ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 303640

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

PIN # Multiple Parcels

APPLICANT/OWNER: Nest Homes, LLC | APPLICANT ADDRESS: PO Box 3965 Mooresville NC 28117

SITE ADDRESS: Homer Lane - Mooresville NC 28117 | PHONE: 704-433 9947 | ALT. PHONE

SITE DIRECTIONS: Cornelius Rd to Homer Ln All the Way at the End on the Left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Sisters Cove | SECTION: 11 | LOT # 23-25 | LOT AREA: — | DESIGN FLOW: 9,720 | L.T.A.R.: .20

Septic Tank	(gal)	STB	Date	☐ New System ☐ Repair ☒ Expansion	System Type: I II III IV (V) VI	☐ Residence	No. Bedrooms
Pump Tank	(gal)	PT	Date	System Description: TS-1 Drip		☐ Business	No. Persons
Pump Make		Model	Serial #	Repair System Description:		☐ Other	No. Employees
# Nitrification Fields		# Lines	Linear Ft:	Maintenance Agreement Required: ☑ YES ☐ NO		☐ Slab	☐ Crawl Space
Trench Width		Trench Bottom Depth(Low side)		Gravel Depth	☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Purpose of this permit is to extend the Pump line
* Easements must be recorded Prior to A/C - construction
* Well must be Abandoned Prior to A/C *

Well abandoned 8/7/2020
Easement recorded 7/27/2020

INITIAL SITE SKETCH

See attached Plan By Piedmont Design & Approval by NCDHHS Onsite Water Protection Branch.

AS BUILT SKETCH

Held 150 psi for 4 hrs. - JB.

Lot #23 (Sawyer) 4648-26-2228 211 Homer Ln - MVL

Lot #24 (old #67) 4648-26-2009 217 Homer Ln - MVL (MAKO)

Lot #25 (old #68) 4648-25-1928 221 Homer Ln - MVL

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: Acknowledgment Received | Date: 4-29-2020 | Installed by: Nest Homes

IMPROVEMENT PERMIT by: Benjamin A Boyer | Date: 4-24-2020 | OPERATION PERMIT by: [signature] | Date: 8-20-2020

AUTHORIZATION TO CONSTRUCT by: Marian Dotson | Date: 8/12/2020 | 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.

AP-303640 . Imp Environ- 211 Homer Ln
12/20/19
$1,200.00

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT

3105

(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 ___ BOTH ___ 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 #
Nest Homes, LLC	PO Box 3965 Mooresville NC 28117	704-433-9947	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
	PO Box 3965 Mooresville NC 28117		

****

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
HOMER LANE - MOORESVILLE NC	SISTERS COVE	PHASE II SUPPLY LINE EXTENSION

Driving Directions: CORNELIUS RD TO HOMER LN. ALL THE WAY AT END ON LEFT

****

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 REQUESTING AC FOR EXTENSION OF SUPPLY LINE AT END OF HOMER LN.

Maximum Number of Bedrooms ___
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 COMMUNITY SYSTEM

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:** J. Michael Hatley Jr. 12/9/19

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

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK T. BENTON • Assistant Secretary for Public Health
Division of Public Health

February 27, 2020

Mr. Heath Snow
Iredell County Health Dept.
610 East Center Ave
Mooresville, NC 28115

Subject: Approval of Engineering Plans and Specifications for Sisters Cove Phase II Extension Judas Rd, Homer Ln, and Cornelius Rd, Mooresville, Iredell County, North Carolina Project Number 2008-75-3

Dear Mr. Snow:

Staff has reviewed additional information and engineering plans and specifications for the collection sewer extension for Sisters Cove Phase II. The collection sewer extension will serve an additional four lots. A flow reduction proposed by the Donald Munday, PE, Piedmont Design Associates under S.L. 2013-413 and 2014-120, increases the total number of bedrooms served by Sisters Cove Phase II from 81 to 106.

