ICHD–ENVIRONMENTAL HEALTH DIVISION

BJB

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

PERMIT # 238617

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

PIN # 4678208883

APPLICANT/OWNER: Bryan Clodfelter / Marilyn Hinds APPLICANT ADDRESS: 1808 Triplett Rd. Mt Ulla, NC

SITE ADDRESS: 765 Wiggins Rd. Mooresville, NC PHONE: 704-634-2500 ALT. PHONE 704-663-4091

SITE DIRECTIONS: NC 150 E → L on Wiggins Rd → lot on R SAP CONTROLLED: ☐ YES ☑ NO

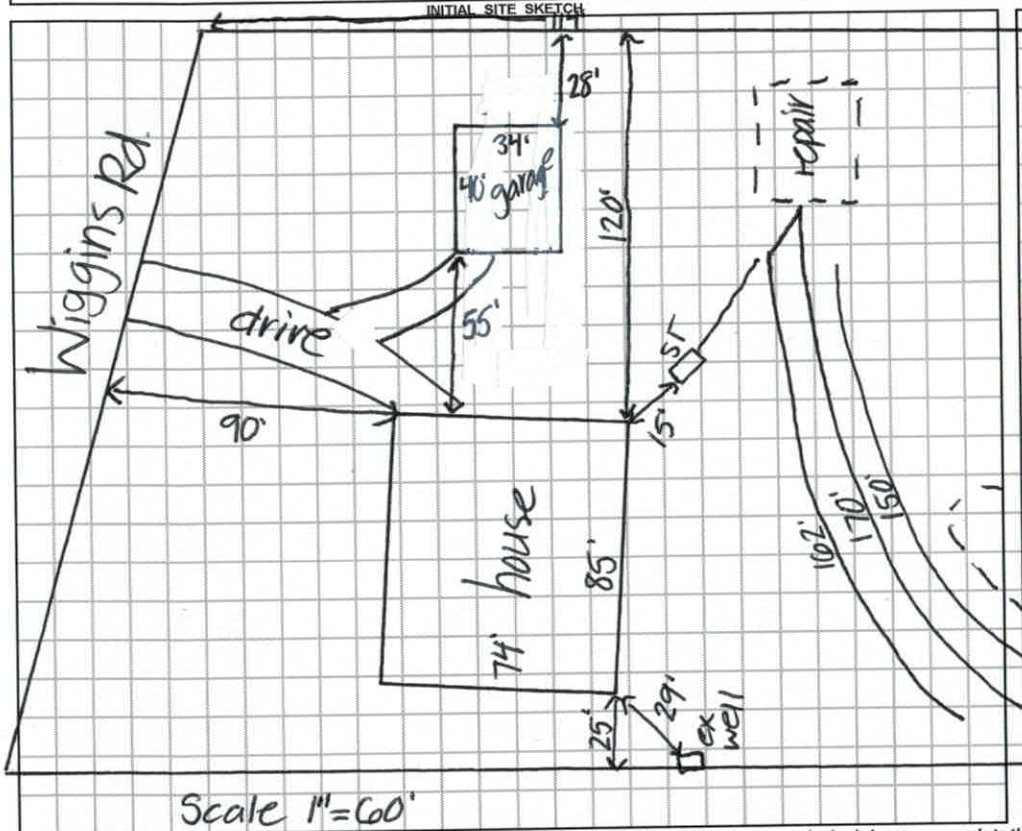
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1.9 ac DESIGN FLOW: 480 gpd L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	794	Date	7-12-19	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	25% reduction			
Pump Make			Model		Serial #		Repair System Description:	LP PPBPS			
# Nitrification Fields	1		# Lines	3	Linear Ft	480'	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36"		Trench Bottom Depth (Low side) MAX		36"		Gravel Depth	☑ GRAVITY	☐ PRESSURE		

