IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 221273

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

PIN # 4648139181

APPLICANT: JBR Custom Homes APPLICANT ADDRESS: P.O Box 5289 Mooresville, NC 28117

SITE ADDRESS: 141 Castle Dr Mooresville, NC PHONE: ALT. PHONE: 704 380 0838

SITE DIRECTIONS: Hwy 150 W TR Bluefield TL Big Indian Lp TR Castle on left

SUBDIVISION: Indian Forest SECTION: 2 LOT # 24 LOT AREA: DESIGN FLOW: 480gpd L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	760	Date	3/28	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	(gal)	PT		Date		System Description: Gravity - 25% Reduction PPBPS		☐ Business	No. Persons 8	☒ Private
Pump Make		Model		Serial #		Repair System Description:		☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft:	480'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	☒ GRAVITY ☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions:

11/10/16 Reviewed floor plans, in Compliance with Septic plan.

INITIAL SITE SKETCH

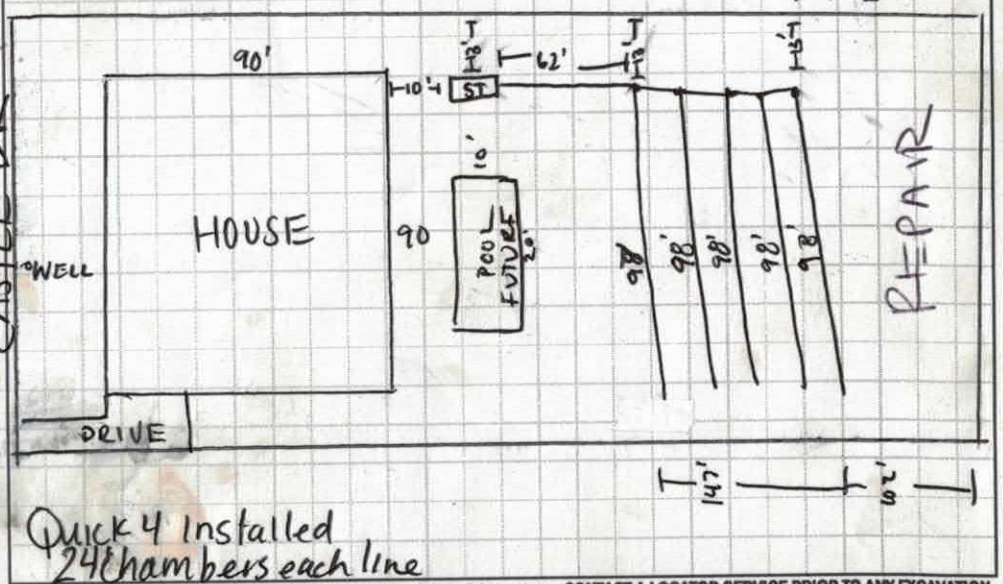
See attached, approved by Michael Athanas & Assoc dated 8/23/16

trench bottom (low side) L1 20" L4 24" L5 26"

AS BUILT SKETCH

SHOAF 1000 gal tank
Filter in place
tank elevation: 4'9" } fall: 3'4"
1st line: 8'1"
ST NORISERS W/IN 6" of grade

line	length	elevation
1	97'	4'
2	98'	4'6"
3	98'	5'3"
4	98'	6'
5	98'	6'2"



