ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 DW Mooresville Office (704) 660-3625 ✓ PERMIT # AP 318530

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

PIN # 4639 -77 -72 46

APPLICANT/OWNER: Foundation Homes APPLICANT ADDRESS: 348 Williamson Rd Mooresville, NC 28117

✓ SITE ADDRESS: 627 Fern Hill Rd Mooresville, NC PHONE: 7043602251 ALT. PHONE

SITE DIRECTIONS: Perth Rd N. TL Fern Hill TL Stream Walk on left SAP CONTROLLED: ☐ YES ☒ NO

✓ SUBDIVISION: Streamside Estates SECTION: LOT # 3 LOT AREA: .717 Ac DESIGN FLOW: 480gpd L.T.A.R.: .3/.25Rep

Septic Tank 1000 (gal) STB 760 Date 1-6-2022 ☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI

Pump Tank 1000 (gal) PT 363 Date 2-7-2022 System Description: LP- Panel Block

Pump Make Zoeller Model 1/2 hp Serial # ZK22B09 Repair System Description: Same

Nitrification Fields 1 # Lines 3@90' Linear Ft 270 Maintenance Agreement Required: ☒ YES ☐ NO

Trench Width Min 24" Trench Bottom Depth(Low side) 36" Gravel Depth N/A ☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4 — Water Supply: ☒ Private ☐ Public ☐ Community

☐ Business No. Persons 8

☐ Other No. Employees

☒ Slab ☐ Crawl Space

☐ Basement w/ plumbing ☐ Basement w/o plumbing

Comments / Conditions:

6/25/21 Reviewed floor plans, shows 3 Bedrooms Septic sized for 4 Bedrooms

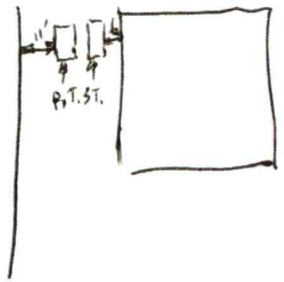
INITIAL SITE SKETCH

See attached, approved Septic Plan by Michael Athanas & Assoc. (6/3/21)

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.

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703
*Needs New PIN #



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: 7/8/21 Installed by: Specialty

IMPROVEMENT PERMIT by: [signature] Date: 6/17/21 OPERATION PERMIT by: D. Wieberg Date: 4/27/22

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 6/28/21 Existing System Inspected by: Date:

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

DW

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 318530

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

PIN # -- --

APPLICANT/OWNER: Foundation Homes | APPLICANT ADDRESS: 348 Williamson Rd Mooresville, NC 28117

SITE ADDRESS: 627 Fern Hill Rd Mooresville, NC | PHONE: 7043602251 | ALT. PHONE

SITE DIRECTIONS: Perth Rd N. TL Fern Hill TL Stream Walk on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Streamside Estates | SECTION: | LOT # 3 | LOT AREA: .717 Ac. | DESIGN FLOW: 480gpd | L.T.A.R.: .3/.25Rep

Septic Tank	1000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	Date	System Description:	LP- Panel Block			☐ Business	No. Persons 8
Pump Make		Model	Serial #	Repair System Description:	Same			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3@90'	Linear Ft: 270	Maintenance Agreement Required:	☒ YES	☐ NO	☒ Slab	☐ Crawl Space
Trench Width	Min. 24"	Trench Bottom Depth(Low side)	36"	Gravel Depth	N/A	☐ GRAVITY	☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

6/25/21 Reviewed Floor plans, shows 3 Bedrooms. Septic sized for 4 Bedrooms

INITIAL SITE SKETCH

See attached, approved Septic Plan by Michael Athanas & Assoc. (6/3/21)

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.