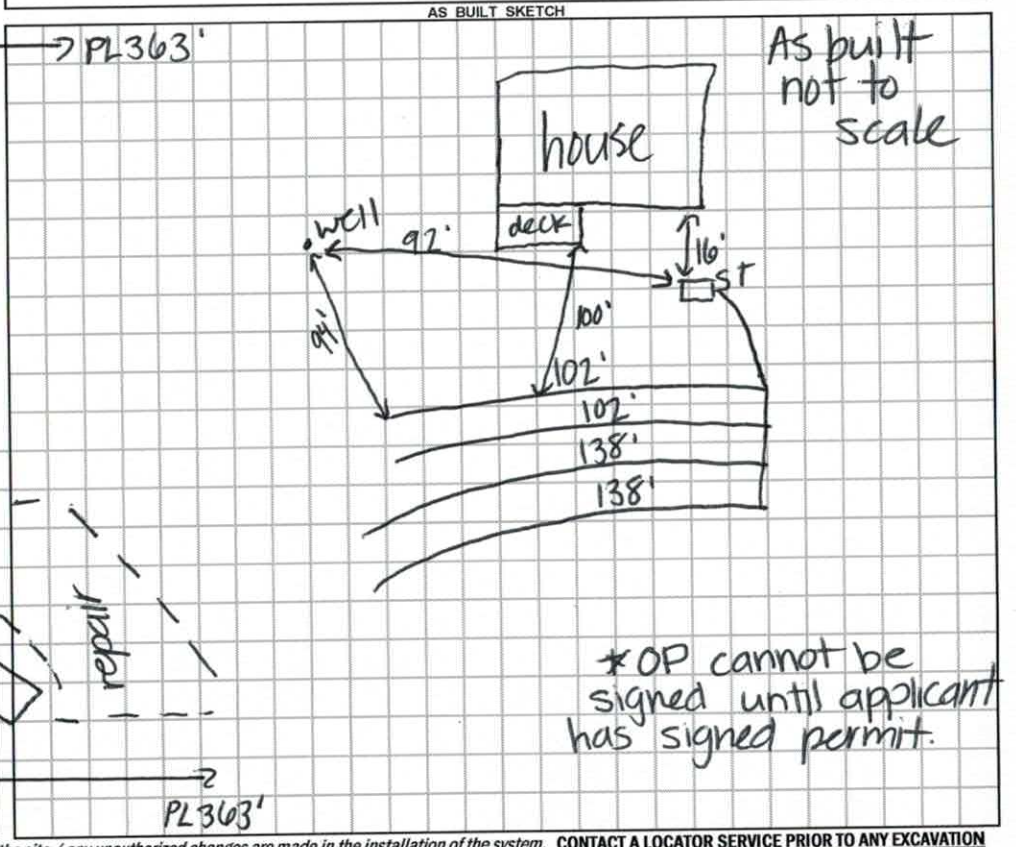
☑ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☑ Private
☑ Other (detached garage)	No. Employees		☐ Public
☐ Slab	☐ Crawl Space		☐ Community
☑ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



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 plan 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: Bryan Clodfelter Date: — Installed by: FJ Irvin

IMPROVEMENT PERMIT by: Kayla Watson Date: 8-20-19 OPERATION PERMIT by: Kayla Watson Date: 8-21-19

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 8-20-19 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.

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

Sheet 1 of 1
PROPERTY ID #: 4618708883
COUNTY: Iredell

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

OWNER: Marilyn Hinds
ADDRESS: 765 Wiggins Rd
PROPOSED FACILITY: SFR
LOCATION OF SITE: NC 150 E → L on Wiggins → lot on R
APPLICATION DATE 9-6-18
DATE EVALUATED: 10-2-18
PROPERTY SIZE: 1.9ac
PROPERTY RECORDED: yes
PROPOSED DESIGN FLOW (.1949): 480gpd
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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	7% LS init	0-7	WSBK SCL	Fr, SS, SP, SE	7-25 few YB mottles	50	25-50 com SAP inc.		PS .25
		7-25	ABK C	Fr, SS, SP, SE					
		25-50	WSBK CL	Fr, SS, SP, SE					
2	5% ES init	0-7	WSBK SCL	Fr, SS, SP, SE	7-27 com YB mottles chroma 2 2.5Y 6/2 @ 20" 16-20" chroma 2	20-49	27-49 com SAP inc		PS .25
		7-16	Platy C	Fr, S, P, SE					
		16-27	ABK C	Fr, S, P, SE					
		27-49	WSBK CL	Fr, SS, SP, SE					
3	3% FS repair	0-7	WSBK SCL	Fr, SS, SP, SE	7-23" few com YB mottles		23-45 com - many SAP inc.		PS .25
		7-15	Platy C	Fr, S, P, SE					
		15-23	ABK C	Fr, S, P, SE					
		23-45	WSBK CL	Fr, SS, SP, SE					
		45-49	Mass SL	Fr, VS, NP					
4	LS repair	0-6	Fill	—	6-35" many YB mottles 6-35 chroma 2 2.5Y 6/2	6-13"	—		U
		6-13	WSBK SCL	Fr, S, P, SE					
		13-35	Massive C	Fr, VS, VP, E					
		35-48	SBK C	Fr, S, P, SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	IV
Site LTAR	.25	.25

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

COMMENTS:

238617

238617
$320
765 Wiggins Rd.

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: Bryan Clodfelter Address: 1808 triplett Mt. Ulla NC Zip: 28125
Applicant Email: bryanclodfelter (cmot@) windstream.net Phone: 704-663-4041 Alt. Phone: 7046342500
Owner Name: Marilyn Hinds Address: 3226 Waterview Terrell NC Zip: 28682
Owner Email: _____ Phone: 7046641522 Alt. Phone: 704-663-4041

Property Information:

Street Address: 765 wiggins rd. Mooresville, NC 28115
Subdivision Name: — Section/Phase: — Lot Number: —
Driving Directions: Hwy 150 west turn left onto Wiggins rd. 1/2 mile on the right.

