(4)

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3825

PERMIT # 246401

PIN # 4648324007.000

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

APPLICANT/OWNER: DKohler Homes | APPLICANT ADDRESS: 142 Made View Troutman NC

SITE ADDRESS: 147 Cherokee Drive, Mooresville NC | PHONE: | ALT. PHONE

SITE DIRECTIONS: Perth Rd to Big Tadin Rd on Cherokee Site on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Bears Foot Bay | SECTION: - | LOT # 20 | LOT AREA: 0.79 Acres | DESIGN FLOW: 600 | L.T.A.R.: .35

Septic Tank 1250 (gal) STB 964 Date 8-12-19

Pump Tank 1250 (gal) PT 333 Date 2-12-19

Pump Make Gould's Pump Model WE0712HU Serial #

Nitrification Fields 1 # Lines 4 Linear Ft 290

Trench Width 36 Trench Bottom Depth(Low side) 30 Gravel Depth -

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI

System Description: LP-PPBPS-50% Red

Repair System Description: LP-PPBPS-50% Red.

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 5

☐ Business No. Persons 10

☐ Other No. Employees

☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

This permit is issued pursuant to Section 11.(c) of SL 2018-114 using the signed and sealed LSS Evaluation attached here.

See plan by the Ohio Group, PA

INITIAL SITE SKETCH

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	1/29/2020	BB
Tanks Checked	1-23-20	BB
Pressure Manifold or Valve Box Checked	2/7/2020	PJB
Pressure Head Set	2/7/2020	PJB
Electrical Checked	2/7/2020	PJB
Floats Set	2/7/2020	PJB
Alarm Checked	2/7/2020	PJB
Maintenance Contract (Y) N	2/13/2020	PJB
Comments: No filter in tank 1/23/20	1/29/2020	BB

2/7/2020: Filter was inst. Pressure set and Valve box checked & floats were good and Alarm checked maintenance contract still needed

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: Kathleen Saunders Date: 7/15/19

IMPROVEMENT PERMIT by: Benjamin A Boss Date: 7/11/19

AUTHORIZATION TO CONSTRUCT by: Benjamin A Boss Date: 7/12/19

Installed by: Shawn Grantbreaux Grading

OPERATION PERMIT by: Patrick J Boyle III Date: 2/13/2020

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3103 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your inspection time.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 246401

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

PIN # 4648324007.000

APPLICANT/OWNER: DiLohler Homes APPLICANT ADDRESS: 142 Maple View Troutman NC

SITE ADDRESS: 147 Cherokee Drive, Mooresville NC PHONE: ALT. PHONE

SITE DIRECTIONS: Perth Rd to Big Indian Ct on Cherokee Site on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Bears Foot Bay SECTION: - LOT # 20 LOT AREA: 0.79 Acres DESIGN FLOW: 600 L.T.A.R.: .35

Septic Tank 1250 (gal) STB Date

Pump Tank 1250 (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft 290

Trench Width 36 Trench Bottom Depth(Low side) 30 Gravel Depth -

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI

System Description: LP-PPBPS - 50% Red

Repair System Description: LP-PPBPS. 50% Red.

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 5

☐ Business No. Persons 10

☐ Other No. Employees

☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11.(c) of SL 2018-114 using the signed and sealed LSS Evaluation attached here.

See plan by The Owens Group, PA

AS BUILT SKETCH

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: Kathleen Saunders Date: 7/15/19 Installed by:

IMPROVEMENT PERMIT by: Benjamin A Boyce Date: 7/11/19. OPERATION PERMIT by: Date:

