IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 / Mooresville Office (704) 660-3625 PERMIT # 216148

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

PIN # 4648-23-7877

APPLICANT: Mike Ruggerio APPLICANT ADDRESS: Unknown

SITE ADDRESS: 130 Palos Verde Drive Mooresville PHONE: 980-297-6352 ALT. PHONE:

SITE DIRECTIONS: Highway 150 → Right on Bluefield Rd → Left on Big Indian Loop → Right on Palos Verde → Right @ End → Follow Shared Driveway → Lot on left.

SUBDIVISION: Palos Verde Estate SECTION: — LOT # 11 LOT AREA: 1.02 acres DESIGN FLOW: 480 gal/day L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	794	Date		☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms	4
Pump Tank	— (gal)	PT	—	Date	—	System Description: 25% Reduction w/Drop Boxes or Other	☐ Business	No. Persons	8
Pump Make	—	Model	—	Serial #	—	Repair System Description: LP PPBPS	☐ Other	No. Employees	—
# Nitrification Fields	1	# Lines	5	Linear Ft:	480	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☐ Crawl Space	
Trench Width	36"	Max. Trench Bottom Depth	24"	Gravel Depth	—	☒ GRAVITY ☐ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: House plumbing from basement to gravity feed to septic tanks. Strongly recommend creating surface berm above drainfield area to divert surface water away from sewage dispasal area. Direct house downspout drains away from sewage disposal system. Recommend pumping septic tank every 3-5 years.

INITIAL SITE SKETCH

See The Oaks Group plans + design by Kathleen Saunders [dated Jan 21, 2016]

AS BUILT SKETCH

7/19/17 Dellinger Mid-seam Conc tank w/ a Polylok PL-68 Effluent Filter

482 L.F of IQ45 installed @ 24"
- See rear of site drawing for As-Built measures
★ House appears to have been moved forward on the site. ★

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

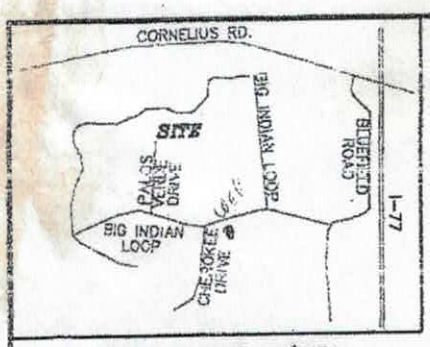
☐ IMPROVEMENT PERMIT with plat valid without expiration. ☒ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Emma Helt Date: 2/1/16 Installed by: Britt Bass

IMPROVEMENT PERMIT by: Tom Shuck Date: 1-29-16 OPERATION PERMIT by: Tom Shuck Date: 7/19/17

AUTHORIZATION TO CONSTRUCT by: Thomas Shuck Date: 4-5-16 Existing System Inspected by: Date:

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



VICINITY MAP
NO SCALE
1" = 60'

I, RUFUS JACKSON LOVE CERTIFY THAT THIS MAP WAS DRAWN FROM ACTUAL SURVEY UNDER MY DIRECT SUPERVISION, THAT THE RATIO OF PRECISION IS 1:10,000+ BEFORE ADJUSTMENTS; AND THAT THE ANGULAR ERROR WAS < 7.5 SECONDS PER TURN.

WITNESS MY HAND AND OFFICIAL SEAL THIS 20 DAY OF JAN 2015

Rufus Jackson Love

N.C.P.L.S. L 2844
LICENSE NO.

PROFESSIONAL LAND SURVEYOR

RUFUS JACKSON LOVE

LOT 37
RICHARD L. PRICE
ROBERTA M. PRICE
DB 942-342
PIN 4648-24-7036
PB 25-1

LOT 36
RICHARD L. PRICE
ROBERTA M. PRICE
DB 942-342
PIN 4648-24-8055
PB 25-1

N 87°44'39"E 195.68'

#4 REBAR

110.68'

85.00'

#4 REBAR

L3

1" PIPE

35' REAR SETBACK

10' DRAINAGE & UTILITY EASEMENT

8' SIDE SETBACK

LOT 11
0.926 ACRES

Approx. location of house by Builder

35' FRONT SETBACK

N 05°23'43"W 185.03'

S 02°19'04"E 195.64'

ARTHUR TORRINGTON Jr.
& LISA TORRINGTON
DB 2310-572
PIN 4648-23-6825

APPROVED JAN 29 2016

#4 REBAR

#4 REBAR

#4 REBAR

N 88°52'09"W 160.38'