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: 5
( ) 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: 576 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: Bryan Clodfelter 8/15/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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 ___ 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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Bryan Cloutier	1808 triplett rd. Mt Ulla NC	704-663-4041	634-2500
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Marolyn Hinds	3726 Waterview Terrell, NC 28682	828 478-9151	704 663 4041

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
765 Wiggins Rd Mooresville NC		

Driving Directions: Hwy 150 west turn left onto Wiggins Rd. ½ mile on the right.

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

(✓) New, Single Family Residence — Maximum Number of Bedrooms 4 — ( ) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants 6 — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — (✓) Basement w/Plumbing?
(X) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?
( ) Other _____

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 (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* (✓) EXISTING SYSTEM installed 56 *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

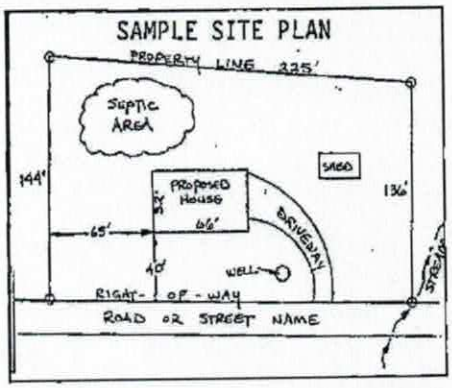
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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.

9. Signature: Bryan Cloutier — 9/6/18
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:

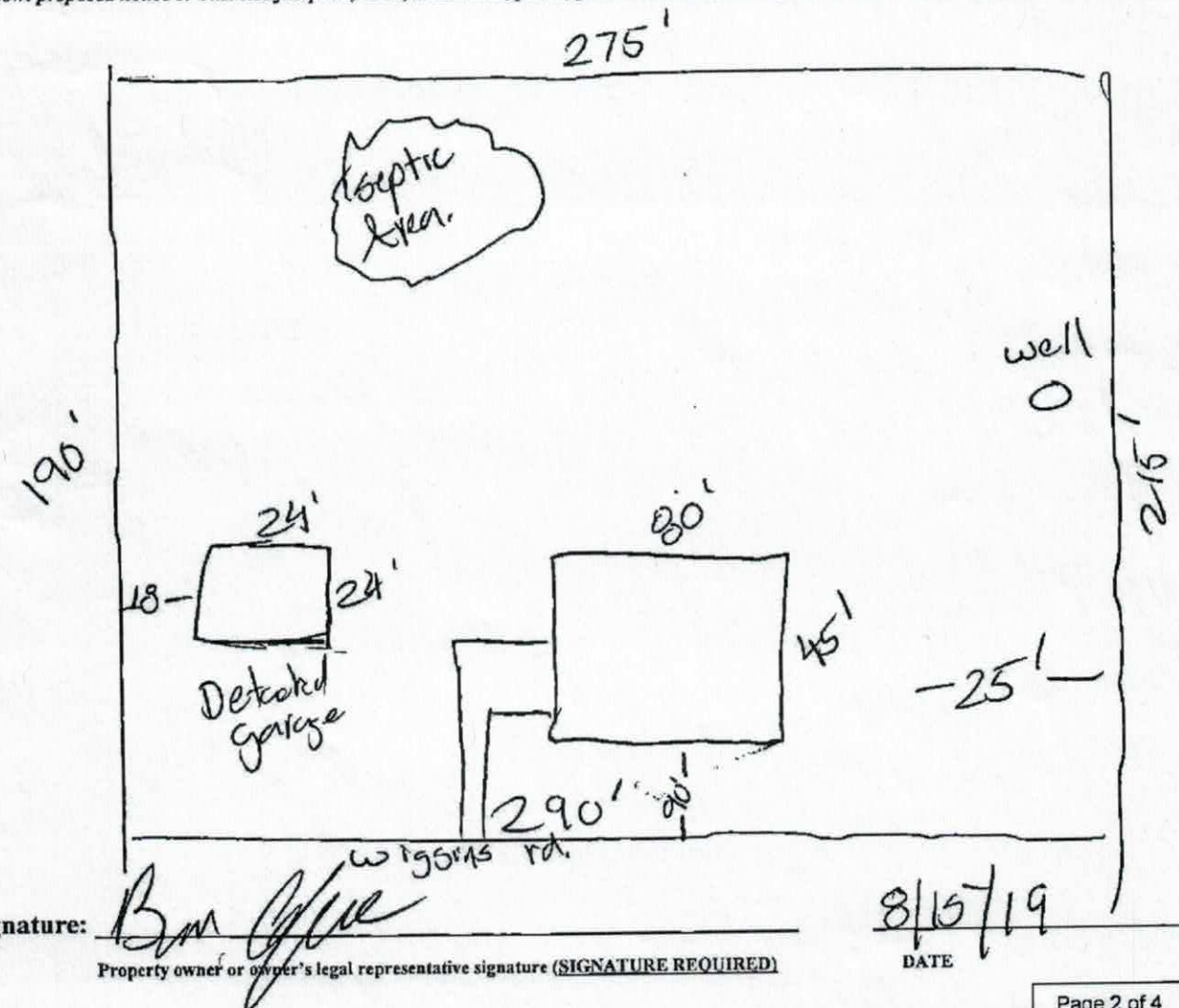
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction