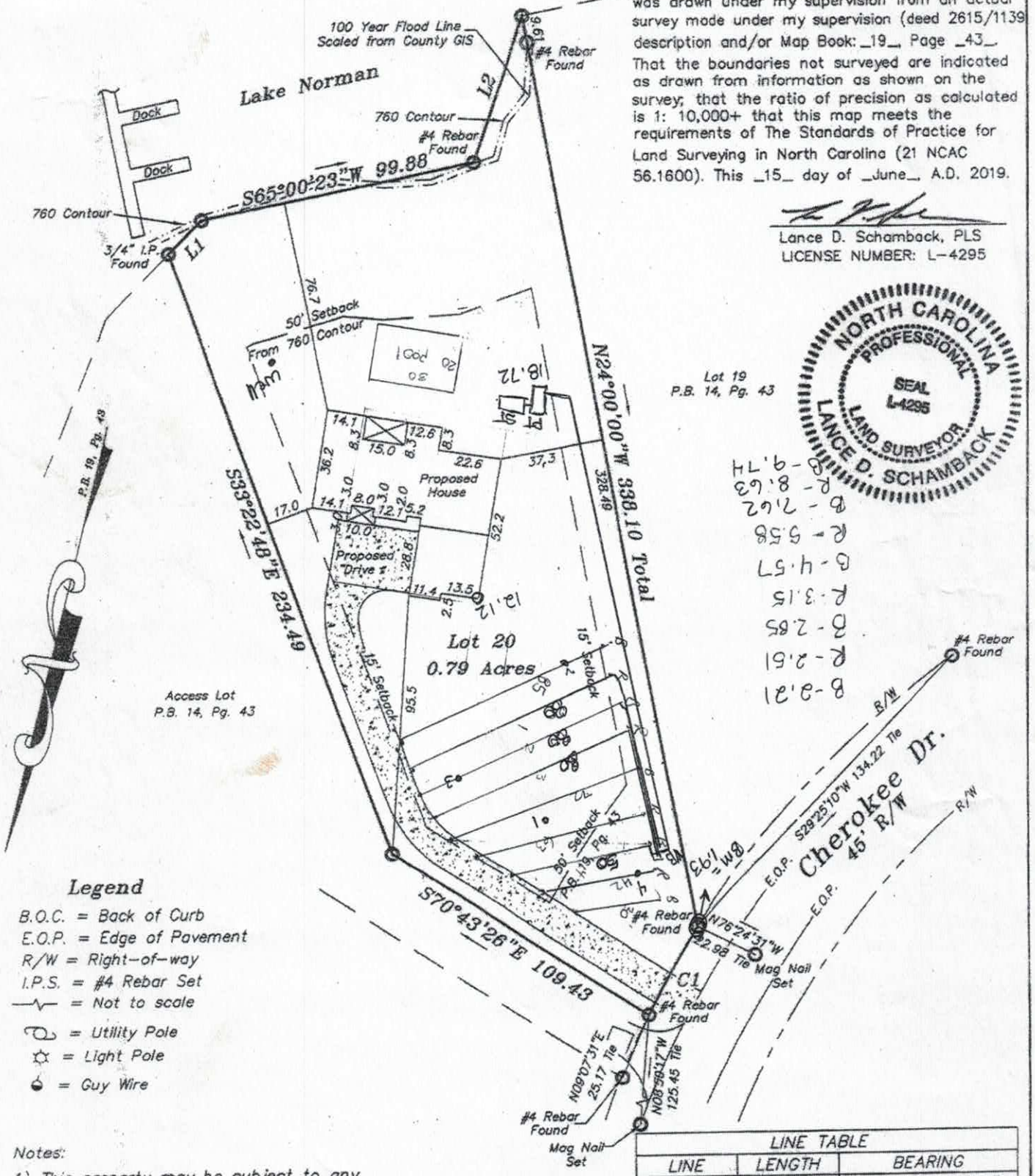
AUTHORIZATION TO CONSTRUCT by: Benjamin A Boyce Date: 7/12/19 Existing System Inspected by: Date:

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.

I Lance D. Schamback, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed 2615/1139 description and/or Map Book: _19_, Page _43_. That the boundaries not surveyed are indicated as drawn from information as shown on the survey; that the ratio of precision as calculated is 1: 10,000+ that this map meets the requirements of The Standards of Practice for Land Surveying in North Carolina (21 NCAC 56.1600). This _15_ day of _June_, A.D. 2019.

Lance D. Schamback, PLS
LICENSE NUMBER: L-4295

NORTH CAROLINA PROFESSIONAL SEAL L-4295 LAND SURVEYOR LANCE D. SCHAMBACK



Legend

B.O.C. = Back of Curb
E.O.P. = Edge of Pavement
R/W = Right-of-way
I.P.S. = #4 Rebar Set
—~— = Not to scale
= Utility Pole
= Light Pole
= Guy Wire

Notes:

1) This property may be subject to any Easements Rights-of-way, and/or Restrictive Covenants.

2) Boundary information based on Map Book: 19 at Page: 43 as recorded in the Iredell County Register of Deeds.

3) This survey is of an existing parcel or parcels of land.

4) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.

5) Area by coordinate method.

LINE TABLE		
LINE	LENGTH	BEARING
L1	17.20	S30°54'00"W
L2	55.23	N05°19'02"E

CURVE TABLE				
CURVE	LENGTH	RADIUS	Chord Distance	Chrod Bearing
C1	36.35	352.36	36.33	N15°27'17"E

GRAPHIC SCALE (IN FEET)
1 inch = 50 ft.
50 0 25 50 100

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 147 Cherokee Drive

Date: July 1, 2019

Attached is the septic specification information required to permit 147 Cherokee Dr for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, **excluding** soil descriptions, before permitting and/or septic system installation.

The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c). The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 11.(c). The LSS Evaluation contains sufficient information to produce design and construction features for an IP/CA, and the LSS contains the proper insurance with the proper coverage.

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

Kathleen Saunders

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	Repair	Blue	PPBPS	30	2.21				
2	Repair	Red	PPBPS	42	2.51				
3	System	Blue	PPBPS	50 endfed	2.85	12	12	1 per panel	5/32"
4	Repair	Red	PPBPS	63	3.15				
5	Repair	Blue	LPPPBPS	72	4.57				
6	System	Red	LPPPBPS	80 endfed	5.58	18	18	1 per panel	5/32"
7	System	Blue	LPPPBPS	80 endfed	7.62	18	18	1 per panel	5/32"
8	System	Red	LPPPBPS	80 endfed	8.63	18	18	1 per panel	5/32"
9	Repair	Blue	LPPPBPS	85	9.74				
						Total: 66	Total: 66 (1 in each panel turned up)		
				Total System: 290'					
				Total Repair: 292'					

Tank	Red	1500 gal (2 compartment)	
Pump Tank	Red	1500 gal.	18.72
House	blue		12.12

Note: **Tanks and Distribution devices can be altered at the iCHD's discretion**
Rod Readings should be verified by installer before installation

147 Cherokee Dr Fast Track Septic System Information

Horizontal Placement

Number of Bedrooms	5
Basement or Crawl	**Basement with Plumbing**
Design Flow (gpd)	600
LTAR (gpd/ft2)	0.35
Primary System Type	**LP PPBPS**
No. Lines	4 (See Table)
Minimum Linear Feet	290
Total Linear Feet	286
Trench Width	3' min.
Trench Spacing	9' min.
Trench Depth (low side)	30"
Pump Required	Yes
Distribution Device	Gate Valve Box w/LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	175' of **2**" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	33 gpm
Elevation head	Approx: 22.51 ft
Pressure head	3 ft
Friction head	4.1 ft
20% Contingency	5.922 ft
Total Head	35.532 ft
Pump Requirements	33 gpm @ 35.5' of head To be designed by installer.
Maximum Dosing Volume	237.6 gal -2.1 doses/day @ design flow*
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 7.2 min.
Check Valve	Yes
Siphon Break hole	no
Repair System	**LP PPBPS**
Total Linear Feet	292
Repair LTAR	0.35

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

The LSS evaluation attached is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).

Sheet ___ of ___
PROPERTY ID #: 4648 32 40
COUNTY: Iredell

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

OWNER: Okohler Homes
ADDRESS: 142 Maple View TR Troutman
PROPOSED FACILITY: SFR
LOCATION OF SITE: 147 Cherokee Dr
APPLICATION DATE ___
DATE EVALUATED: 6/18/19
PROPOSED DESIGN FLOW (.1949): 600
PROPERTY SIZE: 0.79
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L ~8%	0-24	Mo SBK CL	FR SS/SP	R; C Sap	48"	PS	N/A	0.35
		24-48	WK SBK CL	↓	R; C Sap				
		48-50	MA L Sap	↓	Multi				
2	L ~3%	0-22	Mo SBK CL	FR SS/SP	R; F Sap	48+	N/A	N/A	0.35
		22-48	WK SBK CL	↓	R yel; C Sap				
3	L 8-10%	0-31	Mo SBK CL	FR SS/SP	R	50+	N/A	N/A	0.35
		31-50	WK SBK CL	↓	R yel; F Sap				
4	L 8-10%	0-18	Mo SBK CL	FR SS/SP	R	47	PS	N/A	0.35
		18-47	WK SBK CL	↓	R yel; C Sap				
		47-52	MA SL/Sap	↓	Multi				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	H LP PPBPS	H LP PPBPS
Site LTAR	0.35	0.35

