ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP312154

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

PIN # 4646 - 26 - 2450

APPLICANT/OWNER: William O'connell | APPLICANT ADDRESS: 20210 Rainbow Circle Cornelius NC 28031

SITE ADDRESS: ~~350~~ Sundown Rd Mooresville NC 28117 | PHONE: 704-904-5612 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd to L on Williamson Rd, R on Sundown Rd, Lot on R | SAP CONTROLLED: ☐ YES ☒ NO

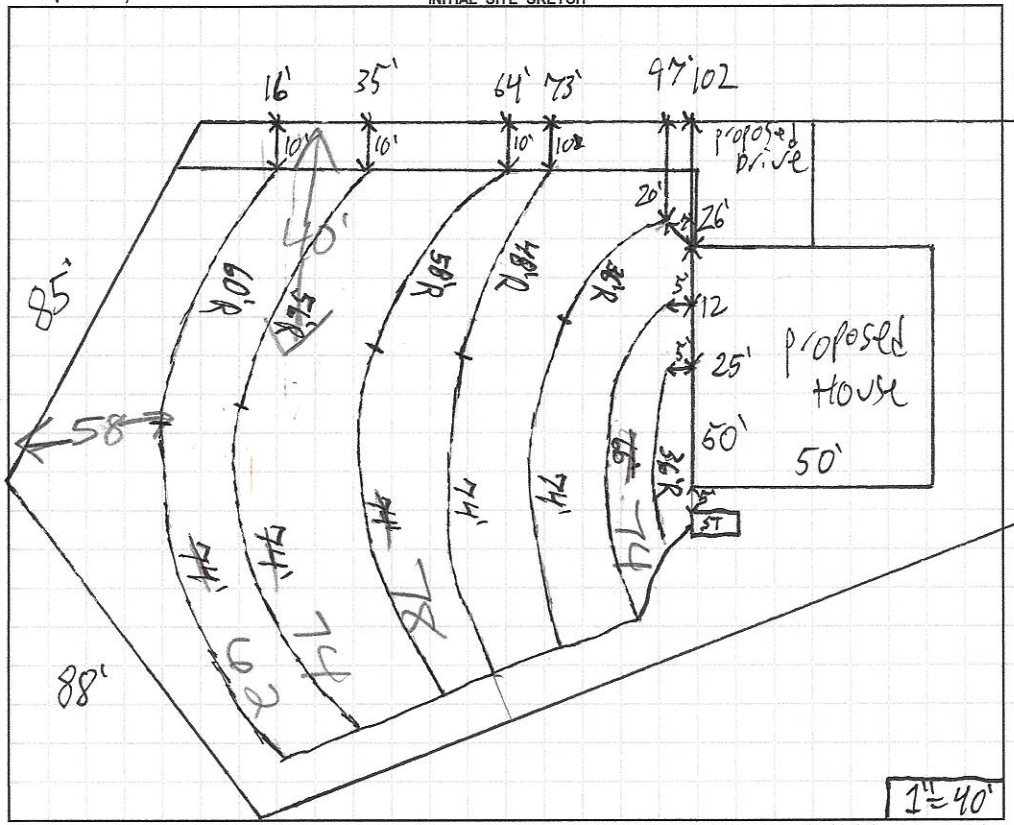
SUBDIVISION: ~~Mary Knox Atwell~~ | SECTION: — | LOT # 6 | LOT AREA: 0.652 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: .275

Septic Tank	1000 (gal)	STB	Shoaf 760	Date	7/2/21	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Gravity 25% Reduction	☐ Business	No. Persons 8
Pump Make	—	Model	—	Serial #	—	Repair System Description:	LPPPBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft:	436'	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	33"	Gravel Depth	—		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