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



Signature: Ben Glue

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

8/15/19
DATE

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*) Bryan Cloadfelter

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, Marilyn Hinds, am the legal owner(s) of the property located at 765 Wiggins rd. Mooresville NC 28115, identified as PIN (Parcel Identification Number) 4678208883.000 located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Bryan Cloadfelter, _____, 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.

Marilyn Hinds
Signature of Owner(s)

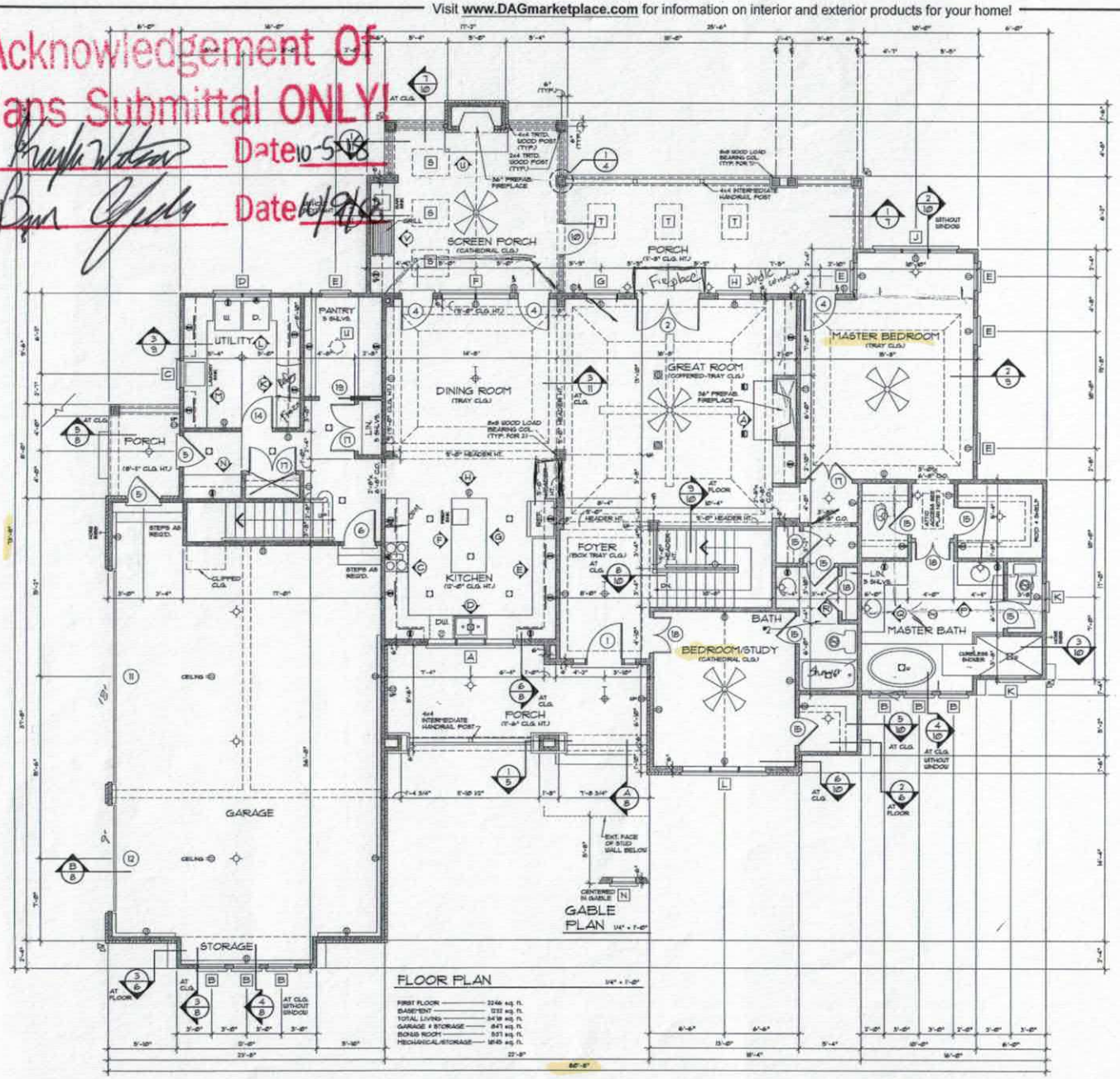
8/15/19
Date

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

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Acknowledgement Of
Plans Submittal ONLY!
Date 10-5-18
Date 10/4/18



PLAN NOTES:

1. VERIFY ALL LOCAL CODES, ENERGY TYPES, AND SITE CONDITIONS PRIOR TO CONSTRUCTION. THE OWNER AND BUILDER SHALL BE SOLELY RESPONSIBLE FOR CODE COMPLIANCE.
2. REVIEW SELECTED MECHANICAL SYSTEMS WITH OWNER PRIOR TO CONSTRUCTION.

