IREDELL COUNTY HEALTH DEPARTMENT

KW

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

PERMIT # 23121

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

PIN # 4646435809

APPLICANT/OWNER: Jan Kozlowski APPLICANT ADDRESS: 801 Scholz Dr. Vandalia, OH

SITE ADDRESS: 175 Ponderosa Circle, Mooresville, NC PHONE: 937524-1623 ALT. PHONE

SITE DIRECTIONS: Williamson Rd TL Ponderosa lot on left

SUBDIVISION: Lake Norman Bonanza SECTION: 2 LOT # 17 LOT AREA: .49 Acre

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB 760	Date 8/19/19	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	(gal)	PT	Date	System Description:	Gravity - 25% Reduction
Pump Make		Model	Serial #	Repair System Description:	Lot recorded 1963
# Nitrification Fields	1	# Lines 4	Linear Ft 300ft	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Trench Bottom Depth(Low side)	30-36"	Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/ plumbing

No. Bedrooms 3 No. Persons 6 No. Employees ☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Divert storm water/surface water away from Septic System.

INITIAL SITE SKETCH

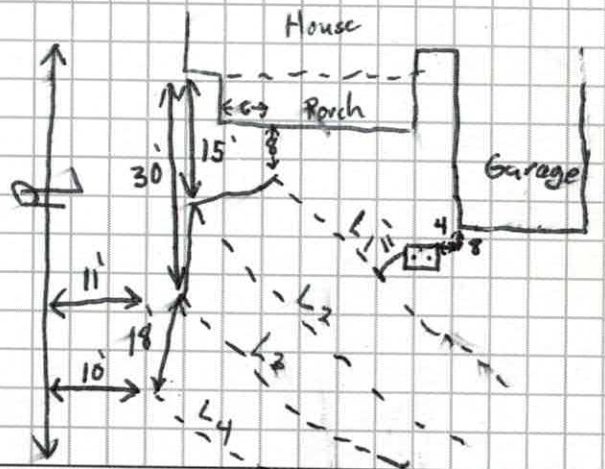
See attached, approved Septic plan by Michael Athanas & Associates (dated 11-4-17)

AS BUILT SKETCH

10/21/19: Shaw 1000-gallon mid seam conc. tank w/ a PolyBlok PL-68 effluent filter.

L_1	70	6' 2"	IQ4W installed @ 30"-36" TB as permitted
L_2	90 (curve)	6' 8"	
L_3	94	7' 3"	
L_4	+ 42	7' 8.5"	
	296		

73 × 4 = 292 + 9 = 301'



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: Jan Kozlowski Date: 11/20/17