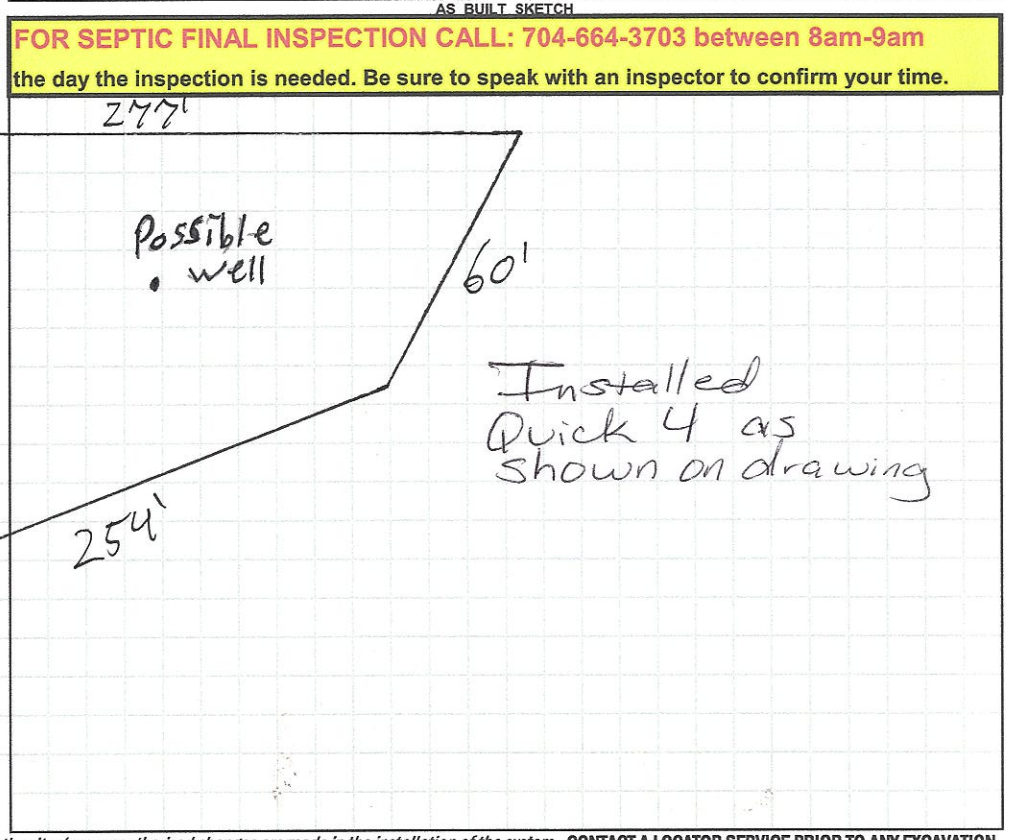
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install lines on contour. Do not Drive on, Store material or manipulate drainfield in any way. All property lines and corners must be marked during installation and inspection. Lot should be landscaped to promote positive drainage

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.

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: William O'connell | Date: 1-8-2021 | Installed by: Precision Grading

IMPROVEMENT PERMIT by: Patrick E Boyle III | Date: 1/7/2021 | OPERATION PERMIT by: Maria Dolan | Date: 8/27/21

AUTHORIZATION TO CONSTRUCT by: Patrick E Boyle III | Date: 1/28/2021 | Existing System Inspected by: | Date:

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

	Date	Initials
Drain Lines Checked	8/27/21	MD
Tanks Checked no filter 8/23	8/23/21	DW
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		