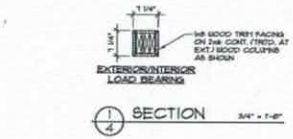
   REVIEW SUB-CONTRACTORS LOCATIONS OF THE WATER HEATER AND HVAC UNIT(S) WITH THE OWNER PRIOR TO CONSTRUCTION. ENSURE COMPLIANCE WITH LOCAL BUILDING CODE REQUIREMENTS AND MANUFACTURER REQUIREMENTS.

   H.V.A.C. EQUIPMENT IN THE ATTIC SPACE SHALL BE ACCESSIBLE BY AN OPENING LARGER THAN THE LARGEST PIECE OF EQUIPMENT (TO ALLOW REMOVAL OF THE EQUIPMENT) AND IN NO CASE LESS THAN 22"x36".
3. SEE STRUCTURAL DRAWINGS FOR ADDITIONAL INFORMATION.
4. INSULATE AROUND ALL BATHS AND UTILITY ROOM.
5. TYPICAL WALL: 2x4@ 16" O.C. UNLESS OTHERWISE DIMENSIONED.
6. PROVIDE SMOKE DETECTORS AS REQUIRED BY CODE.
7. PROVIDE DOORBELLS, TRANSFORMER, AND CHIME.

ELECTRICAL LEGEND

SYMBOL	DESCRIPTION
	DUPLEX OUTLET (GROUNDED TYPE)
WP	WEATHER PROOF DUPLEX OUTLET
AC	ABOVE COUNTER LOCATION
WP AC	ABOVE COUNTER-WATER PROOF DUPLEX OUTLET
	FLUSH FLOOR DUPLEX OUTLET, OWNER VERIFY LOCATION
	220 VOLT OUTLET OR CONNECTION
	CEILING MOUNTED LIGHT FIXTURE
	WALL BRACKET MOUNTED LIGHT FIXTURE
	SUSPENDED CEILING MOUNTED LIGHT FIXTURE
	SUSPENDED CEILING MOUNTED PENDANT LIGHT
	6IN TUNNEL 13' LIGHT KIT
	RECESSED DIRECTIONAL CEILING LIGHT FIXTURE
	RECESSED CEILING LIGHT FIXTURE
IC	RECESSED LIGHT FOR WET AREA
	UNDER CABINET FLUORESCENT LIGHT
	EXTERIOR CAST ALUMINUM FLOOD LIGHTS
	CEILING MOUNTED PADDLE FAN w/ LIGHT
	CEILING MOUNTED FAN - EXHAUST
	CEILING MOUNTED FAN AND HEATER
	CEILING MOUNTED FAN AND LIGHT

SEE DOOR AND WINDOW SCHEDULES ON SHEET 5.