Quick 4 Installed 24 chambers each line

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

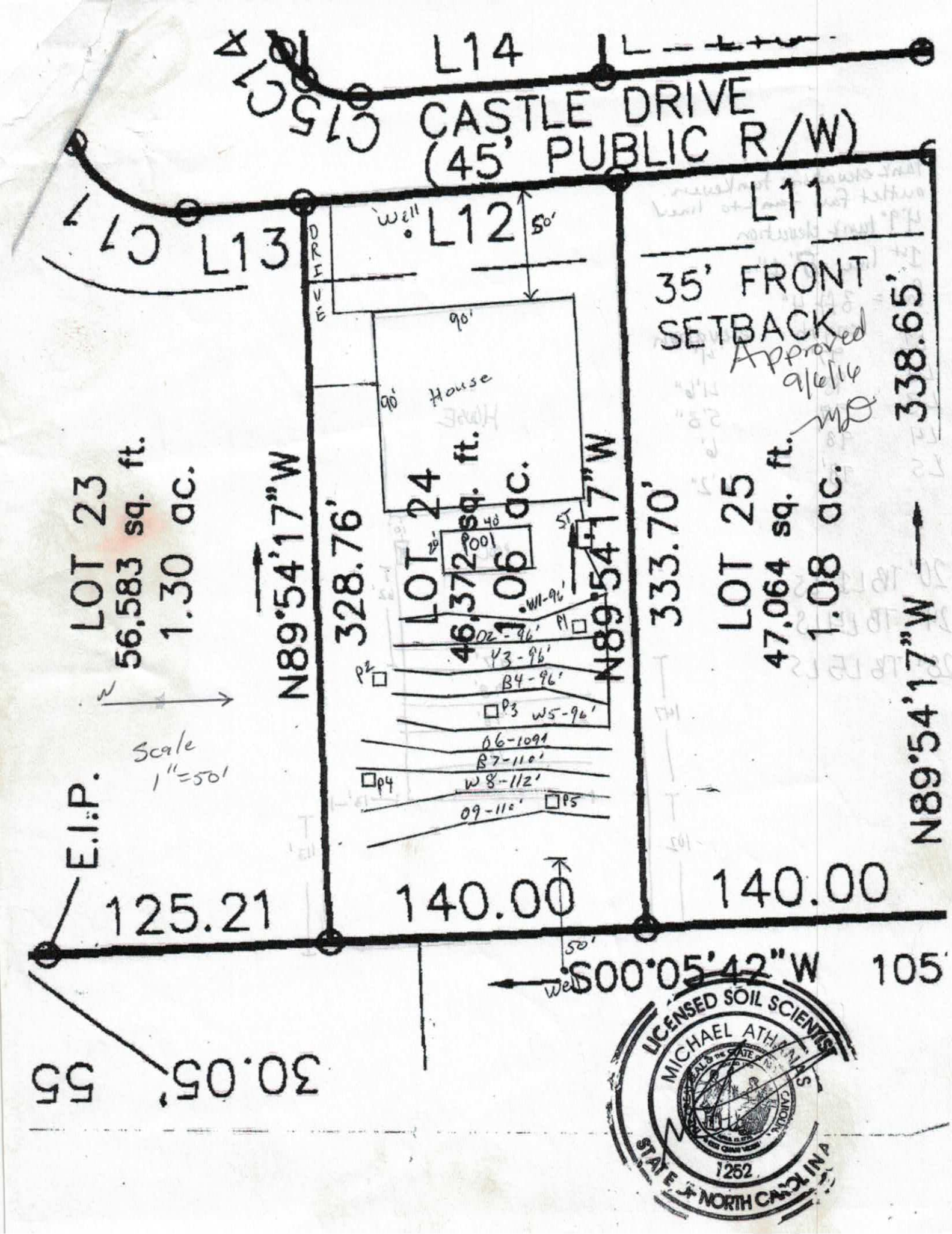
☐ IMPROVEMENT PERMIT *with plat* valid without expiration. ☐ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: 9/7/16 Installed by: Gunnar Grading

IMPROVEMENT PERMIT by: Maria Dotson Date: 9/6/16 OPERATION PERMIT by: Eric Reed/M Kevin Reed RS#5 Date: 5/11/17

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 11/10/16 Existing System Inspected by: Date:

