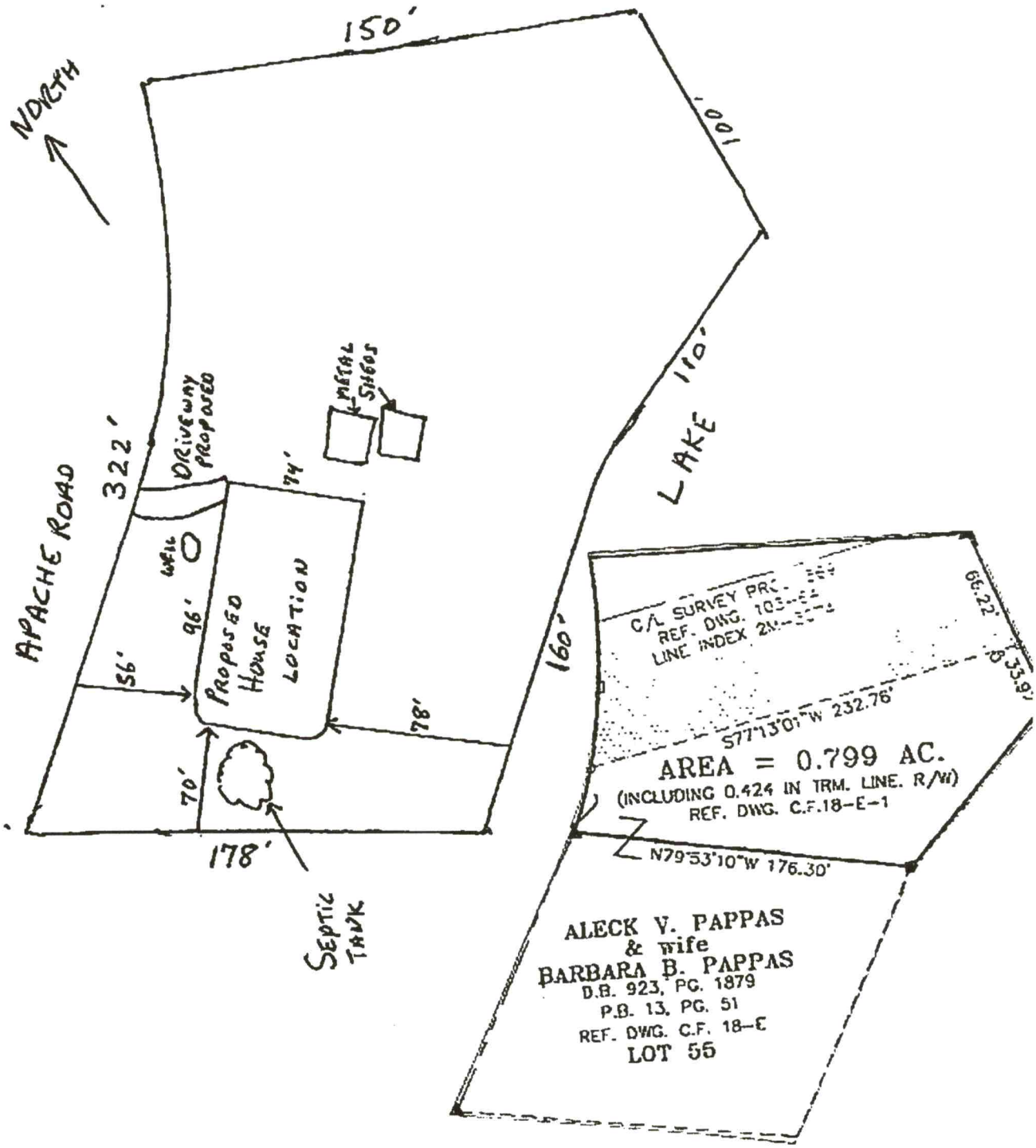
USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

PLEASE SEE ATTACHED

Signature: Mark Katutsa
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10-20-21
DATE


150'
NORTH
100'
APACHE ROAD
322'
DRIVEWAY PROPOSED
METAL SHEDS
74'
WELL
96'
56'
PROPOSED HOUSE LOCATION
78'
110'
LAKE
160'
70'
178'
SEPTIC TANK
C/L SURVEY PRC
REF. DWG. 103-E4
LINE INDEX 2W-
66.22'
S33.9'
S77°13'0"W 232.76'
AREA = 0.799 AC.
(INCLUDING 0.424 IN TRM. LINE. R/W)
REF. DWG. C.F.18-E-1
N79°53'10"W 176.30'
ALECK V. PAPPAS
& wife
BARBARA B. PAPPAS
D.B. 923, PG. 1879
P.B. 13, PG. 51
REF. DWG. C.F. 18-E
LOT 55

12526.