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703
*Needs New PIN #

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: 7/8/21 Installed by:

IMPROVEMENT PERMIT by: Maria Dotson Date: 6/17/21 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 6/28/21 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		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
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? _____	

Item	Date	Initials
Drain Lines Checked	3/15/22	CW
Tanks Checked	3/16/22	BW
Pressure Manifold or Valve Box Checked	4/22/22	DW
Pressure Head Set	4/22/22	DW
Electrical Checked	4/22/22	DW
Floats Set	4/22/22	DW
Alarm Checked	4/22/22	DW
Maintenance Contract Needed? (Y) N	4/27/22	DW
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? _____	

MA&A
SOIL & ENVIRONMENTAL CONSULTANTS

Approved
MD

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556 Walden Trail
Weddington, NC 28173
(704) 576-3887
6/3/2021

Reference: Data Sheet for 627 Fern Hill Rd, Streamside Estates Lot 3
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side, 25' side street
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480
Proposed LTAR: 0.3 GPD/FT^2 (initial), 0.25 GPD/FT^2 (repair)
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Low Pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 37.2 GPM
Dosing Volume: 226.8 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 10.4'
Friction Head: 1.6'
Pressure Head: 2'
Total Dynamic Head: 14'
Supply Line Length: 50' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36"

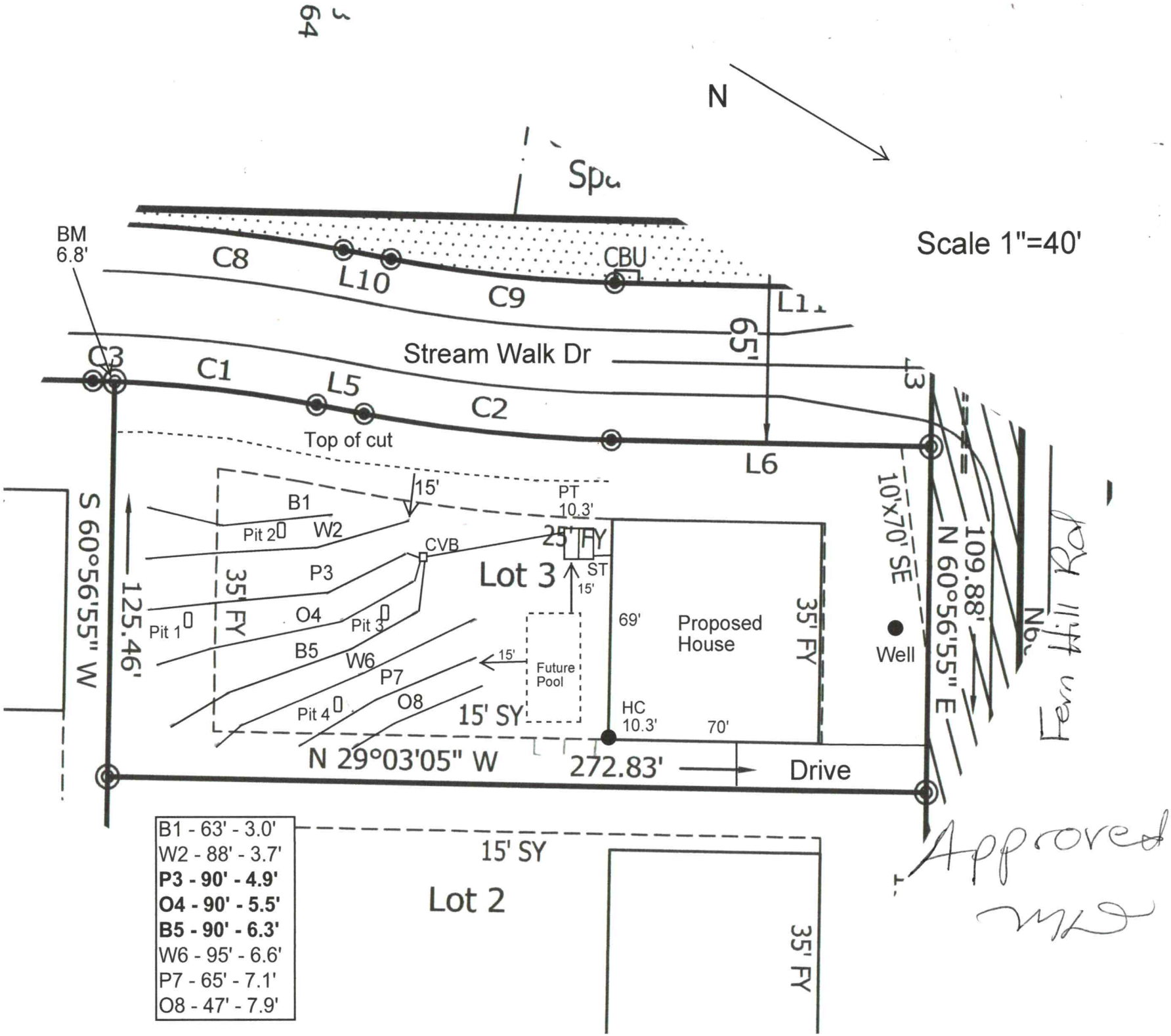


Line	Design Length	# of Panels	Actual Length	Elevation
Blue 1			63'	3.0'
White 2			88'	3.7'
Pink 3	**90'**	**21**	**108'**	**4.9'**
Orange 4	**90'**	**21**	**114'**	**5.5'**
Blue 5	**90'**	**21**	**120'**	**6.3'**
White 6			95'	6.6'