N 15°53'04"E 141.65'

N 36°02'57"W 89.33' TIE ONLY

N 63°50'51"E 51.91'

NEIGHBORS HOUSE

S 15°48'39"W 167.20'

SHARED CONCRETE DRIVEWAY

LOT 10
PAULA C. LODGE
& ERIC LODGE
DB 2294-1456
PIN 4648-23-6606
PB 55-113 & 114

LOT 12
KARENA BAILEY
& DAVID BAILEY
DB 1863-1010
PIN 4648-23-8609
PB 55-113 & 114

ALTON HANCOCK
& CHERYL HANCOCK
DB 1653-311
PIN 4648-23-9364

#4 REBAR

UNABLE TO PLOT THE LOCATION OF THE 12' ACCESS EASEMENT IN DB 2127-2476

L2

CHISEL HOLE

#4 REBAR

CONCRETE DRIVEWAY

BASED ON PB 55-114 8/24/05

PALOS VERDE DRIVE

Course	Bearing	Distance
L1	S 89°58'16" W	18.95'
L2	N 00°05'34" E	25.05'
L3	S 88°06'54" W	38.98'

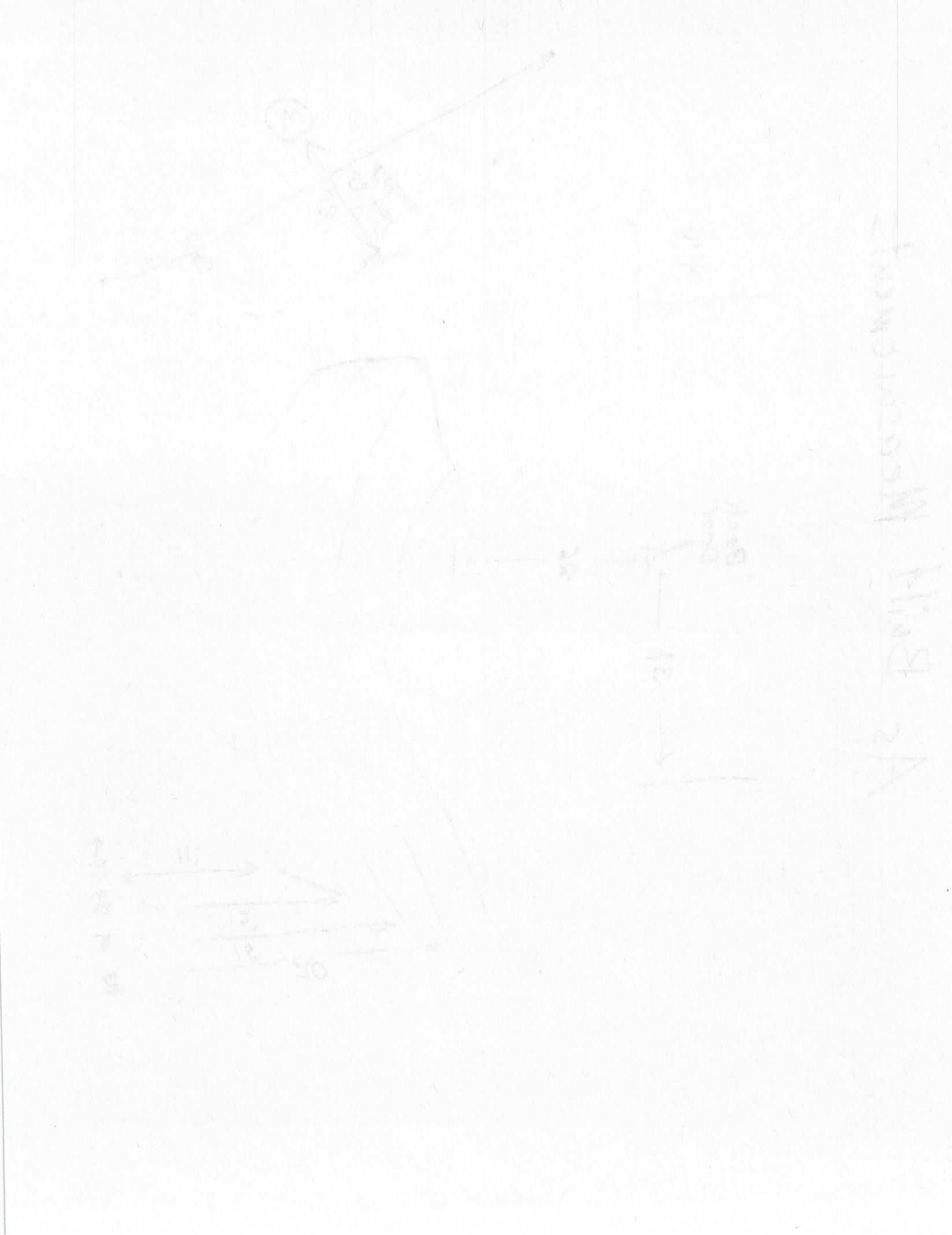
BOUNDARY/PHYSICAL SURVEY

FOR SAVERIO SOLDO

PROPERTY OF TRISHA A. McMURRAY-MONTEZ
130 PALOS VERDE DRIVE
[illegible] OF PALOS VERDE ESTATES, PB 55-114

NOTES:

1. THIS PROPERTY IS NOT LOCATED IN A DESIGNATED FLOOD ZONE.
2. AREA DETERMINED BY COORDINATE COMPUTATION.
3. CP DENOTES COMPUTED POINT, NO MONUMENT FOUND OR SET.
4. UNDERGROUND UTILITIES NOT LOCATED AS OF THIS DATE.
5. NO NCGS GRID MONUMENTS WITHIN 2000' OF SUBJECT PROPERTY.
6. ALL MONUMENTS ARE EXISTING UNLESS OTHERWISE NOTED.
7. SETBACKS SHOWN TAKEN FROM PB. 55-114.
   FRONT-35'



Lot 11 Palos Verde Estates Fast Track - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	**Basement w/Plumbing**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.25**
Primary System Type	**25% Reduction**
No. Lines	5 (See Table)
Total Linear Feet	480
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth	24"
Maintenance Agreement Required	No
Repair System	LP PPBPS
Total Linear Feet	341
Repair Loading Rate	0.25

APPROVED JAN 29 2016

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Blue	LP PPBPS	82
2	Repair	Orange	LP PPBPS	92