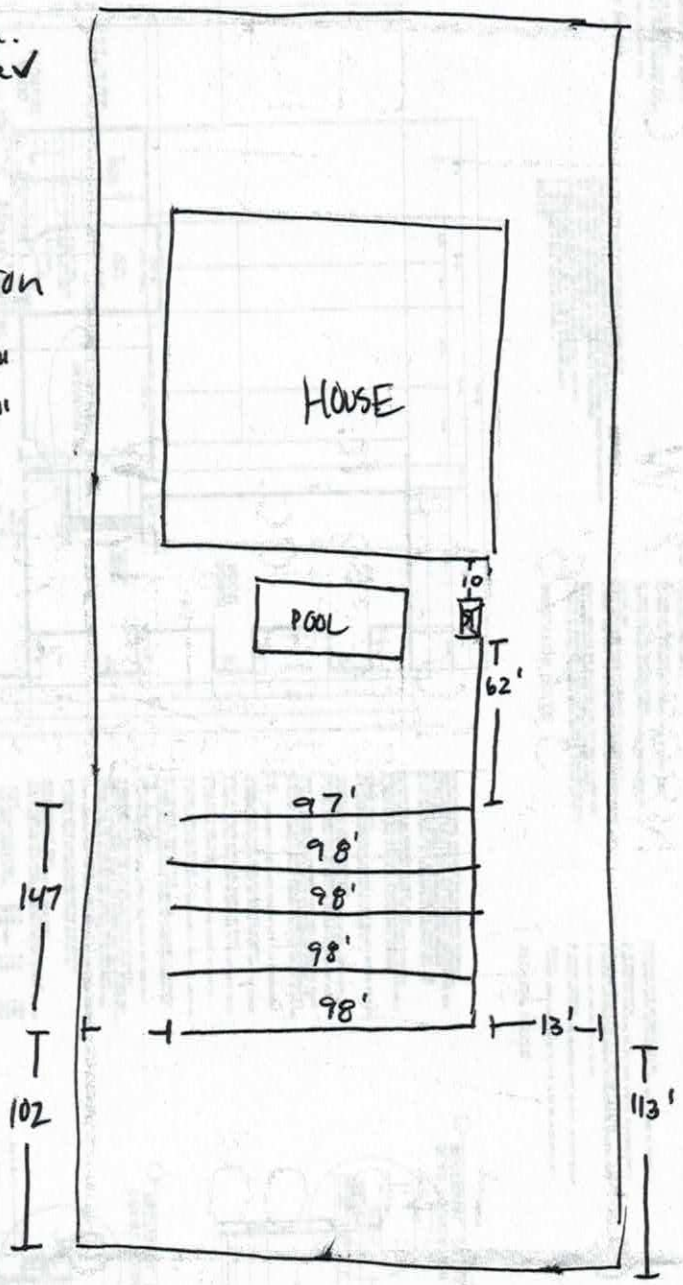
Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK


L14
C15
CASTLE DRIVE
(45' PUBLIC R/W)
C17
L13
L12
50'
L11
35' FRONT
SETBACK
Approved
9/6/16
MO
DRIVE
Well
90'
90' House
LOT 24
46,372 sq. ft.
1.06 ac.
LOT 23
56,583 sq. ft.
1.30 ac.
LOT 25
47,064 sq. ft.
1.08 ac.
328.76'
333.70'
338.65'
N89°54'17"W
N89°54'17"W
N89°54'17"W
40'
20'
POOL
5'
W11-96'
D2-96'
P1
Y3-96'
P2
B4-96'
P3
W5-96'
D6-109'
B7-110'
P4
W8-112'
D9-110'
P5
Scale
1"=50'
N
E.I.P.
125.21
140.00
140.00
50'
Well
S00°05'42"W
105'
30.05'
LICENSED SOIL SCIENTIST
MICHAEL ATHANAS
1252
STATE OF NORTH CAROLINA

tank elevation: tank even.
outlet: fall tank to line ✓
4'9" tank elevation
1st line 8' 1"
fall = 3ft 4"

	length	elevation
L1	97'	4'
L2	98'	4'6"
L3	98'	5'3"
L4	98'	6'
L5	98'	6'2"

20" TB L1 LS
24" TB L4 LS
28" TB L5 LS





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

Reference: Data Sheet for 141 Castle Dr., Indian Forest SD Lot 24

Approved
9/6/16

House Footprint: 90' x 90'
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.25 GPD/FT2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-End cap/Drop boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36" maximum

Line	Design Length	Actual Length
White 1	**96'**	**114'**
Orange 2	**96'**	**112'**
Yellow 3	**96'**	**113'**
Blue 4	**96'**	**115'**
White 5	**96'**	**114'**
Orange 6		109'
Blue 7		110'
White 8		112'
Orange 9		110'

Initial System: 480' **Repair System:** 441'

Comments:

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

PROPERTY ID #: 4648139181
COUNTY: Iredell

Approved
9/6/16 MD

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

OWNER: JBR Custom Homes, Inc.
ADDRESS: _PO Box 5289 Mooresville, NC 28117
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD_____
LOCATION OF SITE: 141 Castle Dr., Indian Forest Lot 24

