IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 243103

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

PIN # 4648437301

APPLICANT/OWNER: Okoehler Homes APPLICANT ADDRESS: 167 Maple View Dr Troutman NC

SITE ADDRESS: 105 Jess Ct Mooresville NC 28117 PHONE: 704-578-4951 ALT. PHONE N/A

SITE DIRECTIONS: Bluefield to Big Indian to Jess, on left SAP CONTROLLED: ☐ YES ■ NO

SUBDIVISION: Cedars Edge SECTION: — LOT # 10 LOT AREA: .59ac DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB 1000-760	Date	7-15-19	■ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI
Pump Tank	1000	(gal)	PT 1000-363	Date	5-6-19	System Description:	LPPPBPS		
Pump Make	Goulds		Model			Serial #			
# Nitrification Fields	1		# Lines	3		Linear Ft	200		
Trench Width	24"		Trench Bottom Depth (low Side)	30"		Gravel Depth	N/A		

Repair System Description: LPPPBPS

Maintenance Agreement Required: ■ YES ☐ NO

☐ GRAVITY ■ PRESSURE

■ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ■ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ■ Private ☐ Public ☐ Community

Comments / Conditions: Per plan By The Oaks Group, PA

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 Oaks Group, PA

Transducer ZB-09

AS BUILT SKETCH

Tanks 6' off House
Below Foundation Drain

	Date	Initials
Drain Lines Checked	9-17-19	
Tanks Checked	9-17-19	
Pressure Manifold or Valve Box Checked	9-17-19	
Pressure Head Set	10-16-19	KW
Electrical Checked	10-16-19	KW
Floats Set	10-16-19	KW
Alarm Checked	10-16-19	KW
Maintenance Contract (Y) N	10-21-19	KW
Comments: ~~needs maintenance~~		

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site.

☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ■ IMPROVEMENT PERMIT *with site plan valid for 60 mo*

NY EXCAVATION exceed 60 mo.

Owner / Applicant Signature: (OWNER) Date: 3/26/2019 Installed by: Grand Breakers (Shannon)

IMPROVEMENT PERMIT by: Date: 03/25/19 OPERATION PERMIT by: Kayla Watson Date: 10-21-19

AUTHORIZATION TO CONSTRUCT by: Date: 03/25/19 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.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 243103

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

PIN # 4648437301

APPLICANT/OWNER: Okoehler Homes APPLICANT ADDRESS: 167 Maple View Dr Troutman NC

SITE ADDRESS: 105 Jess Ct Mooresville NC 28117 PHONE: 704-578-4951 ALT. PHONE N/A

SITE DIRECTIONS: Bluefield to Big Indian to Jess, on left SAP CONTROLLED: ☐ YES ■ NO

SUBDIVISION: Cedars Edge SECTION: LOT # 10 LOT AREA: .59ac DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB Date

Pump Tank 1000 (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3 Linear Ft 200

Trench Width 24" Trench Bottom Depth (low Side) 30" Gravel Depth N/A

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

System Description: LPPPBPS

Repair System Description: LPPPBPS

Maintenance Agreement Required: ■ YES ☐ NO

☐ GRAVITY ■ PRESSURE

■ Residence ☐ Business ☐ Other ☐ Slab ■ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

No. Bedrooms 3 No. Persons 6 No. Employees

Water Supply: ■ Private ☐ Public ☐ Community

Comments / Conditions: Per plan By The Oaks Group, PA

INITIAL SITE SKETCH

AS BUILT 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 Oaks Group, PA

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: (proxy) Date: 3/26/2019 Installed by:

IMPROVEMENT PERMIT by: Date: 03/25/19 OPERATION PERMIT by: Kayla Whitaker Date: 10-21-19

AUTHORIZATION TO CONSTRUCT by: Date: 03/25/19 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.

Notes:

45' Public R/W

Jess Ct.

Big Indian Loop

Lonnie S. Brotherton
D.B. 2502, Pg. 804

S76°21'05"W 218.88

S43°16'05"E 182.76 Total
174.80

Lot 9

Lot 10
0.59 acres
25,700 Sq. Ft.