Pink 7			65'	7.1'
Orange 8			47'	7.9'

Initial System: 270'
Pump Tank: 10.3'
Benchmark: 6.8'

Repair System: 358'
House Corner: 10.3'

Comments:


N
Scale 1"=40'
BM
6.8'
C8
L10
C9
CBU
L11
65'
Stream Walk Dr
C3
C1
L5
C2
L3
Top of cut
L6
15'
PT
10.3'
B1
Pit 2
W2
CVB
25' FY
ST
15'
P3
Lot 3
35' FY
S 60°56'55" W
125.46'
Pit 1
O4
Pit 3
B5
W6
P7
Pit 4
O8
15' SY
15'
Future
Pool
69'
Proposed
House
35' FY
10'x70' SE
Well
N 60°56'55" E
109.88'
HC
10.3'
70'
N 29°03'05" W
272.83'
Drive
Fern Hill Rd
B1 - 63' - 3.0'
W2 - 88' - 3.7'
P3 - 90' - 4.9'
O4 - 90' - 5.5'
B5 - 90' - 6.3'
W6 - 95' - 6.6'
P7 - 65' - 7.1'
O8 - 47' - 7.9'
15' SY
Lot 2
35' FY

Approved
MD

Sheet __1__ of _1___
PROPERTY ID #: _____
COUNTY: __Iredell___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Approved

OWNER: Foundation Homes Developing LLC_____ APPLICATION DATE_____
ADDRESS: 438 Williamson Rd, Mooresville, NC 28117_____ DATE EVALUATED: __4/2021____
PROPOSED FACILITY: ___4 BDRM_____ PROPOSED DESIGN FLOW (.1949): __480 GPD___ PROPERTY SIZE: __0.717 AC_____
LOCATION OF SITE: 627 Fern Hill Rd, Streamside Lot 3_____ PROPERTY RECORDED: _____
WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 1	LS 7%	0-6	Br CL WSBK	FR SS SP SXP	N/A	58"	F-C SAP	N/A	PS 0.3
		6-24	R C SBK	FR SS SP SXP					
		24-58	R CL SBK	FR SS SP SXP					
PIT 2	LS 7%	0-9	Br CL WSBK	FR SS SP SXP	FEW YB NO YB	55"	N/A	N/A	PS 0.275-0.25
		9-30	R C SBK	FR SS SP SXP					
		30-55	R CL WSBK	FR SS SP SXP					
PIT 3	LS 7%	0-4	DISTURBED		N/A	62"	Few SAP	N/A	PS 0.3
		4-18	R C SBK	FR SS SP SXP					
		18-62	R CL WSBK	FR SS SP SXP					
PIT 4	LS 7%	0-9	Br CL WSBK	FR SS SP SXP	Few Litho, Br Mottles	50'	N/A	N/A	PS 0.3-0.275
		9-30	R C SBK	FR SS SP SXP					
		30-60	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	540 FT^2	716 FT^2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.25