tank located exactly as drawn

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

Sheet 1 of 1
PROPERTY ID #: 4646262452
COUNTY: Iredell

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

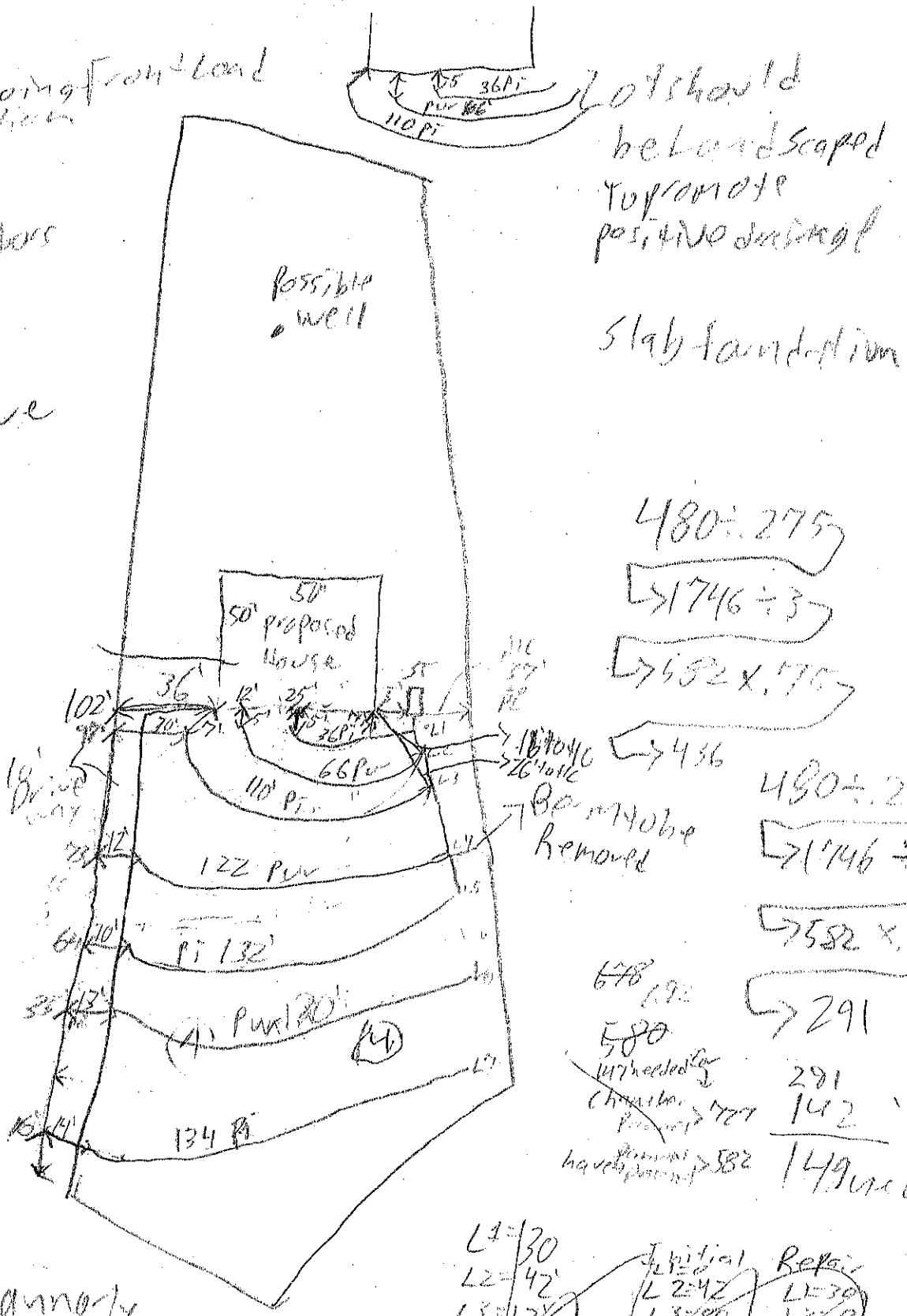
OWNER: William OConnell
APPLICATION DATE 10/27/202
ADDRESS: 20210 Rainbow Cir Cornelius NC 28031
DATE EVALUATED: 12/2/2020
PROPOSED FACILITY: Newsingleform PROPOSED DESIGN FLOW (.1949): 480GPD
PROPERTY SIZE: 0.65 acres
LOCATION OF SITE: 350 Sundown Rd
PROPERTY RECORDED: YES
WATER SUPPLY: ☒ Private ☐ 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	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	SS 5%	0-8	SCL WSBK	Fr SS SP SE XP	few YB Mottles	60"	few Litho inclusions	Small Rocks scattered throughout Small Rock Layer between	PS, 275
		8-31	C SBK/ABK	Fr SS SP SE XP					25 and 30"
		31-60	CL SBK	Fr SS SP SE XP					
2	SS 6%	0-4	SCL WSBK	Fr SS SP SE XP	—	60"	Litho inclusions more common at bottom	Water seeping in from multiple points	PS, 3
		4-29	C SBK/ABK	Fr SS SP SE XP					
		29-60	CL SBK	Fr SS SP SE XP					
3	SS 5%	0-4	SCL WSBK	Fr SS SP SE XP	YB mottles common at bottom	60"	—	Water seeping in from multiple points	PS, 275
		4-36	SL WSBK	Fr S P SE XP					
		36-60	C SBK	Fr S P SE XP					
4	SS 7%	0-5	SCL WSBK	Fr SS SP SE XP	Brown mottles common towards bottom	60"	few Litho inclusions	—	PS, 275
		5-34	C SBK	Fr SS SP SE XP					
		34-60	CL SBK	Fr SS SP SE XP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	436	291
System Type(s)	Gravity 25%	LPPBPS
Site LTAR	.275	.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT:

COMMENTS: Sunny but under tree cover



I know dimensions from Land Surveyor

L1 = 36'
L2 = 66
L3 = 110
L4 = 122'
L5 = 132'
L6 = 130'
L7 = 134'

Lot should be landscaped To promote positive drainage

Slab foundation

360 ÷ .275
→ 1309 ÷ 3
→ 436 × .75
→ 327

360 ÷ .275
→ 1309 ÷ 3
→ 436 × .5
→ 218

480 ÷ .275
→ 1746 ÷ 3
→ 582 × .75
→ 436

480 ÷ .275
→ 1746 ÷ 3
→ 582 × .5
→ 291

~~670~~ 580
147 needed
Chamber → 727
have → 582

291
142
149 needed

Do 145 manually
↳ manual mixed
Relayout

	Initial	Revised
L1 = 30		
L2 = 42	L2 = 42	L1 = 30
L3 = 62	L3 = 66	L2 = 0
L4 = 102	L4 = 50	L3 = 10
L5 = 118	L5 = 50	L4 = 52
L6 = 114	L6 = 50	L5 = 48
L7 = 112	L7 = 50	L6 = 64
		L7 = 62