Pool AREA

Proposed House

No Foundation Drain

Existing Tank (crush & fill)

Drive

Shed

Sight Triangle
10' X 70'

Landscape Easement

15' Setback

35' Setback

5' Setback

Pr

St

VB

R

C1 L1 C2 L2 L3 L4 L5

BM 1165

N

1" = 30'

Cedars Edge Lot 10 Fast Track Septic System Information

Number of Bedrooms	3
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	360
LTAR (gpd/ft2)	0.3
Primary System Type	**LP PPBPS**
No. Lines	3 (See Table)
Minimum Linear Feet	200
Total Linear Feet	200
Trench Width	2' min.
Trench Spacing	8' 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	100' of **2**" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	23 gpm
Elevation head	Approx: 6.96 ft
Pressure head	3 ft
Friction head	1.3 ft
20% Contingency	2.252 ft
Total Head	13.512 ft
Pump Requirements	23 gpm @ 13.5' of head To be designed by installer.
Maximum Dosing Volume	165.6 gal -2.2 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	210
Repair LTAR	0.3

***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.**

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	System	Red	LPPPBPS	74 centerfed	2.5	17	17	1 per panel	5/32"
2	System	Blue	LPPPBPS	105 centerfed	2.92	24	24	1 per panel	5/32"
3	System	Orange	LPPPBPS	21 endfed	3.31	5	5	1 per panel	5/32"
4	Repair	Orange	LPPPBPS	46	3.31				
5	Repair	Pink	LPPPBPS	70	3.79				
6	Repair	Red	LPPPBPS	65	4.29				
7	Repair	Blue	LPPPBPS	29	5				
						Total: 46	Total: 46 (1 in each panel turned up)		
				Total System: 200'					
				Total Repair: 210'					

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000 gal.	3.46
House	blue		3.76

Note: **Tanks and Distribution devices can be altered at the ICHD's discretion**
Rod Readings should be verified by installer before installation
Crush and fill old tank.
Was unable to locate a drainfield on the property near old tank

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

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

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

OWNER: OWL Development
ADDRESS: 167 Maple View Dr Troutman
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: Lot 10 Cedars Edge (105 Jess Ct)
APPLICATION DATE ___
DATE EVALUATED: 8/2015
PROPERTY SIZE: 0.59 Ac
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 ~5%	0-4	Mo GR SL	FR NS/NP	Br	50+	N/A	N/A	0.3
		4-32	Mo SBK C	FR SS/SP	R				
		32-50	WK SBK CL	↓	R; C sap				
2	L ~5%	0-24	Mo SBK C	FR SS/SP	R	50+	N/A	N/A	0.3
		24-50	WK SBK CL	↓	R; C sap				
C	L ~5%	0-21	Mo SBK C	FR SS/SP	R	48+	N/A	N/A	0.3
		21-48	WK SBK CL	FR SS/SP	R; F sap; F yel Br WR				
D	L ~5%	0-28	Mo SBK C	FR SS/SP	R; F sap	48+	N/A	N/A	0.3
		28-48	WK SBK C	↓	R; C sap				

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

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: kms
OTHER(S) PRESENT: ___

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

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

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

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

OWNER: OWL Development
ADDRESS: 167 Maple View Dr Troutman
PROPOSED FACILITY: SFR
LOCATION OF SITE: Lot 10 Cedars Edge (105 Jess Ct)
APPLICATION DATE ___
DATE EVALUATED: 8/2015
PROPERTY SIZE: 0.59 Ac
PROPERTY RECORDED: yes
PROPOSED DESIGN FLOW (.1949): 360

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
E	L ~5%	0-26	MO SBK C	FR SS/SP	R	52+	N/A	N/A	0.3
		26-39	MO SBK CL	↓	R; F sap				
		39-52	WK SBK CL	↓	R; C sap				

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

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: kms
OTHER(S) PRESENT: ___

COMMENTS: ___

RECEIVED MAR 2 1 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM #243103 Paid $1200.00

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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
~~Custom Site Plan, scaled no more than 1 inch = 60 feet~~
~~Cover or 911 Address Assignment is submitted if applicable~~

Applicant Information: (PRINT CLEARLY)

Applicant Name: OkoehlerHomes Address: 167 Maple View Dr Troutman Zip: _____
Applicant Email: okoehlerhomes@aol.com Phone: _____ Alt. Phone: 704-578-4951 (LSS)
Owner Name: Same Address: _____ Zip: _____
~~Owner Email:~~ _____ ~~Phone:~~ _____ ~~Alt. Phone:~~ _____

Property Information:

Street Address: 105 Jess Ct Mooresville 28117
Subdivision Name: Cedars Edge Section/Phase: _____ Lot Number: 10
Driving Directions: Bluefield to Big Indian to Jess Ct, 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: 3
Maximum Number of Occupants: _____
~~(X) 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

(X) 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: _____
(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 Saneles 3-21-19
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, Oscar Koehler JR., am the legal owner(s) of the property located at 105 Jess Ct, identified as PIN (Parcel Identification Number) 4648 43 7301, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) The Oaks Group PA, 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) 3/20/2019 Date