Enclosed is one copy of the plans and specifications, stamped "Approved by On-Site Wastewater, Department of Health and Human Services." The Improvement Permit and Authorization to Construct to be issued for this system repair must include the approved plans, specifications, system operation and maintenance plan, legal documents and any other conditions deemed appropriate by the health department.

The approved plans and specifications are for the following facilities and system components:

Facilities: Twenty two home subdivision (mix of four bedroom and five bedroom homes, total number of bedrooms - 106)

System: 2-inch STEP collection sewer extension; and four new 2,000 gallon STEP tanks with each utilizing a simplex control panel pumping system (one installed at each home)

Design Flow: 9,720 gallons/day

Drainfield Loading Rate: 0.20 gpd/sq ft

Treatment Standard: TS-I (CBOD < 15 mg/L, TSS < 15 mg/L, Total Ammonia Nitrogen < 10 mg/L or at least 80% removal of NH_3 if influent TKN exceeds 50 mg/L, and fecal coliforms < 10,000 colonies/100 mL)

System Classification: Va, requiring monthly inspections by the ORC with semi-annual inspection reports submitted to the local health department and at least yearly inspection by your department

It is critical that the Health Department require a preconstruction meeting to be held prior to the system installation. This meeting must be attended by representatives of the Health Department, owner, installer, and the engineer certifying the installation. During this meeting, the sequencing of project construction, inspection, and testing activities must be discussed and clearly understood by all parties. Holding such a preconstruction meeting must be listed as a condition in the Authorization to Construct, with attendance required by all key parties prior to the onset of the system installation.

There are several times during the installation of this system when direct supervision by the health department must be provided to ensure proper installation.

1. The new tanks to be provided are installed in accordance with the approved plans and specifications. The tanks are required to be leak tested and shown to be watertight. Surface water must be diverted away from tanks and tank access openings. Tanks must be accessible from the ground surface.
2. The operation permit conditions must include the O&M procedures attached to the approved specifications. It shall also include the necessary information regarding the proposed management entity and certified operator as well as any additional concerns deemed appropriate by the health department for O&M of this system.

A certified subsurface system operator shall be contracted to operate the subsurface system. The operator shall inspect the system monthly and report findings to the health department semi-annually. The health department shall review/inspect system operation annually.

A professional engineer must certify that the system has been installed in accordance with the approved plans and specifications. This certification is based upon periodic observations of construction and a final inspection for design compliance by the certifying engineer or his representative. Record drawings must be provided by the engineer unless the installation is completed without alteration to the approved plans. The installation must be approved by the health department prior to the issuance of an operation permit.