IMPROVEMENT PERMIT by: Maria L Olson Date: 11/13/17

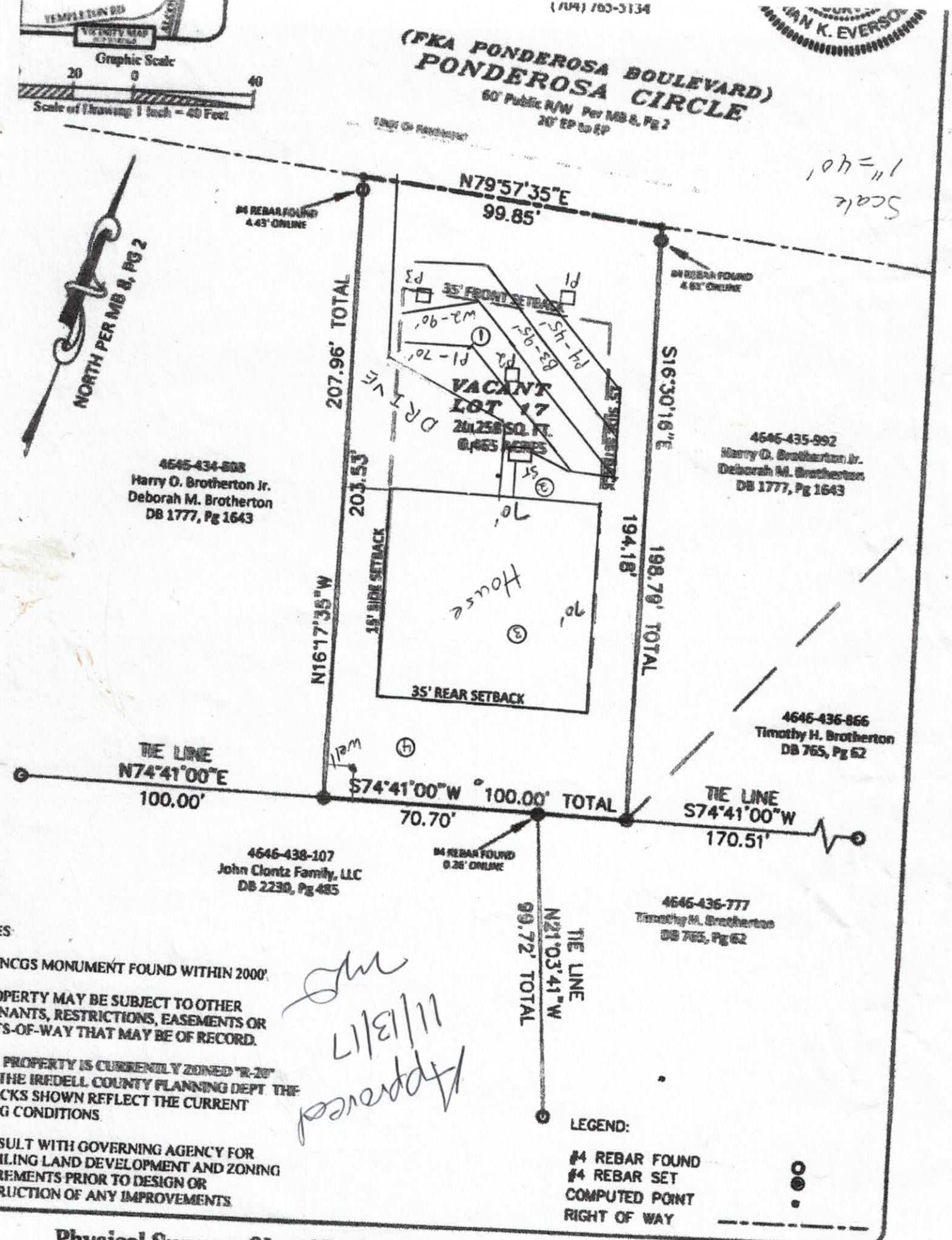
AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 4-8-19

Installed by: Shannon Henderson - Groundbreakers

OPERATION PERMIT by: Tom Shuck Date: 10/21/19

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.



Physical Survey of Lot 17 of Lake Norman Bonanza, Section II

Professional



Approved
11/13/17
MD

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

Reference: Data Sheet for 175 Ponderosa Cir, Lake Norman Bonanza Lot 17
House Footprint: 70' x 70'
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms: 3/360 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: 25% Reduction
Proposed Repair System Type: Limited (Deeded 1963-BK 8, PG2)
Distribution: Gravity-End cap/Drop boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 30-36"

Line	Design Length	Actual Length
Pink 1	70'	75'
White 2	90'	96'
Blue 3	95'	98'
Pink 4	45'	48'

Initial System: 300' **Repair System:** Limited

Comments:



PROPERTY ID #: 4646435809
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Approved 11/13/17

OWNER: Harry Brotherton Jr
ADDRESS: 437 E Frenchmans Bend Rd, Monroe, LA 71203
PROPOSED FACILITY: 4 bdrm PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 175 Ponderosa Cir, LKN Bonanza Lot 17
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☒ Pit ☐ Cut