3	Repair	Pink	LP PPBPS	92
4	Repair	Blue	LP PPBPS	75
5	System	Orange	25% Reduction	90 endfed
6	System	Pink	25% Reduction	100 endfed
7	System	Blue	25% Reduction	110 endfed
8	System	Orange	25% Reduction	110 endfed
9	System	Pink	25% Reduction	70 endfed
				Total System: 480'.
				Total Repair: 341'

Note: Shave off bermsto prevent ponding over septic area
Tank and distribution device locations can be altered at the discretion of ICHD.
Keep proper setbacks if foundation drains are used
Install shallow to keep 50 ft well setback

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet:
Property ID:
Lot #: 11
File #:
AppID:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

APPROVED JAN 29 2016

Applicant:
Date Evaluated: 1/15/16
Property Size: 0.926
Property Recorded:

Owner: Saveno Soldo
Address: 130 Palos Verde Dr
Proposed Facility: SFR
Design Flow (.1949) 480
Location of Site: Palos Verde Estates Lot 11

Water Supply: [ ] Public [ ] Individual [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 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
A	L 10%	0-25	WK SBK SCL	FR SS/SP	DK Br				0.25
		25-35	Mo SBK C	↓	R; F/C organic staining/Mn				
		35-50	WK SBK C	↓	R; F Sap; F/C organic/Mn staining				
B	L	0-18	WK SBK SCL	FR SS/SP	DK Br				0.25
		18-36	Mo SBK C	↓	R F/C organic/Mn staining				
		36-50	WK SBK C	↓	R; F Sap "				
C	L	0-26	WK SBK SCL	FR SS/SP	DK Br				0.25
		26-40	Mo SBK SC/SCL	↓	Br; F/C Mn				
		40-65	WK SBK SCL	↓	BrR; F Mn; F/C Sap				
D	L	0-15	WK SBK CL	FR SS/SP	DK Br				0.25
		15-36	Mo SBK C	↓	R; C Mn				
		36-53	WK SBK C	↓	R; F Sap; F Mn				
E	L	0-29	Mo SBK C	FR SS/SP	R				0.3
		29-40	WK SBK CL	↓	R; F/C Sap				
		40-51	MA L SAP		yel R				

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)	25% Red	LP PP BPS
Site LTAR	0.25	0.25