RECEIVED OCT 2 7 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

AP-312154 $500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: COLONY CONST INC PRES WILLIAM O'CONNELL Address: 20210 RAINBOW CIRCLE, CORNELIUS Zip: 28031

Applicant Email: WOCONN1953@GMAIL.COM Phone: 704-904-5612 Alt. Phone: _____

Owner Name: SAME AS ABOVE Address: _____ Zip: _____

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

Property Information:

Street Address: 358 SUNDOWN MOORESVILLE, NC 28117

Subdivision Name: MARY KNOX ATWELL Section/Phase: _____ Lot Number: 6

Driving Directions: WILLIAMSON TO SUNDOWN

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

(X) 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: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 2700 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 (X) 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.

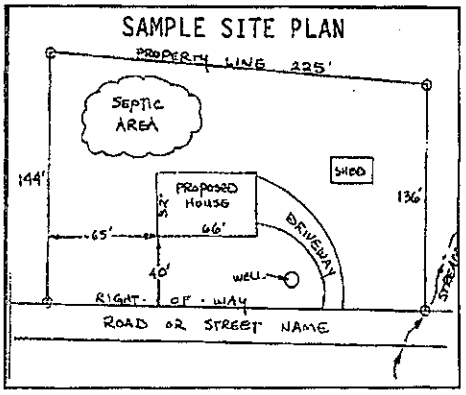
Signature: William O'Connell PRES Colony Const Inc 10-27-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE
William O'Connell Pres Colony Const Inc 1-20-21

312154

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:

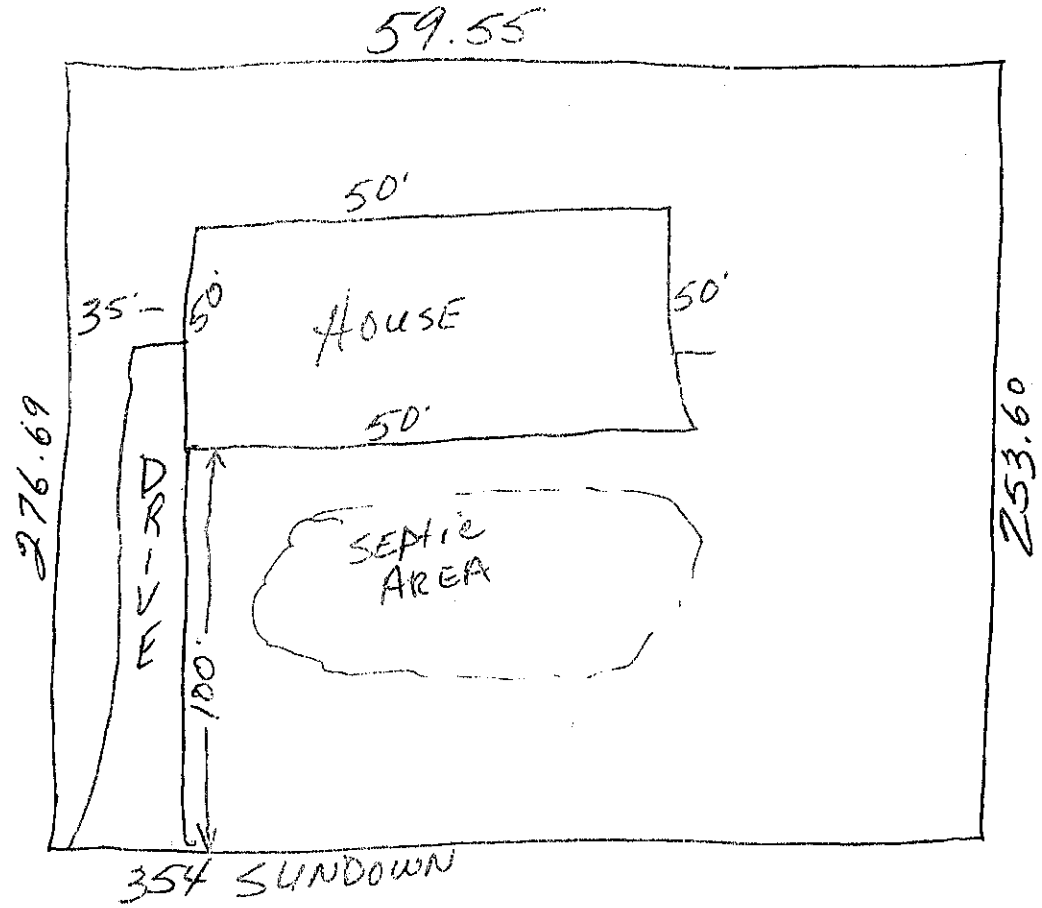
- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location**
- (X) **Preferred well location**
- (X) **Preferred septic system location**
- (X) **North arrow, or other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