APPLICATION DATE_____
DATE EVALUATED: _____
PROPERTY SIZE: _1.06 AC_____
PROPERTY RECORDED: _____

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)		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	
1	LS 8%	0-13	Br SCL WSBK	FR SS SP SEXP	N/A	60"	F-C SAP	N/A	PS 0.3
		13-45	R C SBK	FR SS SP SEXP					
		45-60	R CLWSBK	FR SS SP SEXP					
2	LS 5%	0-27	R C SBK	FR SS SP SEXP	N/A	60"	N/A	N/A	PS 0.3
	9/1/16 water in pit	27-60	R CL WSBK	FR SS SP SEXP					
3	LS 5%	0-16	Br SCL WSBK	FR SS SP SEXP	F-C Mn No Mn	60"	N/A	N/A	PS 0.25-0.275
		16-48	RBr C SBK	FR SS SP SEXP					
		48-60	R C SBK	FR SS SP SEXP					
4	LS 5%	0-4	Br CL WSBK	FR SS SP SEXP	Few Mn	60"	N/A	N/A	PS 0.275
		4-16	RBr SCL WSBK	FR SS SP SEXP					
		16-45	RBr C SBK	FR SS SP SEXP					
		45-60	R C SBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1440 FT2	1323 FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.25	0.25

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

COMMENTS: _____

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 #: _4648139181____
DATE OF EVALUATION: _____
COUNTY: _IREDELL_____

Approved 9/16/16 ME

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
5	LS 5%	0-16	Br CL WSBK	FR SS SP SEXP	F-C Mn	55"	N/A	N/A	PS 0.25-0.275
		16-44	RBr C SBK	FR SS SP SEXP					
		44-55	R C SBK	FR SS SP SEXP					

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #:
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

4648-13-9181

OWNER: FRED LEASING, INC
ADDRESS: 2951 SIMONTON ROAD, STATESVILLE, NC 28625
PROPOSED FACILITY: 5 BR HOUSE PROPOSED DESIGN FLOW (.1949): 600
LOCATION OF SITE: INDIAN FOREST PHASE I LOT # 24

APPLICATION DATE 5-25-07
DATE EVALUATED: 6-18-07
PROPERTY SIZE: 1.06 ACRES
PROPERTY RECORDED:

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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 5%	0-6	WFSBK SC	VFR STKP			PS TO 44"		PS 0.3 TO 44"
		6-44	MMSBK C	FR STKP					
		44-48	WFSBK SAP MIX CL	FR STKP					
2	L 4%	0-4	WFSBK SC	VFR STKP			PS TO 44"		PS 0.3 TO 44"
		4-44	MMSBK C	FR STKP					
		44-48	WFSBK SAP MIX CL	FR STKP					
3	L 4%	0-4	WFSBK SC	VFR STKP					PS 0.3
		4-48	MMSBK C	FR STKP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	I	~~I~~
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): NONE
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: S. HEDRICK
OTHER(S) PRESENT: TIM WHITAKER

COMMENTS:

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 #
JBR Custom Homes Inc.	134 Castle Dr. Mooresville, NC 28117	704-661-8814	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
same	same	same	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
141 Castle Dr. Mooresville	Indian Forest	24

Driving Directions: Exit 36 N To (L) on 150 To (R) on Bluefield To (L) on Big Indian Loop To (R) on Castle Dr.

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

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 _____ *Year*

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

8. **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. 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:** _____ 11/10/16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED AUG 2 3 2016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $350.00
#221273

Application For:
(X) 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: (X) 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:

Applicant Name: JBR Custom Homes **Address:** PO Box 5289 Mooresville NC 28117 **Phone:** 704 380 0838

Owner Name: Same **Address:** _____ **Phone:** _____

Property Information:

Street Address: 141 Castle Dr

Subdivision Name: Indian Forest **Section/Phase:** _____ **Lot Number:** 24

Driving Directions: 150 W, TR Bluefield, TL Big Indian Lp, TR, Castle, CSN LP

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

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

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

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

(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 ( ) Modified Conventional (X) Other: Accepted

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: _____ 8/23/2016
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, Jeff Hunt, am the legal owner(s) of the property located at 141 Castle Dr Mooresville NC 28117 Indian Forest 24, identified as PIN (Parcel Identification Number) 4648 13 9181, located in Iredell County, North Carolina.