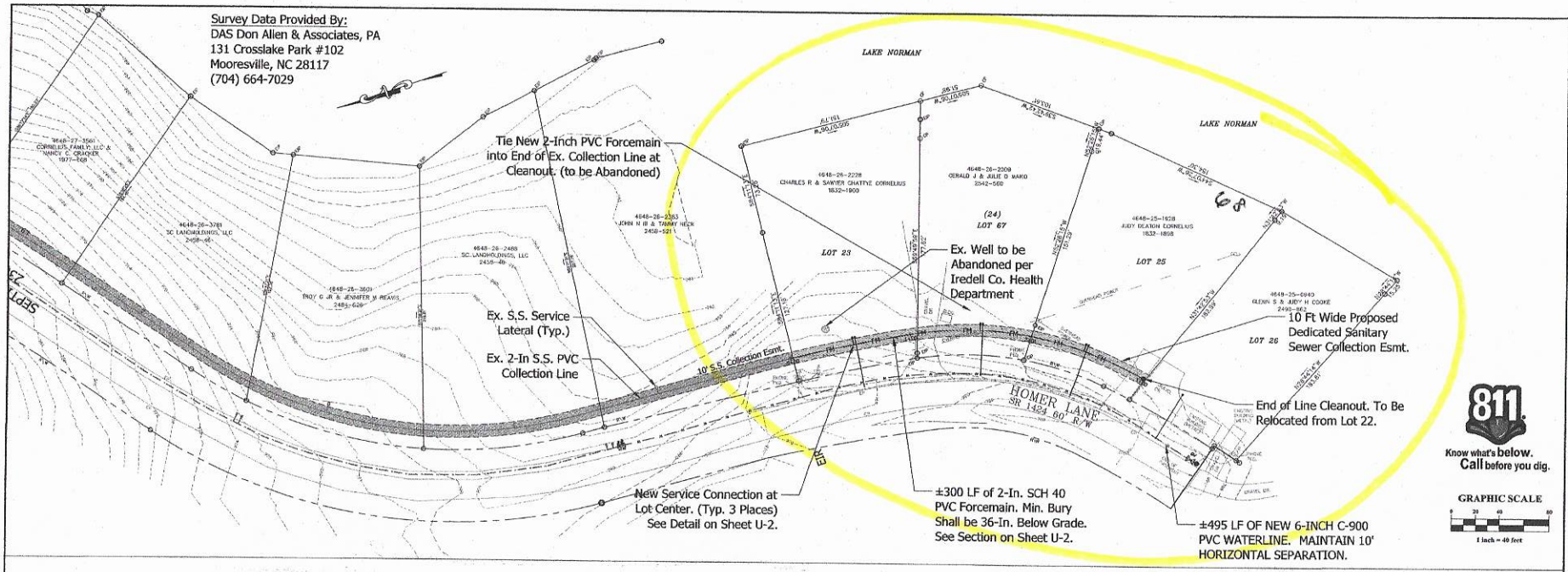
Please contact staff for assistance with the final inspection. Also feel free to contact me if you have any questions pertaining to this letter or if I may be of further assistance with this project. I can be contacted at 919-707-5878 or by email at trish.angoli@dhhs.nc.gov.

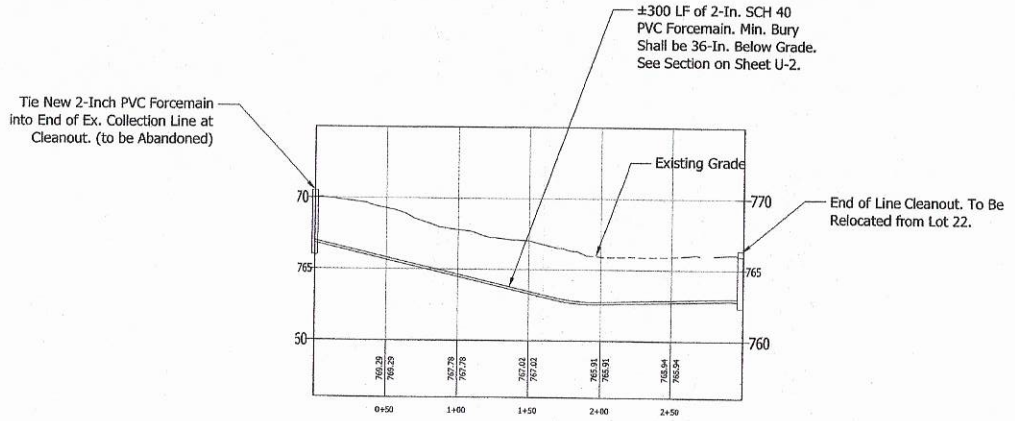
Sincerely,

Tricia Angoli, PE
On-Site Wastewater Engineering

Enclosures

cc: Donald Munday, PE, Piedmont Design Associates, PA





Approved By
ON-SITE WASTEWATER
Department of Health & Human Services
File No: 2008-153
Date: 2/7/2020
By:

RECEIVED
MAR 04 2020
DHHS
ON-SITE WATER PROTECTION

PIEDMONT DESIGN ASSOCIATES, P.A.
ENGINEERING · SURVEYING · PLANNING
Suite 101 Woodfield Center, 135 East Plaza Drive
Mooresville, NC 28115 www.pdapa.com
Phone (704) 664-7881 Fax (704) 664-7778
NCBELS Licensed #: C-0907