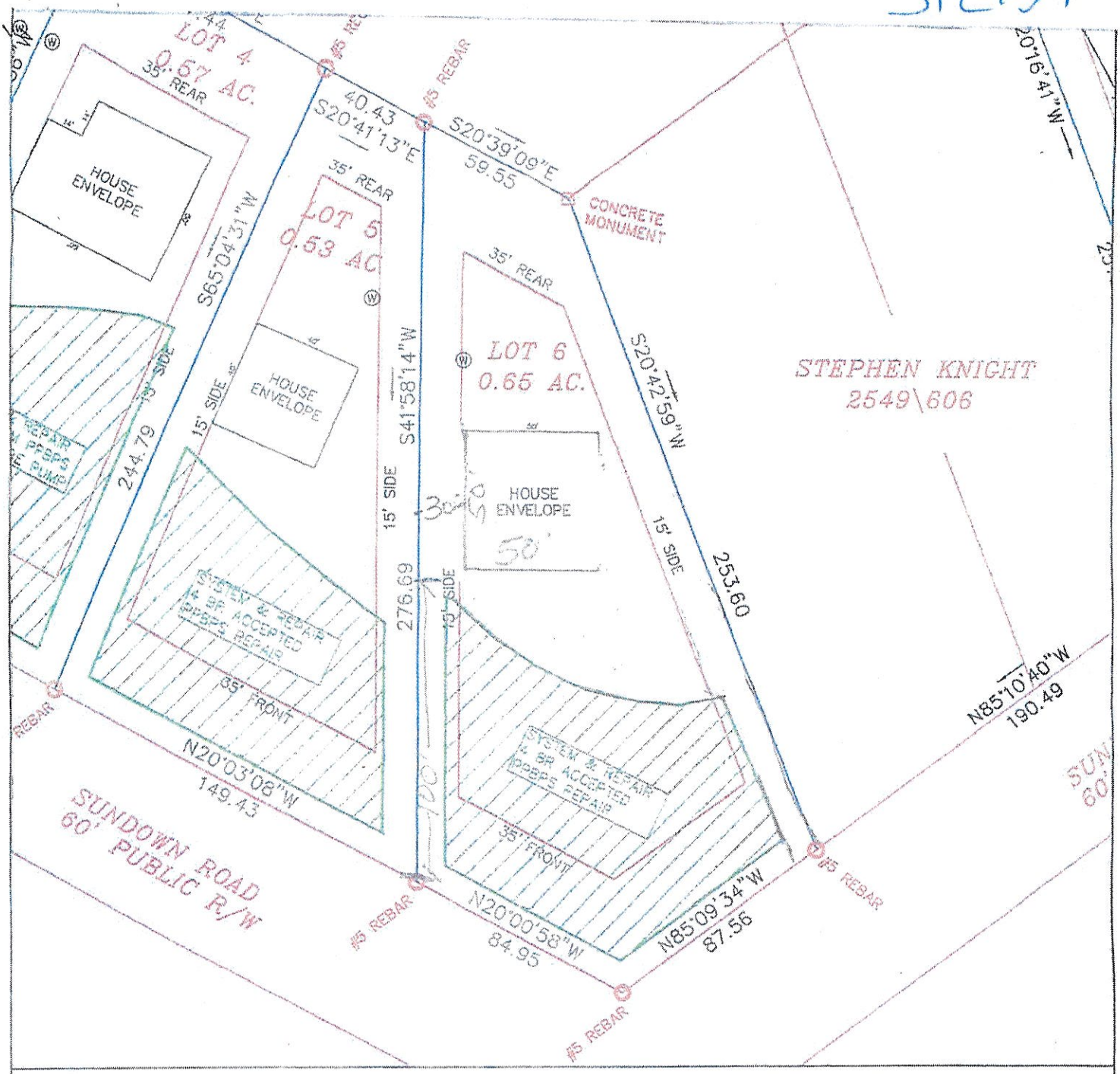


Signature: William O'Connell

10-27-20

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

312154



LEGEND

Areas contain soils with 24 inches or more of useable material and have potential for conventional, modified conventional and low-pressure pipe (lpp) septic systems.

House Envelope

Well Location. (82) Pit/Boring Location.