OTHER FACTORS (.1946): Site recently received slight shaping
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: kms
OTHER(S) PRESENT: ___

COMMENTS: ___

LICENSED SOIL SCIENTIST KATHLEEN SAUNDERS 1313 STATE OF NORTH CAROLINA

Kathleen Saunders

Updated February 2014

URGENT JUL 8 - 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $1200.00 #246401

Application For:
(X) Septic Improvement Permit
(X) New Well Permit
(X) Authorization to Construct
( ) Well Repair Permit
( ) Existing System Inspection
( ) Well Abandonment
( ) 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 Session Law

The following optional attachments may also be submitted:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Okohler Homes Address: 142 Maple View Troutman Zip: _____
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: Frantisek Sustr Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: 704-578-4951 (LSS)

Property Information:

Street Address: 147 Cherokee Dr
Subdivision Name: Bear Foot Bay Section/Phase: _____ Lot Number: 20
Driving Directions: Perth to Big Indian, straight, L Cherokee, on L

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: 5
Maximum Number of Occupants: 10
(X) Swimming Pool
( ) Other Addition/Structure: _____

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

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: _____
(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 ( ) 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: Kathleen Saunders 7/1/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Oscar Koehler Jr, am the legal owner of the property located at 147 Cherokee Dr Mooresville, identified as PIN(Parcel Identification Number) 4648 32 4007, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) KATHLEEN SAUNDERS, THE OAKS GROUP, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

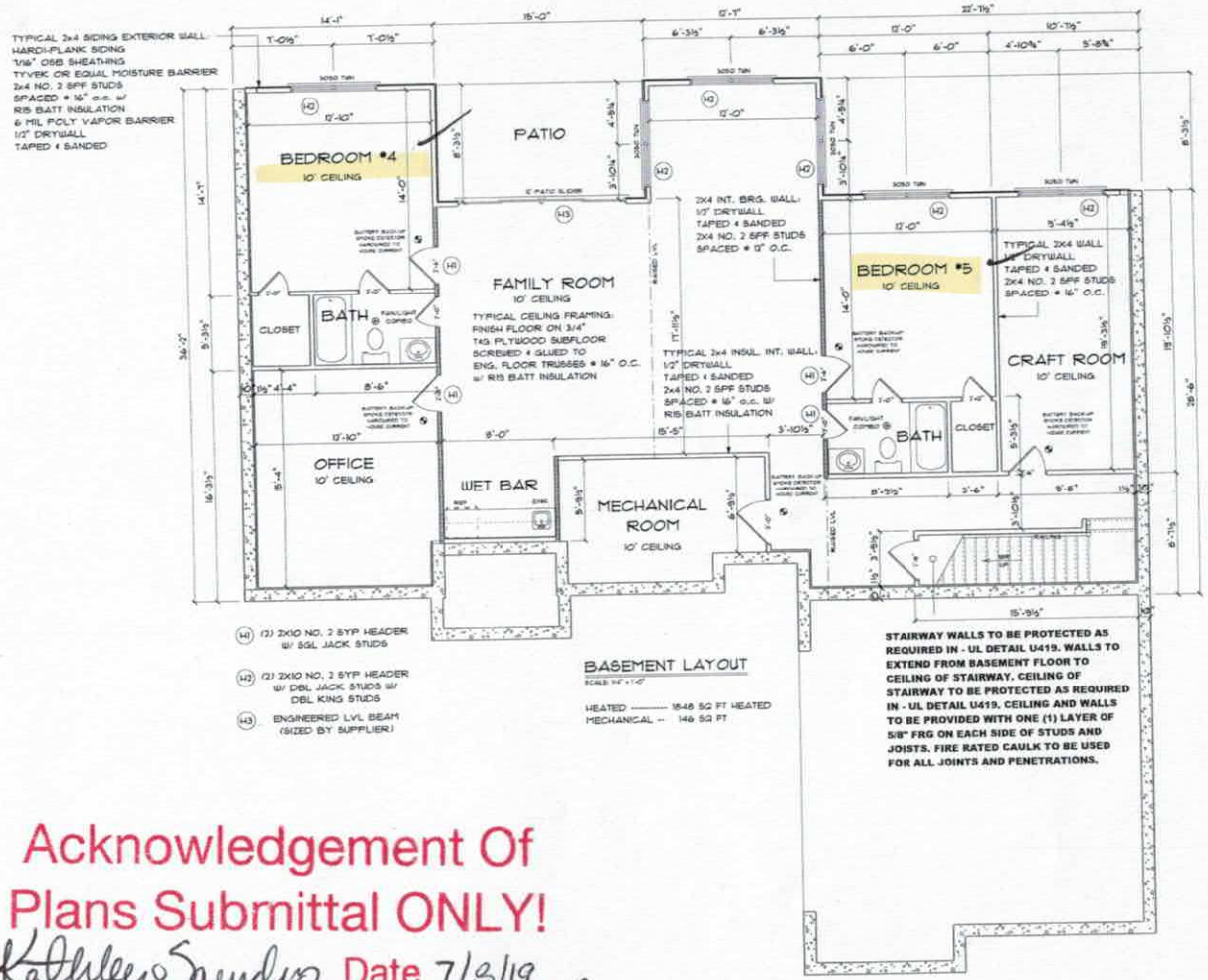
1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