PREPARED FOR:
NEST HOMES, LLC
236 RACEWAY DRIVE #7
MOORESVILLE, NC
704-208-4251

EFFLUENT COLLECTION LINE EXTENSION
SISTERS COVE PHASE II
HOMER LANE
MOORESVILLE, IREDELL COUNTY, NORTH CAROLINA

REVISIONS	BY

Date: 08/12/19
Scale: 1"=40 FT
1"=4 FT
Drawn: DMD
Checked: DLM
Project: 2014-10-10-EC
Job: 2018-03-03-CC
Sheet: U-1
of 2 Sheets

PUBLICATION OR REUSE OF THESE DRAWINGS OR ANY DETAILS WITHIN MUST BE WITH THE WRITTEN CONSENT OF PIEDMONT DESIGN ASSOCIATES, P.A.

Location: Owner: Approved: Date of Issue:

I:\Engineering\1-Projects\2014\2014-10-10-EC-Sisters Cove Phase II\dwg\SC Phase II Flow Reduction.dwg, 8/19/2019 10:55:40 AM, ddeguron

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, Judy Deaton, am the legal owner(s) of the property located at XXX Homer Ln. Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4648251928, located in Iredell County, North Carolina. Lot #25

I do hereby authorize (**print legal representative/company name**) Nest Homes, LLC, 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.

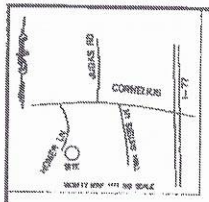
Judy C. Deaton Sept. 11, 2019 — 9/11/19

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



STATE OF NORTH CAROLINA
COUNTY OF IREDELL

I, WILLIAM M. ALLEN, REVIEW OFFICER OF IREDELL COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

7-27-20
DATE

William M. Allen
REVIEW OFFICER

IREDELL COUNTY, NORTH CAROLINA

THE LOT SHOWN ON THIS PLAT TO THE BEST OF MY KNOWLEDGE LIES WITHIN THE WS-IV CRITICAL AREA OF CATAWBA\LAKE NORMAN WATERSHED AS DESIGNATED BY THE NORTH CAROLINA DIVISION OF ENVIRONMENTAL MANAGEMENT AND AS APPEARS ON THE WATERSHED PROTECTION MAP OF IREDELL COUNTY.

7-27-20
DATE

William M. Allen
SUBDIVISION ADMINISTRATOR

I, HEREBY CERTIFY THAT THIS PLAT FOR RECORDATION IS AN EXCEPTION TO THE SUBDIVISION ORDINANCE OF IREDELL COUNTY, NORTH CAROLINA.

William M. Allen 7-27-20
SUBDIVISION ADMINISTRATOR
IREDELL COUNTY, NORTH CAROLINA

NOTES:

1) This property may be subject to any easements and/or Rights-of-way of record.
2) Tax Parcel No. 4648231228
3) Deed Ref. DB. 2717 PG. 1935
4) Property zoned: RR and all surrounding area.
5) The property is located in DAVIDSON TWSP., IREDELL CO., N.C.
6) TOTAL AREA = 0.58 AC.
7) No geodetic monument found within 2000' of said property.
8) AS OF THE DATE OF THIS RECORDING, THE LOTS REPRESENTED ON THIS PLAT HAVE NOT BEEN INSPECTED OR APPROVED BY THE IREDELL COUNTY HEALTH DEPT. UNTIL INSPECTED THERE IS NO ASSURANCE THAT A BUILDING PERMIT WILL BE ISSUED.
9) THE SOLE PURPOSE OF THIS PLAT WAS TO RENUMBER THE LOT FROM LOT 25 CORNELIUS PROPERTY TO LOT 68 SISTERS COVE PHASE 8 & TO ADD 10' SEPTIC SUPPLY LINE EASEMENT.
10) All lots are subject to a 10' Utility and Drainage Easement. 10 feet on each side of the property line.
11) A PORTION OF THE SUBJECT PROPERTY IS LOCATED WITHIN A SPECIAL FLOOD HAZARD AREA ACCORDING TO FLOOD INSURANCE RATE MAP – COMMUNITY PANEL #3710464800J EFFECTIVE DATE: 03/18/2008