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR A.V. PAPPAS DATE 3-15-91 PERMIT NO. 3C-7-A-55.

PHONE: Business _____ Home _____

LOCATION Morrison Farm Rd. off State Park Rd. - T.L. on Apache Rd. After pavement starts - 1st mH on left. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 55 SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) DOUBLEWIDE Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )
Auto. Dishwasher	Yes ( )	No ( )
Auto. Wash. Machine	Yes ( )	No ( )
Site Suitable	Yes (✓)	No ( )

Lot Area EXISTING.

Character & Porosity of Soil EXISTING SEPTIC

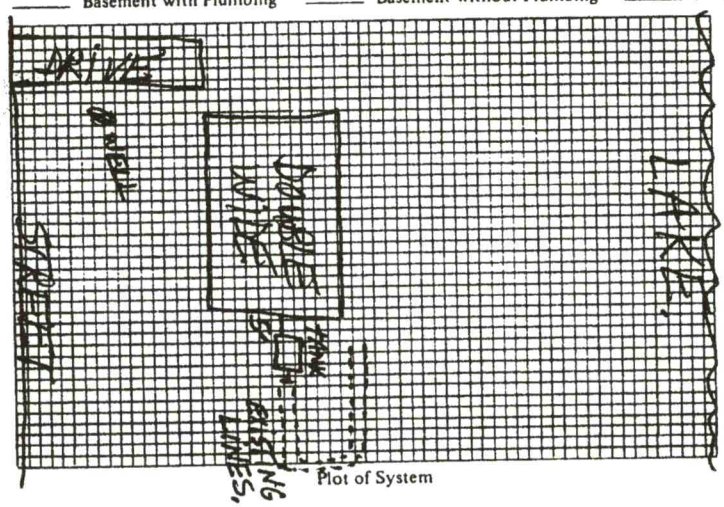
Percolation Rate _____

Topography TANK SYSTEM.

Depth to Water Table _____

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank EXISTING. Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing septic tank system functioning properly at the time of inspection. Older mobile home to be removed from property.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY Steve Brown DATE 3-15-91.

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

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, MELISSA PAPPAS KATIBAH shows Barbara Pappas as owner but they have W.I. showing Melissa as owner, am the legal owner(s) of the property located at 223 APACHE ROAD, identified as PIN (Parcel Identification Number) 49263, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) MARK KATIBAH _____, 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.

Melissa Pappas Katibah — Signature of Owner(s)

10-20-21 — 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 · NC

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

APPLICATION NUMBER
322555
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4639187140.000	223 APACHE RD	Iredell County

Owner Information	Applicant Information
Name: PAPPAS BARBARA B	Name: MARK KATIBAH
Address: 9108 DEERPARK LN	Address: 9108 DEERPARK LANE
CHARLOTTE, NC 28277	CHARLOTTE, NC 28277
Phone:	Phone: (704)964-2050

Use Requested	Zone Code
Single Family Dwelling	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.439	35	50	15	15	WSIV-CA Catawba/Lake Norman	YES

Remarks
SFD NEED DISC

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: 11/04/2021

Signature of Owner/Contractor

Permit Number	322555	TOTAL FEES:	$77.25

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

322555

Residential Zoning Permit Application

What are you building? (Please check)

Stick built ✓ Modular ___ Duplex ___ Singlewide ___ Doublewide Pier ___ Addition ___ Bedroom addition ___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed) ___ Swimming pool ___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
2 METAL SHEDS (6'x8')

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? 4 3 and stories? 1

If an addition, please describe project: ___

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): ___

Does the property have community water? Yes (No) If yes, please list who provides it: ___

Does the property have community sewer? Yes (No) If yes, please list who provides it: ___

Building house where Dee is now

Owner Information

Property Owner's Name MELISSA PAPPAS KATIBAH Phone # 704/516-9105

Owner's Current Address 9108 DEERPARK LANE CHARLOTTE, NC 28277

Property Information

Property Address 223 APACHE ROAD Parcel # 49263

Subdivision: ___ Lot: 55 Zoning: ___ Watershed: Y or N Flood Plain: Y or N Township: ___