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REG # 321553

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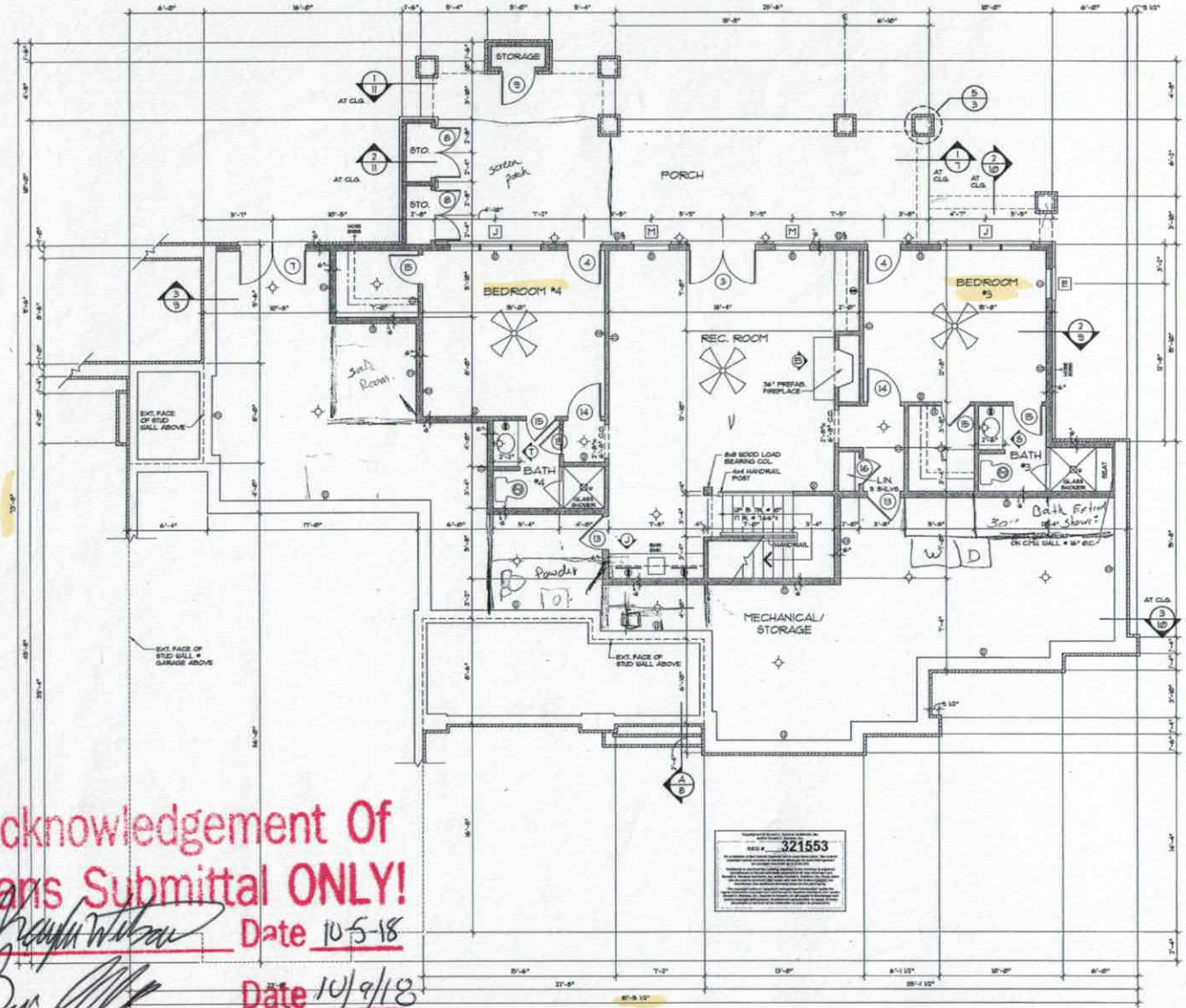
ALL FEDERAL, STATE, AND LOCAL CODES, ORDINANCES, REGULATIONS AND MANUFACTURER'S INSTRUCTIONS ETC. SHALL BE CONSIDERED AS PART OF THE SPECIFICATIONS FOR THIS BUILDING AND SHALL TAKE PRECEDENCE OVER ANYTHING SHOWN, DESCRIBED, OR IMPLIED WHERE SAME ARE AT VARIANCE. THESE PLANS ARE NOT DRAWN FOR ANY PARTICULAR LOCALE. YOU ARE RESPONSIBLE FOR DETERMINING AND ENSURING COMPLIANCE WITH ALL APPLICABLE CODES AND MANUFACTURER'S REQUIREMENTS.

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TRENTON
DESIGN NO. 1411-D MR
SHEET 4 OF 12 08
FLOOR PLAN

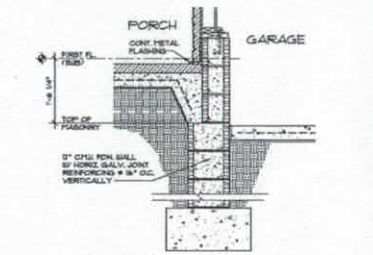
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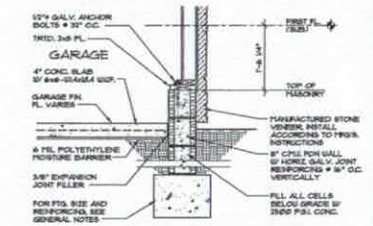


BASEMENT FLOOR PLAN 1/4" = 1'-0"

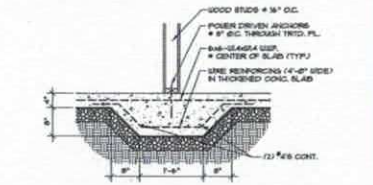
SEE DOOR AND WINDOW SCHEDULES ON SHEET 5.



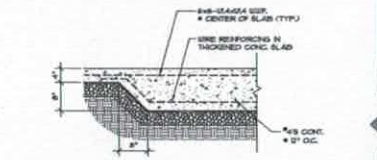
1/3 SECTION 3/4" = 1'-0"
SEE OTHER WALL SECTIONS FOR ADDITIONAL INFORMATION



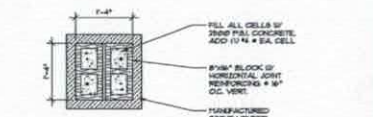
2/3 SECTION 3/4" = 1'-0"
SEE OTHER WALL SECTIONS FOR ADDITIONAL INFORMATION



3/3 DETAIL AT THICKENED SLAB 3/4" = 1'-0"
(DETAIL TO BE USED @ INTERIOR LOAD BEARING WALL LOCATIONS)