(Oscar) 7/1/2019

Signature of Owner Date

Signature of Witness Date



Acknowledgement Of
Plans Submittal ONLY!

Kathleen Saunders Date 7/3/19

Benjamin A Bolton Date 7/11/19

ADDITIONAL NOTES

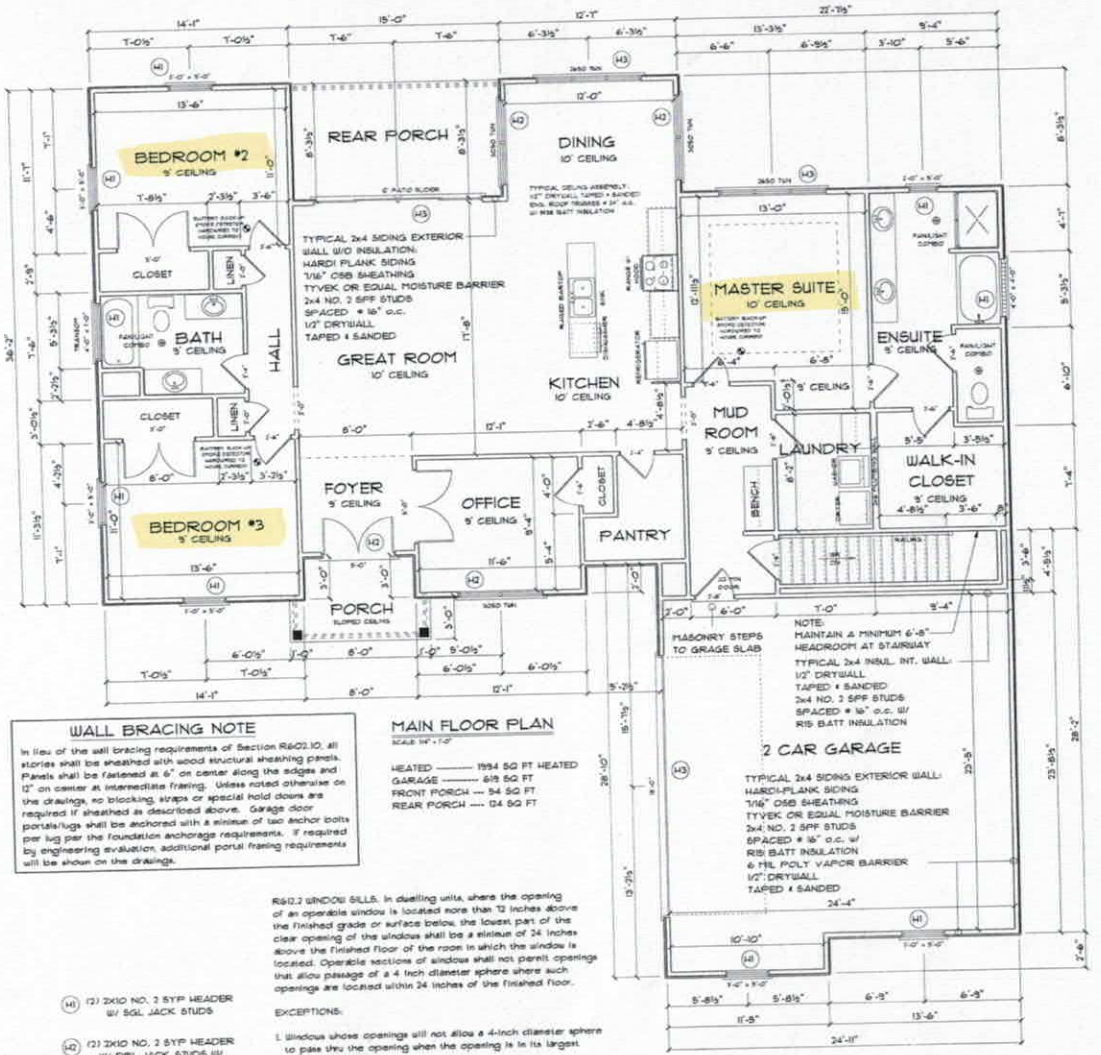
DRAWING TITLE
BASEMENT

PROJECT INFORMATION
SUSTR
RESIDENCE

PROJECT INFORMATION
ORIGINAL DATE APRIL, 2019
DRAWN BY: D. ELLIS
REVISED DATE
SCALE 1/4" = 1'-0"

SCRATCH PAD DESIGNS
111 SOUTH ZION STREET
JANUS, NC 28088
(704) 888-3624

SHEET NO.
A4



WALL BRACING NOTE

In lieu of the wall bracing requirements of Section R602.10, all stories shall be sheathed with wood structural sheathing panels. Panels shall be fastened at 6" on center along the edges and 12" on center at intermediate framing. Unless noted otherwise on the drawings, no blocking, straps or special hold downs are required if sheathed as described above. Garage door portals/lugs shall be anchored with a minimum of two anchor bolts per lug per the foundation anchorage requirements. If required by engineering evaluation, additional portal framing requirements will be shown on the drawings.

MAIN FLOOR PLAN

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

HEATED ——— 1984 SQ FT HEATED
GARAGE ——— 619 SQ FT
FRONT PORCH — 54 SQ FT
REAR PORCH —— 124 SQ FT

R612.2 WINDOW SILLS. In dwelling units, where the opening of an operable window is located more than 72 inches above the finished grade or surface below, the lowest part of the clear opening of the window shall be a minimum of 24 inches above the finished floor of the room in which the window is located. Operable sections of windows shall not permit openings that allow passage of a 4 inch diameter sphere where such openings are located within 24 inches of the finished floor.