Other Factors (.1946): Shave Berms
Soil Evaluation By: KMS
Others Present: EH
Site Classification (.1948): PS
Site Evaluation By: KMS
Others Present: EH

EPARTMENT OF HEALTH AND HUMAN SERVICES
IVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
N-SITE WATER PROTECTION BRANCH

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

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

OWNER: Soldo
ADDRESS: Unknown
PROPOSED FACILITY: 4 BR House
LOCATION OF SITE: 130 Palos Verde Dr
APPLICATION DATE: 1-18-16
DATE EVALUATED: 1-28-16
PROPERTY SIZE: 0.96 Acres
PROPERTY RECORDED: Yes
PROPOSED DESIGN FLOW (.1949): 480 gal/day
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 "E"	Linear Side Slope	0-28	Clay Weak SBK	Slightly Firm, SS, SP, Scap	—	42	—	—	0.3
		28-42	Clay Loam weak SBK	Friable, SS, SP, Scap					
		42-51	Loamy Saprolite massive	Friable, well drained					
2 "C"	Linear Side Slope	0-25	Fine Sandy Clay Loam Weak SBK	Slightly Friable, SS, SP, Scap	—	62	—	—	0.275
		25-38	Clay Loam medium SBK	slightly Friable, SS, SP, Scap					
		38-62	clay Loam weak SBK	slightly Friable, SS, SP, Scap					
			some SAP inclusions 40"-62" + manganese nodules (few)						
3 "B"	" "	0-19	Loam weak SBK	Friable, SS, SP, Scap	—	50	—	—	0.275
		19-50	clay weak SBK	slightly Friable SS, SP, Scap					
		-	Few → Common Manganese Nodules 18"-48"						
			Trace SAP inclusions 45"-50"						
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Yes	Yes
System Type(s)	25% Reduction	LP PPDPS
Site LTAR	0.275	0.275

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: _____

COMMENTS: Berm to divert surface water along linear slope from above (recommend)

Rebar
Berm??
H20
I.P.
I.P.
22'
35'
45'
63'
81'
92'
102'
111'
132'
Blue 10'
Orange 10'
Pink 10'
92'
Blue 10'
Orange 10'
Pink 10'
92'
Blue 10'
Orange 10'
Pink 10'
72'
To Well
Neighbors
27'
House
Box
75'
75'
Utility
R/W

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 X 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 X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

MICHAEL RUGGERIO	105 BEXLEY RD. MOORESVILLE,	9083990812	980 297 6352
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
MICHAEL RUGGERIO	" NC 28117	"	"
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

130 PALOS VERDE DRIVE	PALOS VERDE ESTATES	LOT 11
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: I-77 N-S, EXIT 36, 150W, RT ON BLUEFIELD, LT ON BIG INDIAN LOOP, RT ON PALOS VERDE DR, RT AT "T", STRAIGHT IN TO DRIVEWAY, STAY LT TO LOT IN WOODS

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

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

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

- ( ) Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- X 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:

X 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 X Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____
PER IP

8. Please Answer The Following ( ) Yes X No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes X No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: _____ 4/4/2016
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION* Paid $350.00

(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)

216148

1. APPLICATION FOR: X Improvement Permit ___Authorization To Construct ___ Existing System Inspection
********** X well permit

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

contact Kathleen Saunders (704) 57 4951

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Mike Ruggerio	mikeruggerio@gmail.com	980-297-6352	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Saverio and Christine Soldo			

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
130 Palos Verde Dr	Palos Verde Estate	11

Driving Directions: Hwy 150, Right on Bluefield Rd, Left on Big Indian Loop, Right on Palos Verde, Go to end of Palos Verde turn right + drive on left (all way back)

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

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

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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:**

(X) 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 (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: Erma Helton
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1/18/2016
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, Michael Ruggerio, am the legal owner(s) of the property located at 130 Palos Verde Dr, identified as PIN (Parcel Identification Number) 4648-23-7877, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) The Oaks Group, 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) — Date: 1-20-16

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

IREDELL COUNTY

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

APPLICATION NUMBER
216148
Issue Date: 01/21/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4648237877.000	130 PALOS VERDE DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SOLDO SAVERIO+CHRISTINE	Applicant: THE OAKS GROUP
Address: 243 W LIBERTY ST MOORESVILLE, FL 34442	Address: 121 HOLT LN MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.926	35.00	35.00	15.00	15.00	CACL	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	58522	TOTAL FEES:	$ 77.25