GRAPHIC SCALE
1" = 50'

50 0 50 100

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

PLEASE REFER TO ATTACHED SOIL REPORT FOR ADDITIONAL SITE SPECIFIC INFORMATION

SOIL & FORESTRY SERVICES OF THE CAROLINAS, PA
P.O. BOX 832
MOORESVILLE, NC 28115
PHONE/FAX: (704) 278-0959
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746-5046
EMAIL: ashleyrollans@gmail.com

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: BURTON WILLIAM ESTATE – SUNDOWN ROAD LOTS 2 – 7

LOCATION/DATE: SUNDOWN ROAD, IREDELL COUNTY, NORTH CAROLINA, AUGUST 2015

JOB #:	15-0057
FILE:	C:\JOBS\15-0057
PROJECT MGR.:	S.A.R.
FIELD WORK:	S.A.R.
DRAWN BY:	S.A.R.

512154

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*) William O'Connell Colony Const. Inc.

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, Colony Const Inc Pres. William O'Connell, am the legal owner(s) of the property located at 354 SUNDOWN Mooresville NC 28117, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Colony Const. Inc.,

_____, 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

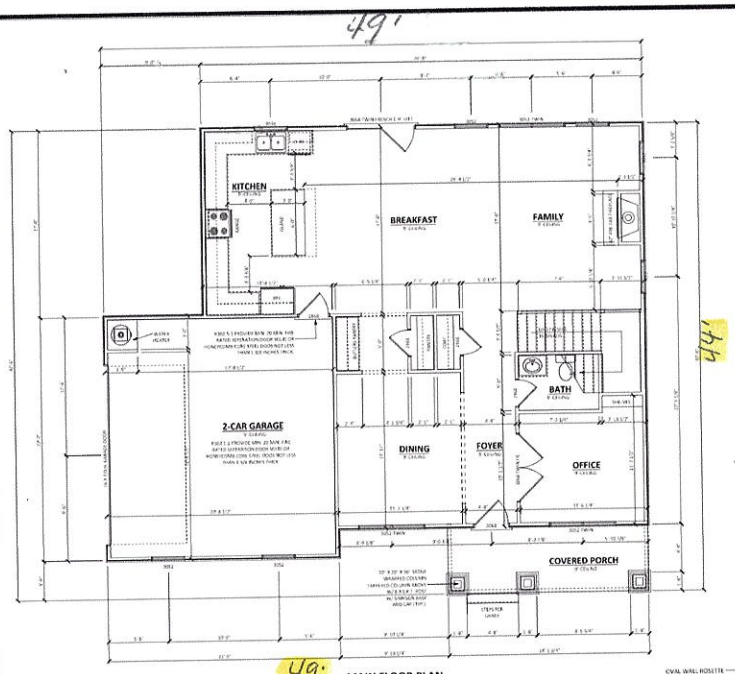
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

William O'Connell pres. Colony Const Inc. — Signature of Owner(s)

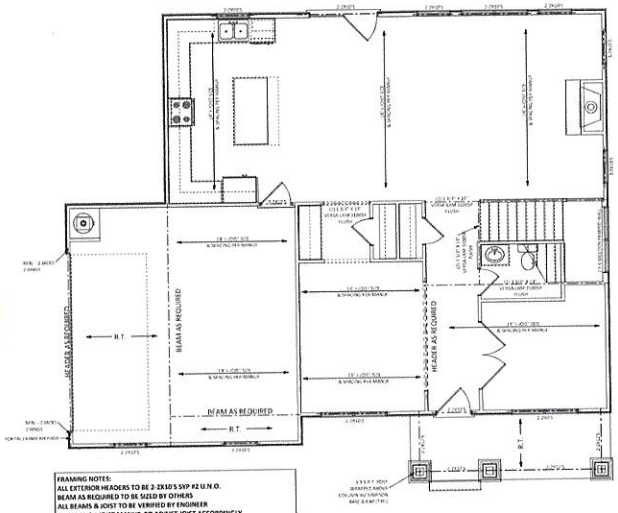
10-27-20 — Date

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

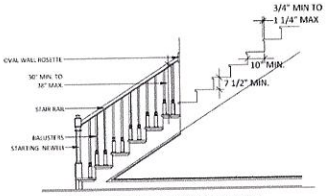


MAIN FLOOR PLAN
SCALE: 1/4" = 1'-0"



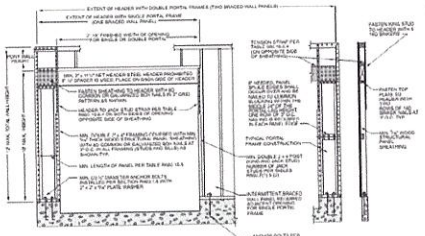
FRAMING NOTES:
ALL EXTERIOR HEADERS TO BE 2-2X10'S SYP #2 U.N.O.
BEAM AS REQUIRED TO BE SIZED BY OTHERS
ALL BEAMS & JOIST TO BE VERIFIED BY ENGINEER
TRUSS AND I-JOIST MANUF. TO ADJUST JOIST ACCORDINGLY
OVER HALLWAYS AND SOFFITS TO ALLOW FOR RECESSED LIGHTING