4/3 DETAIL AT THICKENED SLAB 3/4" = 1'-0"
(DETAIL TO BE USED @ INTERIOR LOAD BEARING LOCATIONS)



5/3 SECTION 3/4" = 1'-0"

Acknowledgement Of Plans Submittal ONLY!
Date 10-5-18
Date 10/9/18

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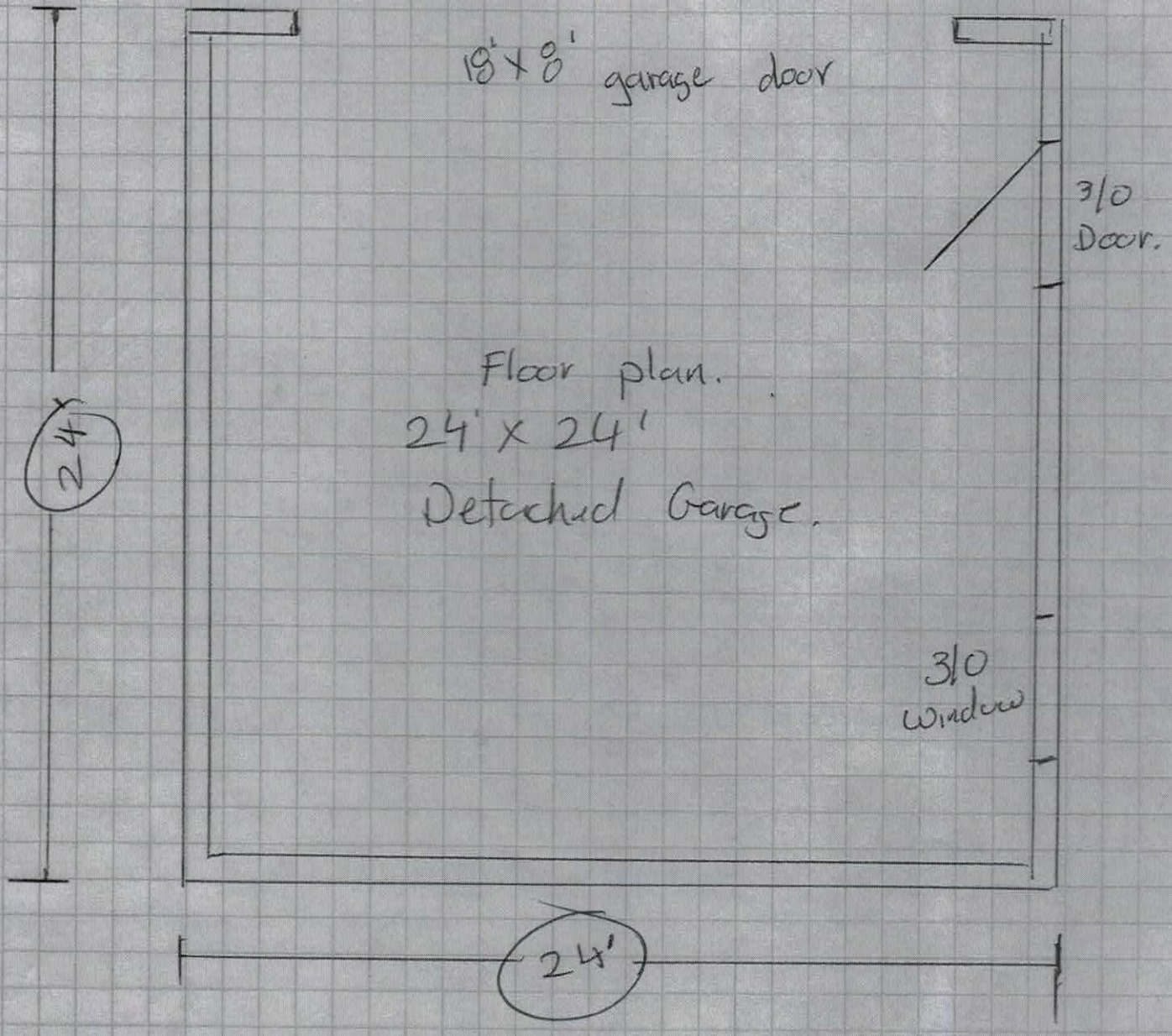
ALL FEDERAL, STATE, AND LOCAL CODES, ORDINANCES, REGULATIONS AND MANUFACTURER'S INSTRUCTIONS ETC. SHALL BE CONSIDERED AS PART OF THE SPECIFICATIONS FOR THIS BUILDING AND SHALL TAKE PRECEDENCE OVER ANYTHING SHOWN, DESCRIBED, OR IMPLIED WHERE SAME ARE AT VARIANCE. THESE PLANS ARE NOT DRAWN FOR ANY PARTICULAR LOCALE. YOU ARE RESPONSIBLE FOR DETERMINING AND ENSURING COMPLIANCE WITH ALL APPLICABLE CODES AND MANUFACTURER'S REQUIREMENTS.