APPLICATION DATE
DATE EVALUATED:
PROPERTY SIZE: 0.465 AC
PROPERTY RECORDED: 1963

TYPE OF WASTEWATER: ☒ 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 6%	0-8	Br CL WSBK	FR SS SP SEXP	N/A	60"	F-C SAP	N/A	PS 0.3
		8-27	R C SBK	FR SS SP SEXP					
		27-60	R CL WSBK	FR SS SP SEXP					
		Side of pit SAP @ 60"		Closest to road & back side of pit					
PIT 2	LS 6%	0-8	Br CL WSBK	FR SS SP SEXP	N/A	52"	F-C SAP PS	N/A	PS 0.3
		8-28	R C SBK	FR SS SP SEXP					
		28-52	R CL WSBK	FR SS SP SEXP few to many SAP Indus					
		52-67	VER SL SAP M	VFR SS SP SEXP					
PIT 3	LS 6%	0-32	R C SBK	FR SS SP SEXP	N/A	50"	F-C SAP PS	N/A	PS 0.3
		32-50	R CL WSBK	FR SS SP SEXP					
		50-64	VER SL SAP M	VFR SS SP SEXP					
		One side of pit SAP @ 48"							
AB 1	LS 6%	0-48	R C SBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	900 FT2	LIMITED
System Type(s)	25% Reduction	
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

Approved 11/13/17 MD

PROPERTY ID #: 4646435809

DATE OF EVALUATION:

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
AB 2	LS 6%	0-30	R C SBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		30-48	R CL WSBK	FR SS SP SEXP					
AB 3	LS 6%	0-20	R C SBK	FR SS SP SEXP	N/A	36"	F-C SAP	N/A	PS 0.3 NOT IN SYSTEM AREA
		20-36	R CL WSBK	FR SS SP SEXP					
		36-48	L SAP M	FR SS SP SEXP					
AB 4	LS 6%	0-36	R C SBK	FR SS SP SEXP	Mn YB	48"	N/A	N/A	PS 0.25 NOT IN SYSTEM AREA
		36-48	R CL WSBK	FR SS SP SEXP					

COMMENTS:

AC 4/3/19

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: Tammy Lawley Address: 3924 Mt. Olive Church Rd Newton NC Zip: 28658
Applicant Email: buildthelake@gmail.com Phone: 704-361-3130 Alt. Phone: _____
Owner Name: Rick + Jan Kozlowski Address: 290 Essex Dr. Tipp City OH Zip: 45371
Owner Email: _____ Phone: 937-524-1623 Alt. Phone: _____

Property Information:

Street Address: 175 Ponderosa Circle Mooresville NC 28117
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: 77S Exit 33 turn (R) Williamson Rd - go approx 1 mile turn (L) on Ponderosa Lot on (L)

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: 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)* See septic permit 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: Tammy Lawley 4/2/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED NOV 3 - 2017

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#231121

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 Paid $350.00

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: Jan Kozlowski **Address:** 801 Scholz Dr., Vandalia, OH **Zip:** 45377

Applicant Email: jankoz77@gmail.com **Phone:** _____ **Alt. Phone:** _____

Owner Name: Harry Brotherton Jr **Address:** 437 E Frenchmans Bend Rd, Monroe, LA **Zip:** 71203

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

Property Information:

Street Address: 175 Ponderosa Cir

Subdivision Name: Lake Norman Bonanza **Section/Phase:** _____ **Lot Number:** 17

Driving Directions: Williamson TR Ponderosa, lot on LT

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) 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: _____
(✓) 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: Accepted

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: _____ 11/4/2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

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*) Jan Kozlowski

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, Jan Kozlowski, am the legal owner(s) of the property located at 175 Ponderosa Circle Mooresville NC identified as 28117

PIN (Parcel Identification Number) 4646435809-000 located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Fourtees Incorporated, 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.

Jan Kozlowski
Signature of Owner(s)

4/2/19
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

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, Deborah M. Brotherton Harry O. Brotherton Jr., am the legal owner(s) of the property located at LOT 17, PONDEROSA CIRCLE MOORESVILLE, NC, identified as PIN (Parcel Identification Number) 4646-43-5809, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Michael Athanas & Assoc., 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.