SECOND FLOOR FRAMING
SCALE: 1/4" = 1'-0"



VERIFY ALL STAIR DETAILS WITH OWNER AND INTERIOR DECORATOR.
(15 TREADS & 16 RISERS) STAIR SYSTEM BASED ON A 10" TREAD
& A 8" RISER W/ AN 9'1 1/2" PLATE HEIGHT AND A 14" FLOOR JOIST
W/ 3/4" T & G SUB FLOOR

FIRST FLOOR STAIR SYSTEM
SCALE: N/S



FRONT ELEVATION

SECTION

FIRST FLOOR DOOR SCHEDULE

PRODUCT CODE	SIZE	HINGE DIRECTION	REVERSED	COUNT
2'-8" X 6'-8" STEEL ENTRY	2'-8" x 6'-8"	R	NO	1
3'-0" X 6'-8" FRONT ENTRY	3'-0" x 6'-8"	R	NO	1
3'-0" X 6'-8" TWIN FRENCH C.H. LEFT	6'-0" x 6'-8"	NL	NO	1
16'-0" X 7'-0" O.H. GARAGE DOOR	16'-0" x 7'-0"	U	NO	1
2'-4" X 6'-8" INTERIOR	2'-4" x 6'-8"	L	NO	1
2'-4" X 6'-8" INTERIOR	2'-4" x 6'-8"	R	NO	2
3'-0" X 6'-8" INTERIOR FFRENCH	6'-0" x 6'-8"	LR	NO	1

FIRST FLOOR WINDOW SCHEDULE

PRODUCT CODE	SIZE	COUNT
3'-0" X 5'-2" TWIN DOUBLE HUNG	6'-0" x 5'-2"	3
3'-0" X 3'-6" DOUBLE HUNG	3'-0" x 3'-6"	1
3'-0" X 5'-2" DOUBLE HUNG	3'-0" x 5'-2"	6

WALL STUD REQUIREMENTS

EXT. WALL HT. (h)	STUD SIZE & SPACING
h < 10'-0"	2X4 @ 16" O.C.
10'-0" < h < 11'-9"	2X4 @ 12" O.C.
11'-0" < h < 18'-9"	2X6 @ 16" O.C.
h > 18'-0"	CONSULT ENGINEER

HANGER SCHEDULE

MEMBER SIZE	SIMPSON HANGER
(2) 2X8	HUS28-2
(2) 2X10	HU210-2 (MAX)
(2) 2X12	HU212-2 (MAX)
(2) 1-3/4" X 9-1/4" LVL	HU410 (MAX)
(2) 1-3/4" X 11-7/8" LVL	HU412 (MAX)
(2) 1-3/4" X 14" LVL	HU416 (MAX)
ALL TRIPLE LVL MEMBERS	HHUSS.50/10

t&m HOME DESIGN

Bill O'Connell
350 Sundown Rd.
Mooresville, NC 28117 Lot #6

T&M HOME DESIGN, LLC.
22 South Main Street Suite 2008
Newton, NC 28658
Tracy Sipe: 704-200-3811 Marie Sipe: 704-200-3808