SURVEYORS CERTIFICATION

I, WILLIAM M. ALLEN CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION DEED DESCRIPTION RECORDED IN BOOK____ PAGE____; THAT THE RATIO OF PRECISION AS CALCULATED BY LATITUDES AND DEPARTURES IS 1:10000. (THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK 2552 PAGE 1240); THAT THIS MAP WAS PREPARED IN ACCORDANCE WITH G.S. 47-30, AS AMENDED.

WITNESS MY HAND AND SEAL THIS 24 DAY OF July A.D. 2020.

William M. Allen
PROFESSIONAL LAND SURVEYOR
L-3499
REGISTRATION NUMBER

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN

THIS SURVEY IS OF ANOTHER CATEGORY, SUCH AS THE RECOMBINATION OF EXISTING PARCELS, A COURT-ORDERED SURVEY, OR OTHER EXCEPTION TO THE DEFINITION OF

William M. Allen
PROFESSIONAL LAND SURVEYOR

Doc ID: 017078960001 Type: CRP
Recorded: 07/27/2020 At 03:48:16 PM
Fee Amt: $21.00 Page 1 of 1
Iredell County, NC
Ronnie N. Wyatt Register of Deeds
BK 72 PG 51

OWNER CERTIFICATE FOR EXCEPTION PLATS

KNOW ALL MEN BY THESE PRESENTS, THAT I (WE) HEREBY CERTIFY THAT I AM (WE ARE) THE OWNER(S) OF THE PROPERTY SHOWN AND DESCRIBED HEREON AND THAT I (WE) HEREBY ACKNOWLEDGE THIS PLAT AND ALLOTMENT TO BE MY FREE ACT AND DEED.

7/27/2020
DATE

MEMBER\MANAGER

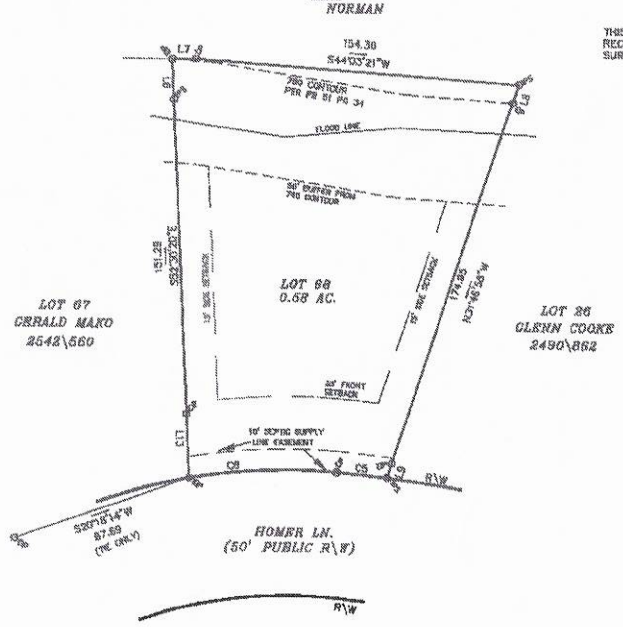
I, Lakeita Davis
A NOTARY PUBLIC FOR SAID COUNTY AND STATE
DO HEREBY CERTIFY THAT Eugene R. Wood, Manager of SC Landholdings, LLC
OWNER(S) PERSONALLY APPEARED BEFORE ME THIS DAY, AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICIAL SEAL, THIS 27 DAY OF July 2020.