Deborah M. Brotherton
Harry O. Brotherton Jr.

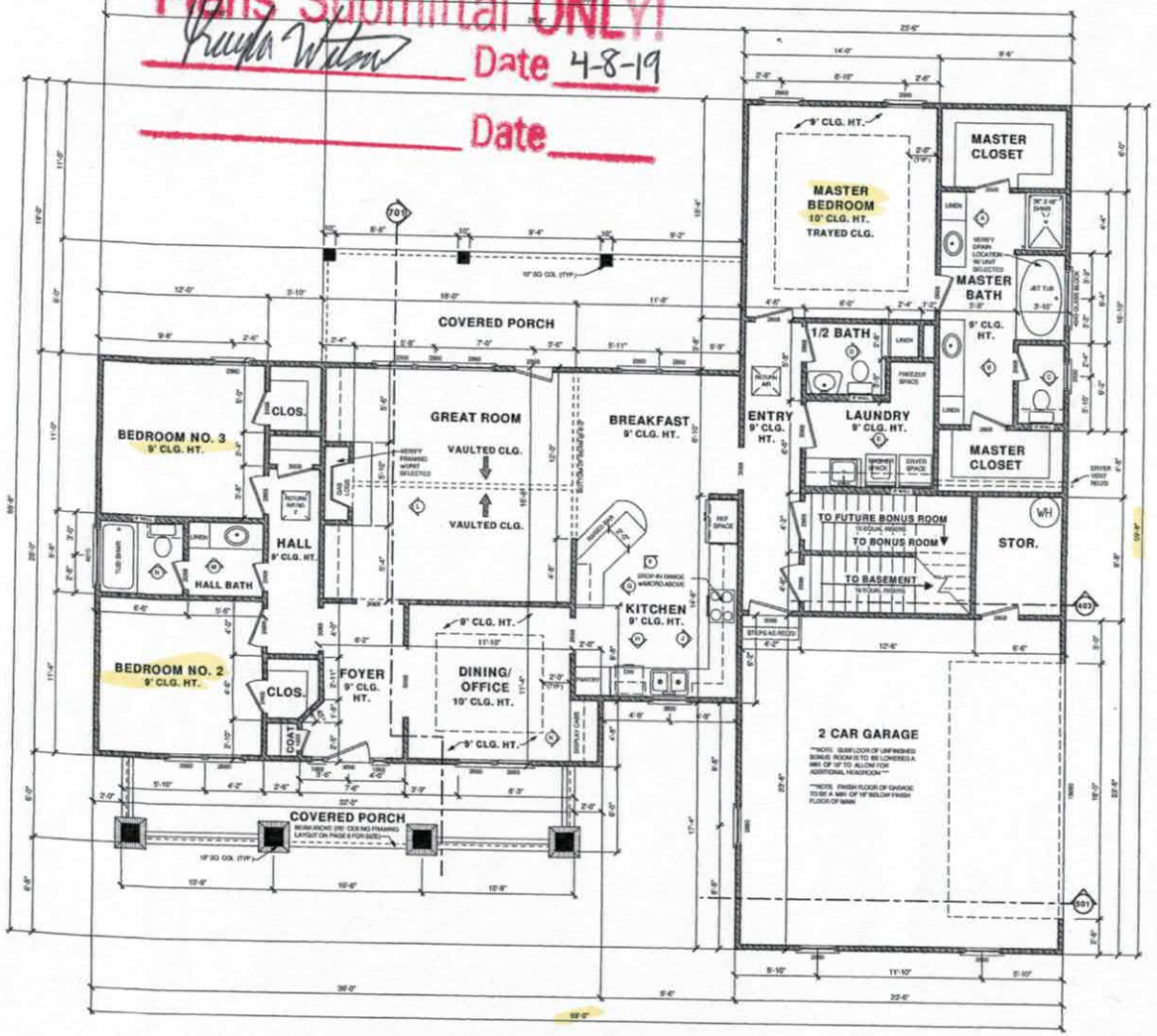
Signature of Owner(s) Date Signature of Witness Date