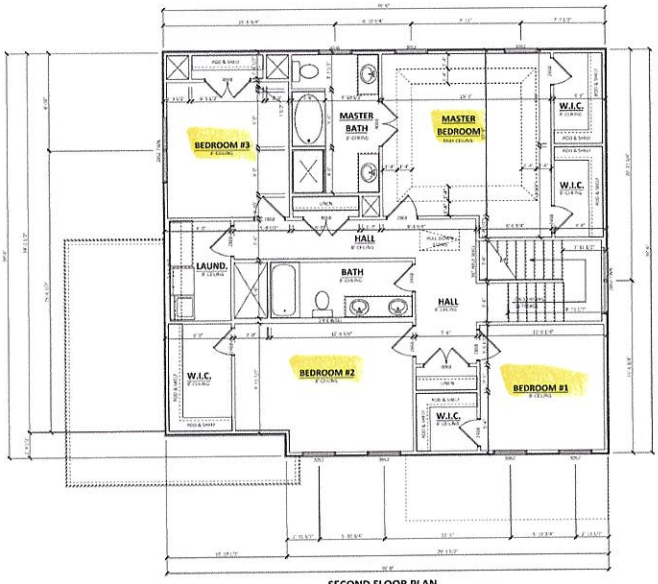
First Floor Plan
Second Floor Framing

A-2

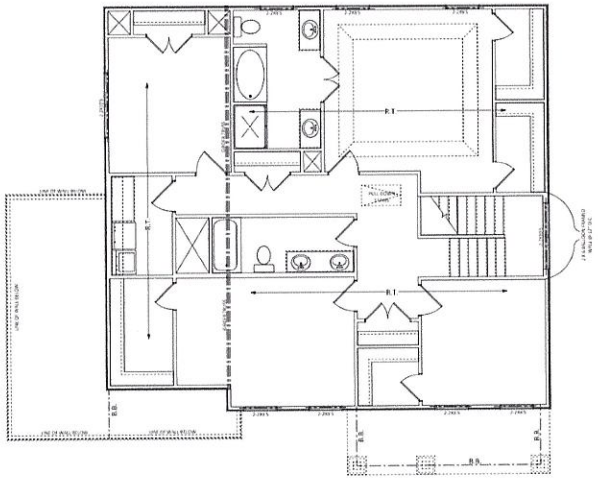
Acknowledgement of
Plans Submittal ONLY!

William O'Connell Date 1-20-21

Patrick J Bagley III Date 1/28/2021



SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0"



SECOND FLOOR CEILING PLAN
SCALE: 1/4" = 1'-0"

FRAMING NOTES:
ALL EXTERIOR HEADERS TO BE 2-2X10'S SYP #2 U.N.O.
BEAM AS REQUIRED TO BE SIZED BY OTHERS
ALL BEAMS & JOIST TO BE VERIFIED BY ENGINEER
TRUSS AND I JOIST MANUF. TO ADJUST JOIST ACCORDINGLY OVER HALLWAYS AND SOFFITS TO ALLOW FOR RECESSED LIGHTING

SECOND FLOOR DOOR SCHEDULE

PRODUCT CODE	SIZE	HINGE DIRECTION	REVERSED	COUNT
28X80 COLONIAL A 1	2'-4" x 6'-8"	L	NO	3
28X80 COLONIAL A 1	2'-4" x 6'-8"	R	NO	2
32X80 COLONIAL A 1	2'-8" x 6'-8"	L	NO	3
32X80 COLONIAL A 1	2'-8" x 6'-8"	R	NO	2
48X80 COLONIAL A 2	4'-0" x 6'-8"	LR	NO	4

SECOND FLOOR WINDOW SCHEDULE

PRODUCT CODE	SIZE	COUNT
3'-0" X 5'-2" TWIN DOUBLE HUNG	6'-0" x 5'-2"	2
3'-0" X 3'-6" DOUBLE HUNG	3'-0" x 3'-6"	1
3'-0" X 5'-2" DOUBLE HUNG	3'-0" x 5'-2"	6

WALL STUD REQUIREMENTS

EXT. WALL HT. (h)	STUD SIZE & SPACING
h < 10'-0"	2X4 @ 16" O.C.
10'-0" < h < 11'-0"	2X4 @ 12" O.C.
11'-0" < h < 19'-0"	2X6 @ 16" O.C.
h > 18'-0"	CONSULT ENGINEER

HANGER SCHEDULE

MEMBER SIZE	SIMPSON HANGER
(2) 2X8	HUS28-2
(2) 2X10	HU210-2 (MAX)
(2) 2X12	HU212-2 (MAX)
(2) 1-3/4" X 9-1/4" LVL	HU410 (MAX)
(2) 1-3/4" X 11-7/8" LVL	HU412 (MAX)
(2) 1-3/4" X 14" LVL	HU416 (MAX)
ALL TRIPLE LVL MEMBERS	HHUS5.50/10

Acknowledgement of
Plans Submittal ONLY!
William O'Connell Date 1-20-21
Patrick J Boyle III Date 1/28/2021

t&m HOME DESIGN

Bill O'Connell
350 Sundown Rd.
Mooresville, NC 28117 Lot #6

T&M HOME DESIGN, LLC.
22 South Main Street Suite 200B
Newton, NC 28658
Tracy Sipe: 704-200-3811 Marie Sipe: 704-200-3808

Second Floor Plan
Second Floor Ceiling

A-3

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

APPLICATION NUMBER
312154 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4646262511.000	354 SUNDOWN RD	Iredell County

Owner Information	Applicant Information
Name: KOMLOSI ROCHELLE A+ROBERT E	Name: COLONY CONSTRUCTION INC
Address:	Address: 10221 MEADLOW CROSSING LANE CORNELIUS, NC 28031
Phone:	Phone: (704)231-8186

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.532	35	35	15	15	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: 10/27/2020

Signature of Owner/Contractor

Permit Number	312154	TOTAL FEES:	$77.25

312154

ZONING DISCLAIMER



Property Address 354 Sundown Mooresville

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.

William O'Connell
Applicant

10-27-20
Date