Lakeita Davis
NOTARY PUBLIC

MY COMMISSION EXPIRES:
June 26, 2022

Lakeita Davis NOTARY PUBLIC Iredell County, NC My Commission Expires June 26, 2022





Approved
8/12/2020
MD

LINE TABLE		
LINE	BEARING	LENGTH
L8	S 32°39'20" E	18.44'
L7	N 38°34'31" E	11.05'
L9	N 31°48'58" W	9.18'
L9	N 31°48'58" W	7.75'
L13	S 52°39'25" E	30.42'

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C5	868.69'	23.98'	N 45°55'53" E	23.98'
C6	255.98'	70.24'	N 37°21'54" E	70.04'
C7	280.98'	72.18'	N 37°34'18" E	71.99'
C8	701.69'	27.50'	N 46°53'13" E	27.49'

LEGEND
"O" = P.P. = POWER POLE
□ = POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY

EXCEPTION PLAT
OF
SISTERS COVE, PHASE VIII
LOT 68
(LOT 25, CORNELIUS PROPERTY, SEC. 3, PB. 51 PG. 34)

DAVIDSON TWSP., IREDELL CO., N.C.
SCALE: 1" = 40' DATE SURVEYED: JUNE 26, 2020
DATE PLATED: JULY 24, 2020

OWNER : SC LANDHOLDINGS, LLC
P.O. BOX 3965
MOORESVILLE NC 28117

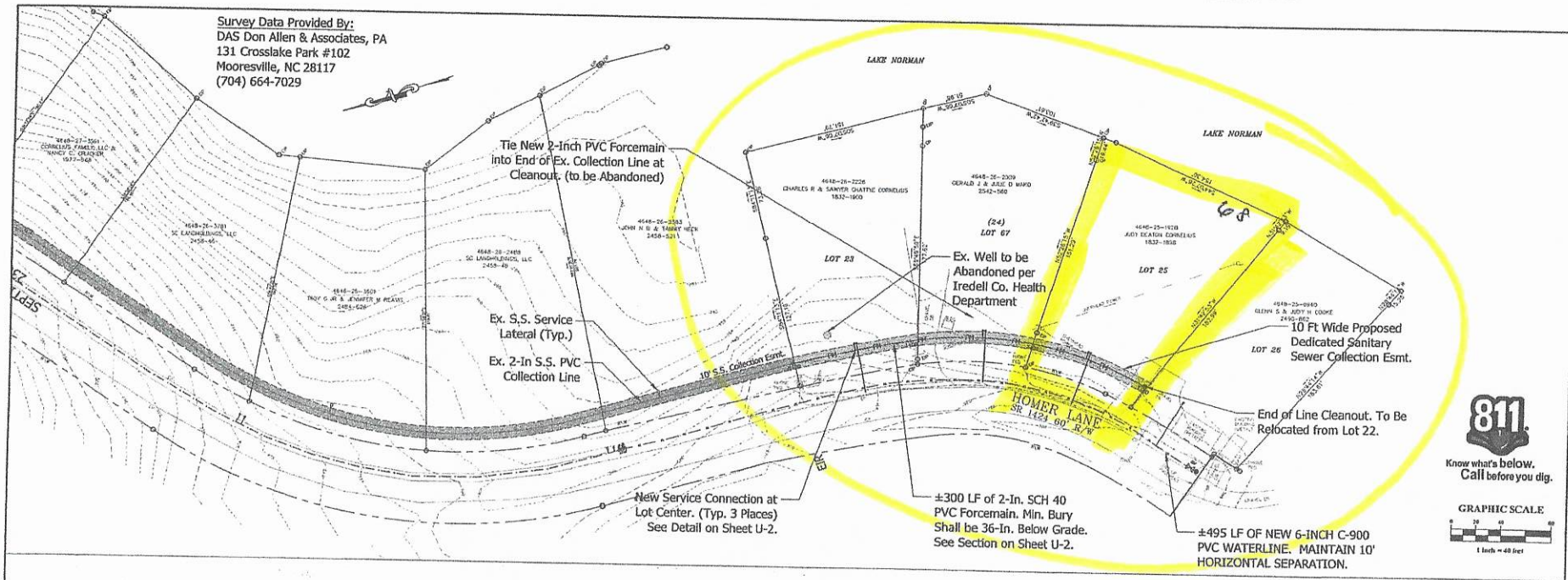
GRAPHIC SCALE

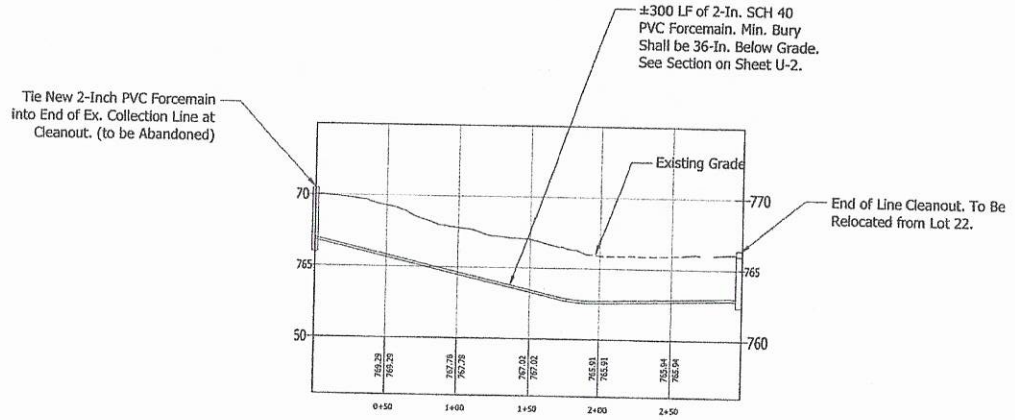


(IN FEET)
1 inch = 40 ft.

DAS
DON ALLEN & ASSOCIATES P.A.
"Since 1973"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Creekview Park Drive - Suite 102 * Mooresville, N.C. 28117
(704) 664-7026 (704) 664-8041 Fax
donallensurvey@gmail.com

FILE NAME: sisters cove 67.dwg





Approved By
ON-SITE WASTEWATER
Department of Health & Human Services
File No: 2015-75-3
Date: 2/5/2020
By:

RECEIVED
MAR 05 2020
DHHS
ON-SITE WATER PROTECTION