EXCEPTIONS:

1. Windows whose openings will not allow a 4-inch diameter sphere to pass thru the opening when the opening is in its largest opened position.
2. Openings that are provided with fall prevention devices that comply with SECTION R612.3
3. Openings that are provided with fall prevention devices that comply with ASTM F 2090.
4. Windows that are provided with opening limiting devices that comply with SECTION R612.4

(H1) (2) 2X10 NO. 2 SYP HEADER W/ SGL JACK STUDS

(H2) (2) 2X10 NO. 2 SYP HEADER W/ DBL JACK STUDS W/ DBL KING STUDS

(H3) ENGINEERED LVL BEAM (SIZED BY SUPPLIER)

Acknowledgement Of Plans Submittal ONLY!

Kathleen Saunders Date 7/8/19

Benjamin A Bell Date 7/12/19.

ADDITIONAL NOTES

DRAWING TITLE: MAIN FLOOR

PROJECT INFORMATION: SUSTR RESIDENCE

PROJECT INFORMATION
ORIGINAL DATE: APRIL, 2019
DRAWN BY: D. ELLIS
REVISED DATE:
SCALE: 1/4" = 1'-0"

SCRATCH PAD DESIGNS
711 SOUTH ZION STREET
LAURINBURG, NC 28352
(704)855-3634

SHEET NO. A3

IREDELL COUNTY

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

APPLICATION NUMBER
246401
Issue Date: 07/08/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4648324007.000	147 CHEROKEE DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: ONEAL TIMOTHY F+WENDY S	Applicant: THE OAKS GROUP
Address: 106 CRIANSON CT	Address: 121 HOLT LN
MOORESVILLE, NC 28115	MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
LOT MUST BE 100 FEET WIDE WHERE HOUSE BEGINS	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
		50.00	15.00	15.00	CACL	AE

Remarks:

Lake Lots: Must meet both the 50-foot setback from the 760 Æ contour line and the 35-foot setback from the rear property line for any structure.

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	184068	TOTAL FEES:	$ 77.25