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 ATT: Nina Baker
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement Of
Plans Submittal ONLY!
Date 4-8-19
Date



1919-2 FLOOR PLAN

SCALE: 1/4"=1'-0"

AREAS:	1919	S.F. HEATED
	1143	S.F. UNHEATED
	338	S.F. BONUS (UNHEATED)
	3400	S.F. TOTAL UNDER ROOF
		MASONRY NOT INCLUDED

NOTES:

CONTRACTOR TO VERIFY ALL DIMENSIONS & EXISTING SITE CONDITIONS PRIOR TO CONSTRUCTION.

DOOR & WINDOW SIZES ARE GIVEN IN FEET & INCHES IN WIDTH & HEIGHT RESPECTIVELY.

DOOR EXAMPLE: 3068. 3'-0" WIDE BY 6'-8" TALL.
WINDOW EXAMPLE: 2040. 2'-0" WIDE BY 4'-0" TALL.

CONTRACTOR SHALL VERIFY ALL INTERIOR FINISHES, FLOOR COVERINGS, AND TRIM SIZES & CONFIGURATIONS WITH OWNER PRIOR TO CONSTRUCTION.

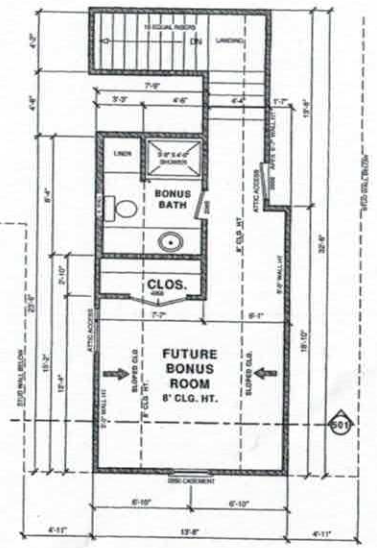
IT IS THE SOLE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY CLEARANCES OF THE ITEMS MENTIONED ABOVE PRIOR TO CONSTRUCTION.

REFER TO EXTERIOR ELEVATIONS FOR EXTERIOR WALL FINISHES.

REFER TO MANUFACTURERS SPECS FOR ROUGH OPENING DIMENSIONS, FOR DOORS AND WINDOWS.

ALL BEAM SIZES TO BE VERIFIED BY STRUCTURAL ENGINEER.

CONTRACTOR SHALL MAKE ALL NECESSARY MODIFICATIONS DURING CONSTRUCTION PROCESS TO COMPLY WITH LATEST I.R.C. (INTERNATIONAL RESIDENTIAL CODE), LATEST EDITION, OR APPLICABLE CODES AT SITE.



1919-2 BONUS FLOOR PLAN

SCALE: 1/4"=1'-0"

HOUSE PLAN GALLERY, INC.
6659 HWY. 98 WEST, HATTIESBURG MS, 39402
EMAIL: HOUSEPLANGALLERY@COMCAST.NET \\ FAX: (601) 264-4483
DESIGNS ARE COPYRIGHTED BY THE DESIGNER BY CONTRACT. © COPYRIGHTED ANY AND ALL UNAUTHORIZED REPRODUCTION PROHIBITED

DATE: 06/21/07
DRAWN BY: J.A.B.
CHECKED BY: G.L.M.
PLAN NUMBER HPG-1919-2
FLOOR PLAN
SHEET NUMBER 3

PROFESSIONAL MEMBER

IREDELL COUNTY

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

APPLICATION NUMBER
231121
Issue Date: 10/25/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4646435809.000	175 PONDEROSA CIRCLE, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: BROTHERTON HARRY JR+DEBORAH	Applicant: MICHAEL ATHANAS & ASSO
Address: 194 IREDELL CO, NC 28625	Address: 561 ENNIS RD WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.490	35.00	35.00	15.00	15.00	CA	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	118794	TOTAL FEES:	$ 77.25