PIEDMONT DESIGN ASSOCIATES, P.A.
Engineering Surveying Planning
Shane Tew 131 Westfield Country Club Road Plaza Drive Mooresville, NC 28115
Phone: (704) 664-7331 Fax: (704) 664-1778 www.pdapa.com
NC Engineering Firm License # C-1497

PREPARED FOR:
NEST HOMES, LLC
236 RACEWAY DRIVE #7
MOORESVILLE, NC
704-208-4251

EFFLUENT COLLECTION LINE EXTENSION
SISTERS COVE PHASE II
HOMER LANE
MOORESVILLE, IREDELL COUNTY, NORTH CAROLINA

REVISIONS	BY

Date: 08/12/19
Scale: 1"=40 FT
1"=4 FT
Drawn: DMD
Checked: DLM
Project: 2014-10-10-EC
Job: 2018-03-01-CC
Sheet
U-1
of 2 Sheets

PUBLICATION OR REUSE OF THESE DRAWINGS OR ANY DETAILS WITHIN MUST BE WITH THE WRITTEN CONSENT OF PIEDMONT DESIGN ASSOCIATES, P.A.

Location: Owner: Approved: Date of Issue:

I:\Engineering\1-Projects\2014\2014-10-10-EC-Sisters Cove Phase II\dwg\EC Phase II Flow Reduction.dwg, 8/15/2019 10:55:40 AM, dbacarin

IREDELL COUNTY

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

APPLICATION NUMBER
302742
Issue Date: 11/18/2019

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4648251928.000		

Owner Information	Applicant Information
Name: DEATON JUDY C	Name: NEST HOMES LLC Lot 25
Address:	Address: PO BOX 3965
	MOORESVILLE, NC 28117
Phone:	Phone: (704)208-4251

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	50	15	15		

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.

Signature of Owner/Contractor

Date: 11/18/2019

Permit Number	302742	TOTAL FEES:	$77.25