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____

RECEIVED JUN 8 - 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $350.00 AP-318530

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)** Please contact Gary McNeely (704-310-1832) prior to evalution

Applicant Name: Foundation Homes **Address:** 348 Williamson Rd, Mooresville, NC **Zip:** 28117

Applicant Email: _____ **Phone:** 704-360-2251 **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

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

Property Information:

Street Address: 109 Stream Walk Dr Now 627 Fern Hill Rd

Subdivision Name: Streamside Estates **Section/Phase:** _____ **Lot Number:** 3

Driving Directions: Perth Rd N, TL Fern Hill, TL Stream Walk, on LT

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — (X) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) 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: _____

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 ( ) Conventional ( ) Innovative (X) 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: _____ 6/3/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

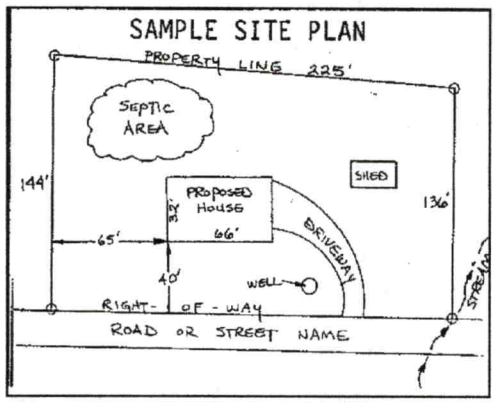
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 Plan

Signature: _____ 6/3/2021

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

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.

I, Jonathan Smith, am the legal owner(s) of the property located at 109 Stream Walk Dr Streamside Estates Lot 3, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates_, _____, 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)	5/12/2021 Date	Signature of Witness	5/12/2021 Date

Please return this signed form to the appropriate office:

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 · NC

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

APPLICATION NUMBER
318530
Issue Date: 06/08/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
	~~109 STREAM WALK DR~~ 627 Fern Hill Rd	Iredell County

Owner Information	Applicant Information
Name: GREEN RODNEY	Name: MICHAEL ATHANAS & ASSOCIATES
Address:	Address: 561 ENNIS RD
,	WEDDINGTON, NC 28173
Phone:	Phone: (704)576-3887

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	25	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.

Date: 06/08/2021

Signature of Owner/Contractor

Permit Number	318530	TOTAL FEES:	

$427.25

318530 RA

WS IV CA C/LN

FL NO

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

Residential Zoning Permit Application

What are you building? (Please check)

Stick built X 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)

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

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: _____

Owner Information

Property Owner's Name Foundation Homes Phone # _____

Owner's Current Address 438 Williamson Rd, Suite C, Mooreseville, NC 28117

Property Information

Property Address 109 Stream Walk Dr Parcel # _____

Subdivision: Streamside Estates Lot: 3 Zoning:___ Watershed: Y or N Flood Plain: Y or N Township:___

Directions to property (from a MAIN ROAD) _____

Application Information

Applicant's Name or Company Michael Athanas & Associates Applicant's Phone # _____