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TRENTON
DESIGN NO. 1417-D MR
SHEET 3 OF 12 08 NOV 18
BASEMENT FLOOR PLAN AND SECTIONS

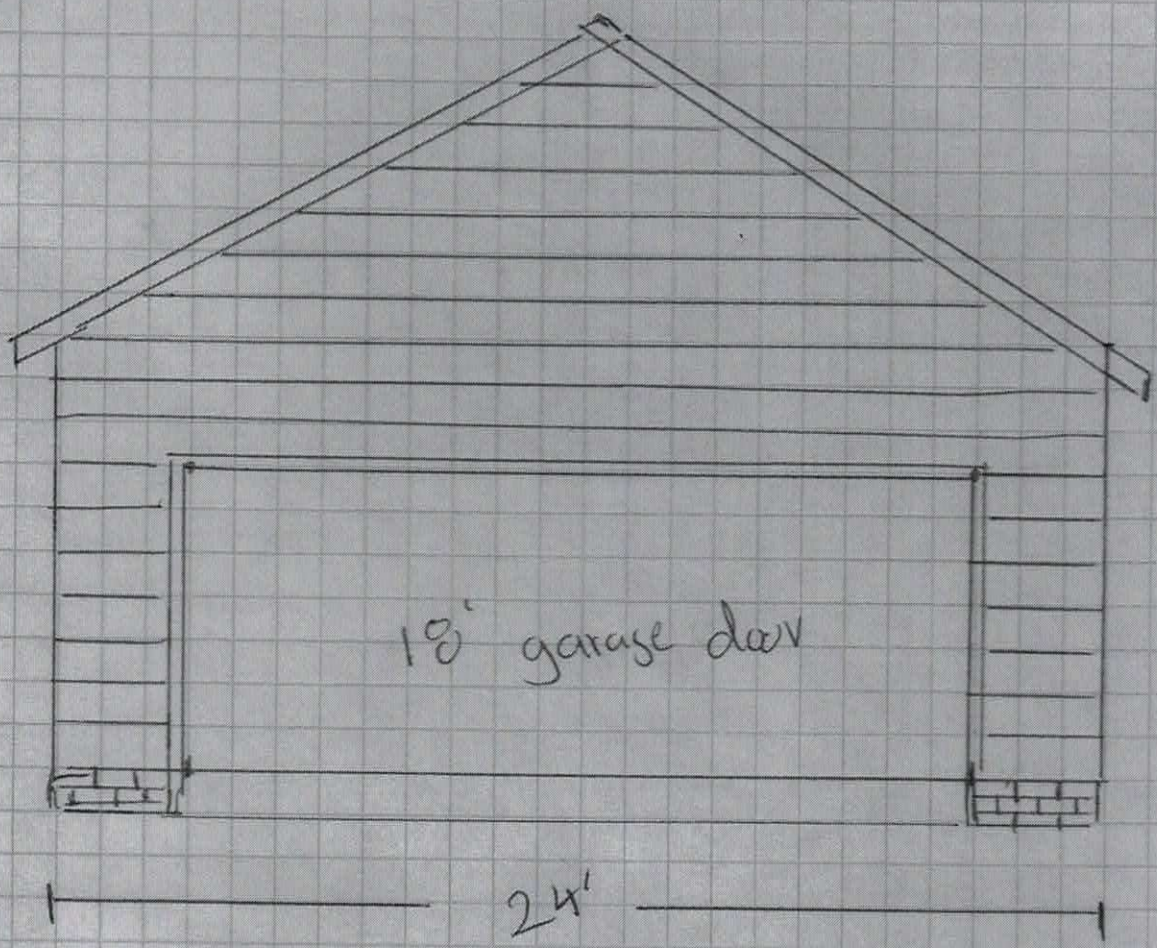
Visit www.DAGmarketplace.com for information on interior and exterior products for your home!

Bryan Cloalfelter Construction CO.
Marilyn Hinds Job
7765 Wiggins Rd. Mooresville



Acknowledgement Of
Plans Submittal ONLY!
Date 8-20-19
Date 8/24/19

Bryan Cloadfelter Construction Co.
Marilyn Hinds Job
765 Wiggins Rd. Mooresville, NC



Acknowledgement Of
Plans Submittal ONLY!
Kayla Wilson Date 8-20-19
Date 8-20-19

IREDELL COUNTY

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

APPLICATION NUMBER
238617
Issue Date: 09/06/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4678208883.000	765 WIGGINS ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HINDS MARILYN BLACKWELDER FAMILY TRUST	Applicant: BRYAN CLODFELTER CONST
Address: 3726 WATERVIEW LANE	Address: 1824 TRIPLETT RD
TERRELL, NC 28682	MOUNT ULLA, NC 28125
Phone:	Phone: 704-663-4041

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.900	35.00	35.00	15.00	15.00	BOWB	X

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	151492	TOTAL FEES:	$ 77.25