Directions to property (from a MAIN ROAD) PERTH TO STATE PARK ROAD TO WILLIAMSON FARM ROAD TO APACHE ROAD

1.439

RA

1 VCP out Y

Application Information

Applicant's Name or Company MARK KATIBAH Applicant's Phone # 704/964-2050

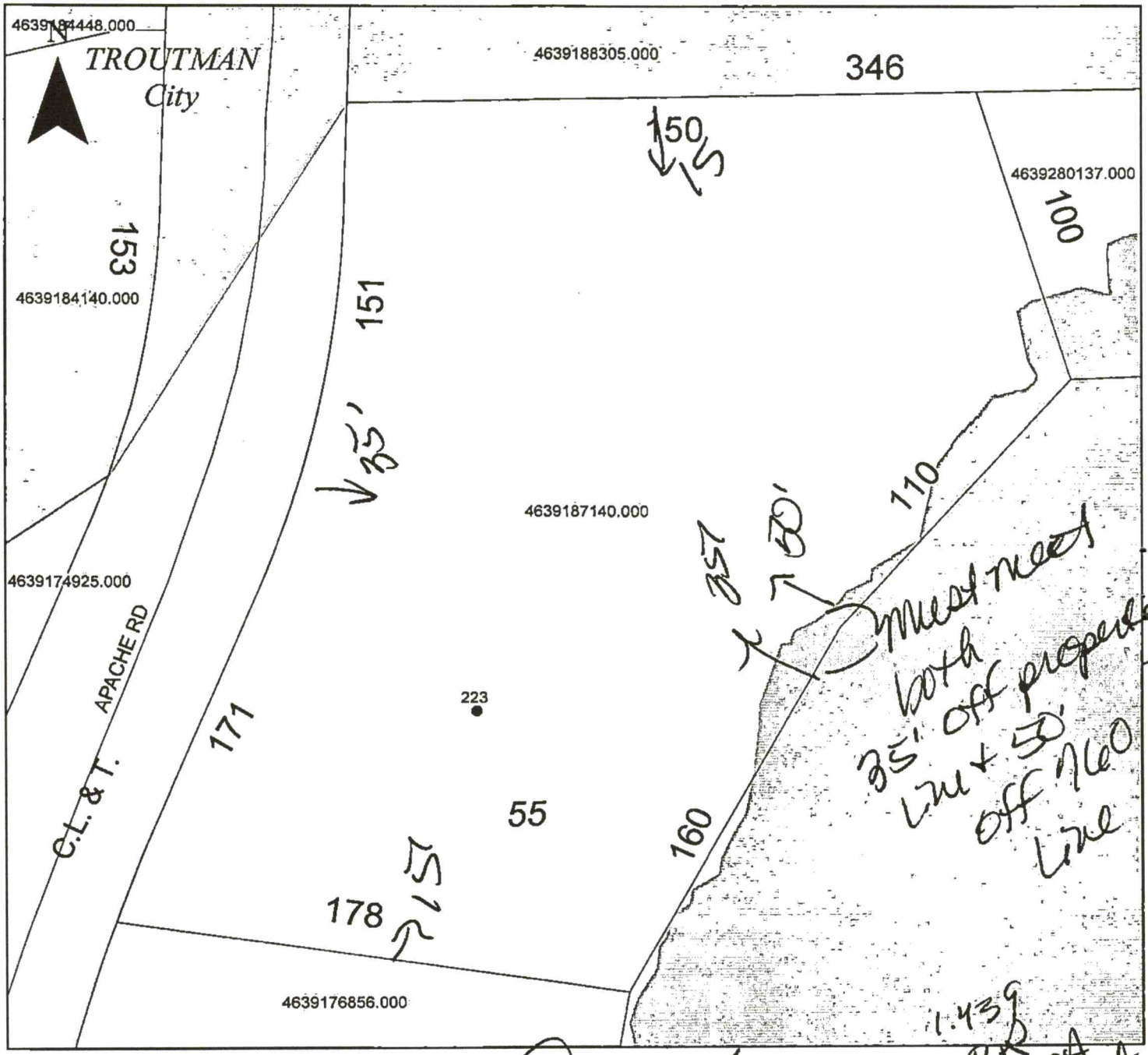
Applicant's Address 9108 DEERPARK LANE, CHARLOTTE, NC 28277

If Company, Representative's Name and Title ___

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT Mark Katibah DATE 10-20-21

ZONING DISCLAIMER



Property Address 223 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.

Applicant

Date