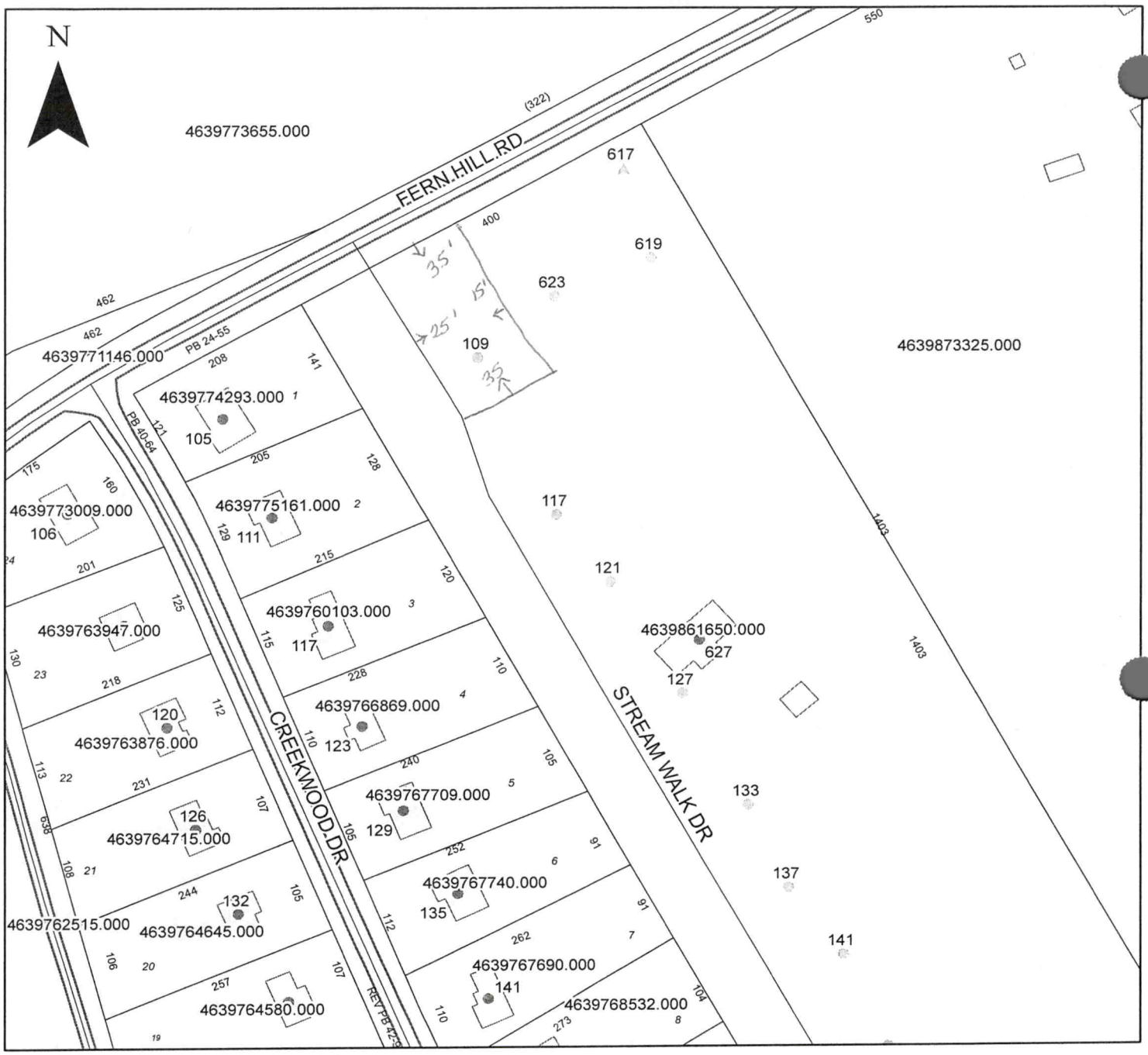
Applicant's Address 556 Walden Trail, Weddington, NC 28173

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 _____ DATE 6/3/2021

ZONING DISCLAIMER



Property Address 109 Stream Walk Dr.

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

6/8/2021
Date

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
WEB13424

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$500.00**
AP-318530 Address: 627 FERN HILL RD	**APN: 4639777246.000**		**$500.00**
EH NEW SYSTEM EXPEDITED REVIEW			$500.00
PUMP BALANCE NEW SYSTEM EXPEDITED REVIEW	10492751-447004	0	$500.00
TOTAL FEES PAID BY RECEIPT:WEB13424			**$500.00**

Date Paid: Tuesday, July 06, 2021

Paid By: FOUNDATION HOMES RESIDENTIAL LLC

Cashier: ECON

Pay Method: CREDIT 01012G