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

Signature of Owner(s) 8/12/16 Date

Signature of Witness 8/12/16 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 HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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:

_____ Property Line measurements are clearly identified… **_____ All proposed structures are indicated…**

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

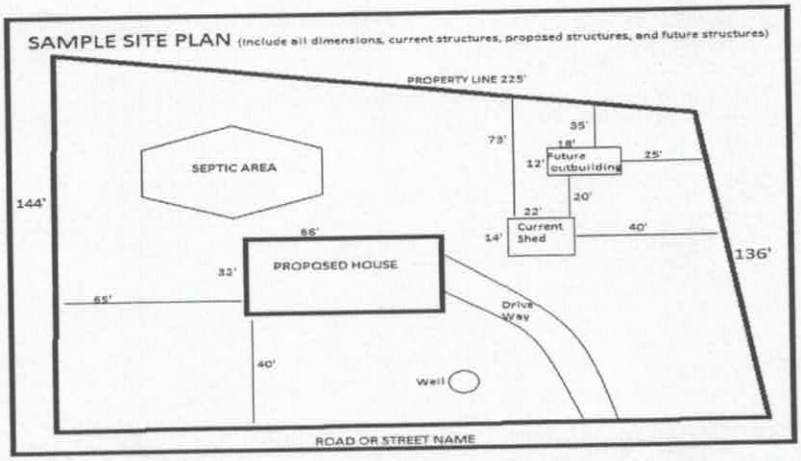
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ Area you prefer your septic system to be placed… **_____ North arrow, or other sufficient indicator of direction…**

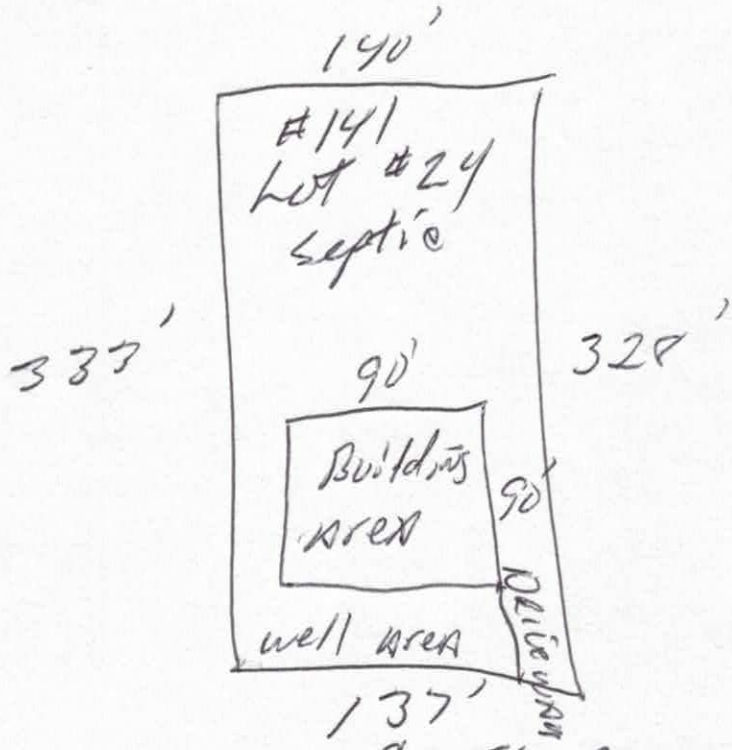
Circle N/A on the following if appropriate:

_____ 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



Signature: Jeff Castle CASTLE. **11/10/16**

REQUIRED **property owner or owner's legal representative signature.** **DATE**

IREDELL COUNTY HEALTH DEPARTMENT

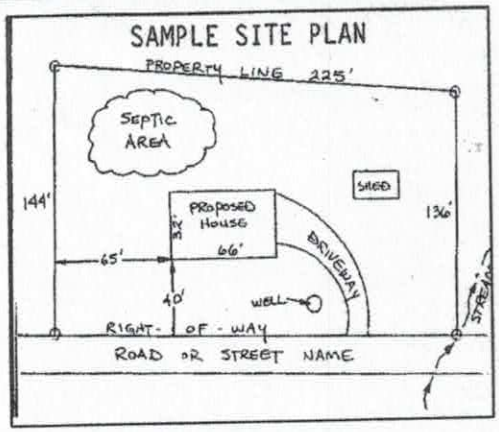
ENVIRONMENTAL HEALTH DIVISION

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:

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

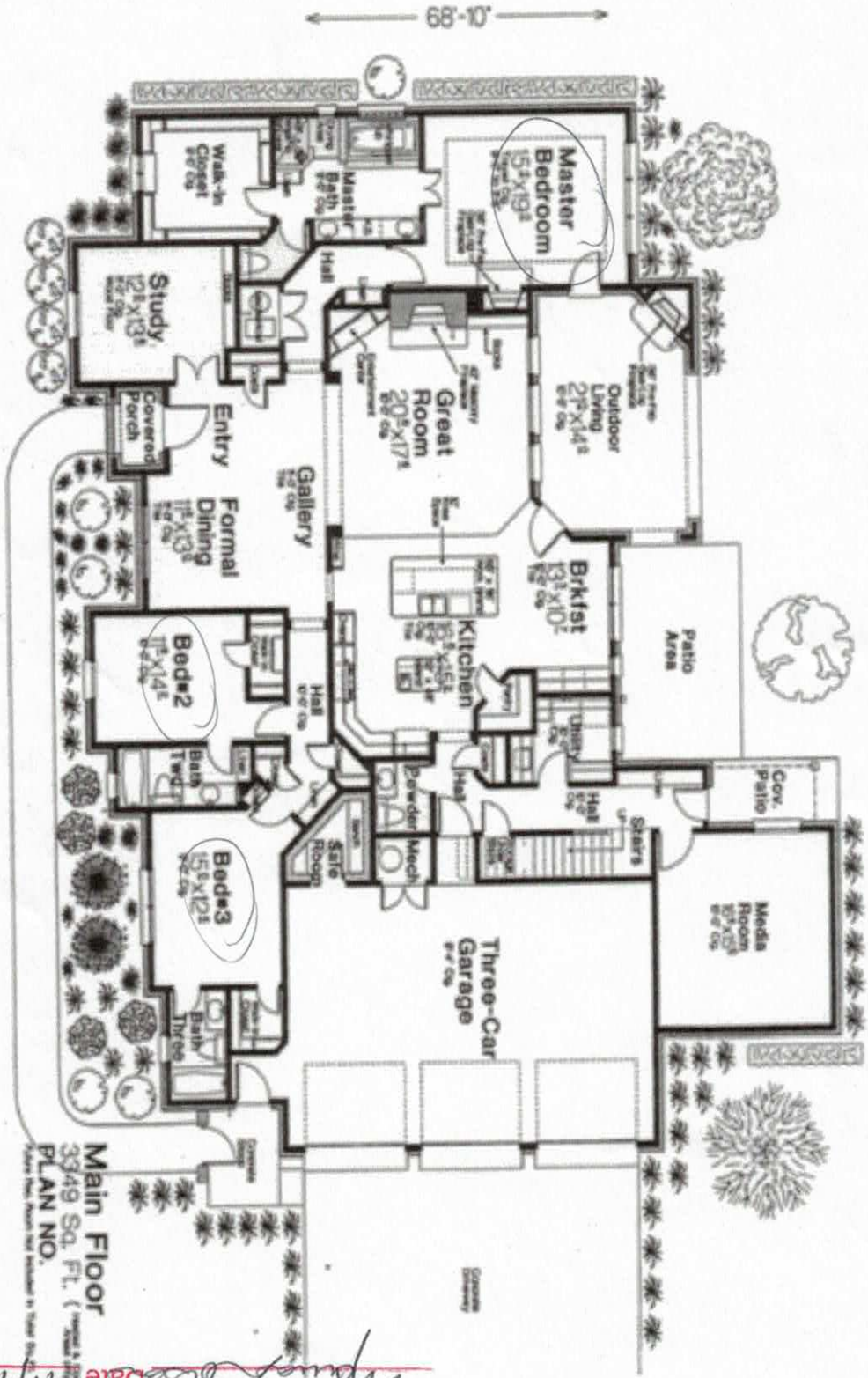
See Attached Plan

Signature: _____

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

8/23/2016

DATE



Date 11/10/16

Date

Plans Submittal ONLY
Acknowledgement of

Castle Dr., Montgomery

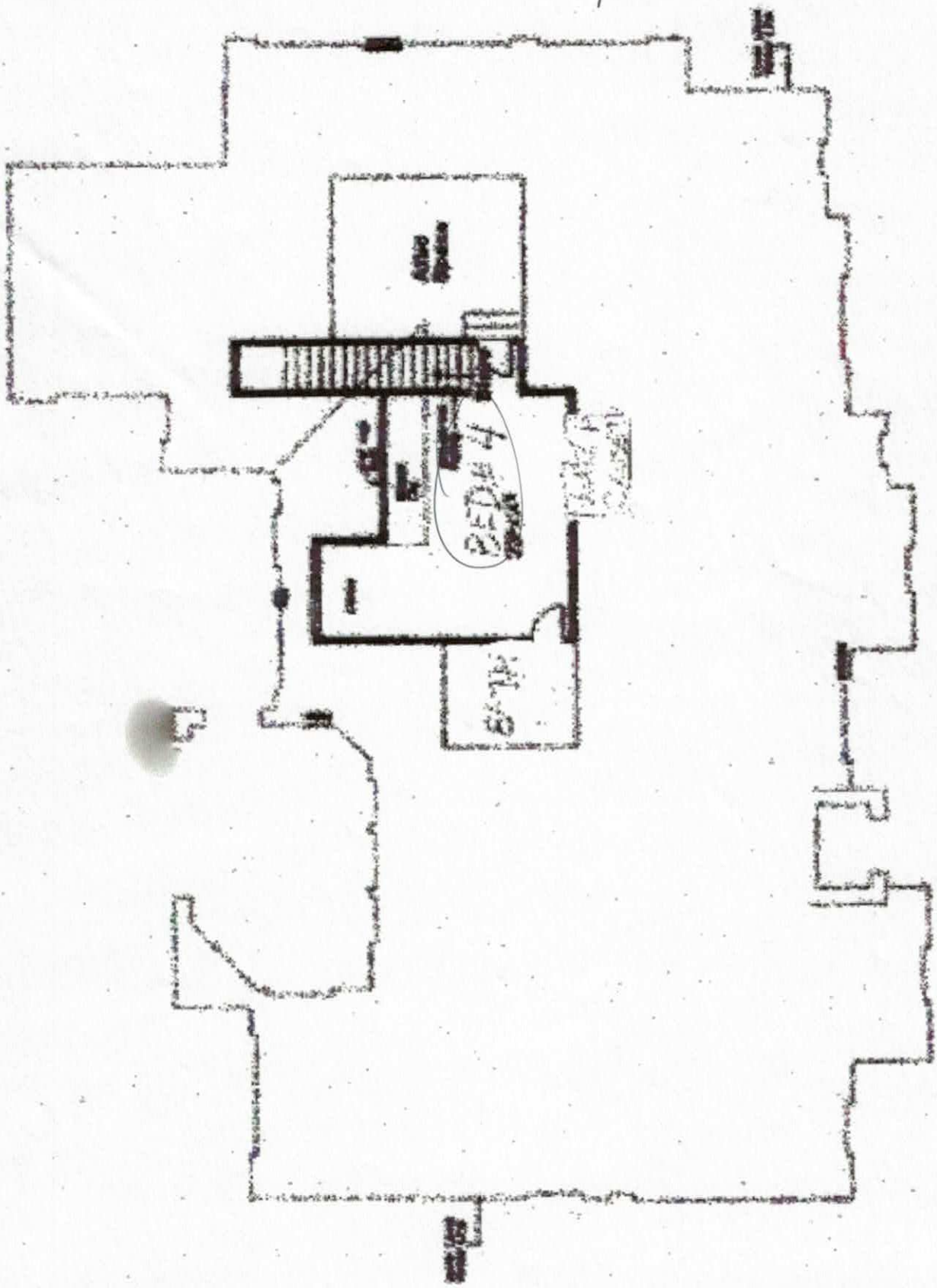
2nd Floor

#141 Castle Dr. Moorsville

Acknowledgement of Plans Submittal ONLY!

Date 11/10/16

Date 11/10/16



IREDELL COUNTY

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

APPLICATION NUMBER
221273
Issue Date: 08/23/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4648139181.000	141 CASTLE DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: JBR CUSTOM HOMES INC	Applicant: MICHAEL ATHANAS & ASSO
Address: PO BOX 5289 MOORESVILLE, NC 28117	Address: 561 ENNIS RD WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
SFD- FAST TRACK	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.060	35.00	35.00	15.00	15.00	CACL	X

Remarks:

14 FT

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.

See Attached

Applicant: _____ Date: _____

Permit Number	78444	TOTAL FEES:	$ 77.25