Signature of Witness Date

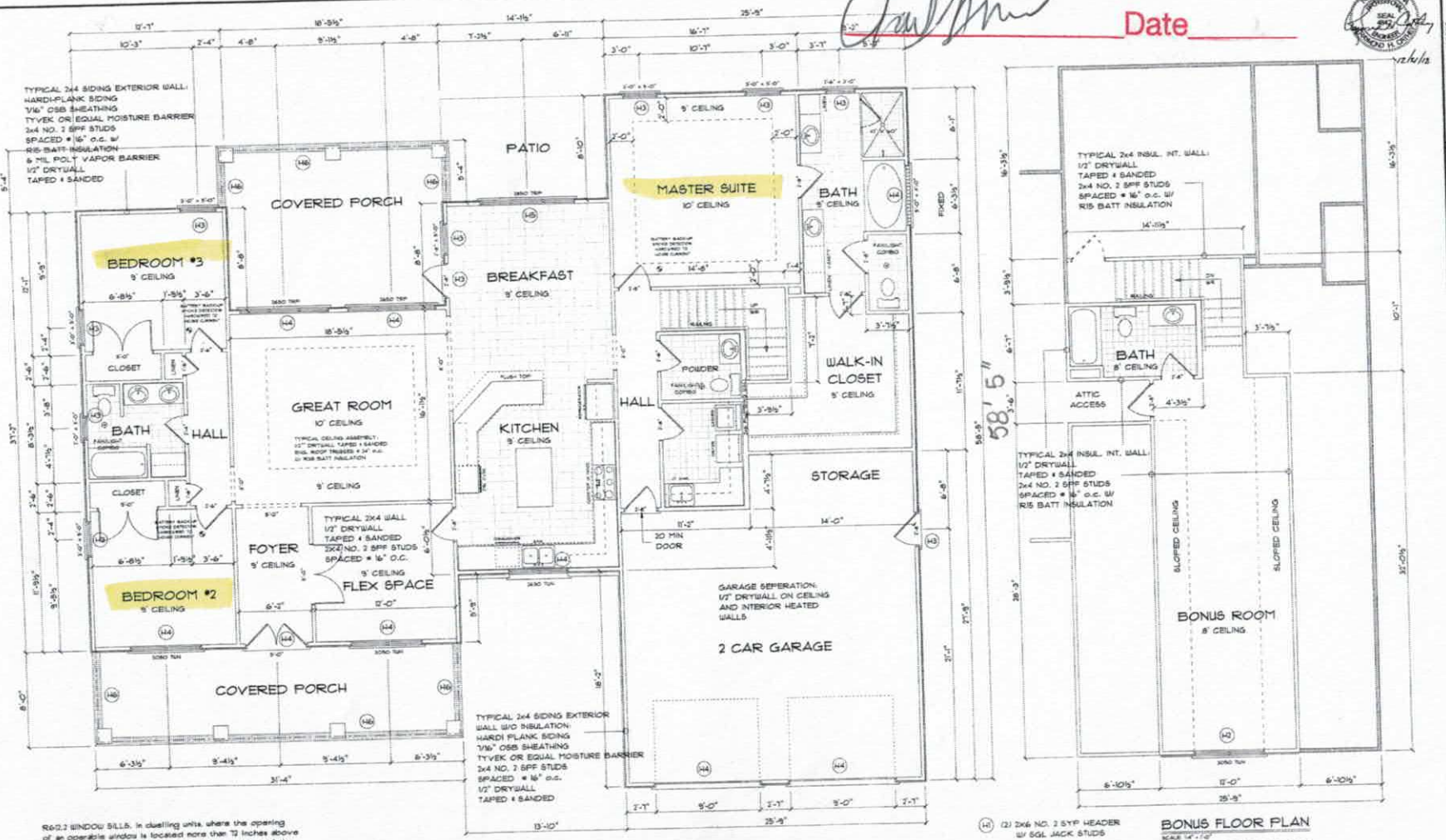
Please return this signed form to the appropriate office:

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

Acknowledgement Of
Plans Submittal ONLY!
Kathleen Saunders Date 3-21-19
Date

70.4'



R602.2 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 window 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

MAIN FLOOR PLAN
SCALE: 1/4" = 1'-0"
2283 SQ. FT. HEATED

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/jugs 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.

(H1) (2) 2x6 NO. 2 SYP HEADER W/ SGL JACK STUDS
(H2) (2) 2X8 NO. 2 SYP HEADER W/ DBL JACK STUDS
(H3) (2) 2X10 NO. 2 SYP HEADER W/ SGL JACK STUDS
(H4) (2) 2X10 NO. 2 SYP HEADER W/ DBL JACK STUDS W/ DBL KING STUDS
(H5) ENGINEERED LVL BEAM (SIZED BY SUPPLIER)
(H6) (4) 2X10 NO. 2 SYP PT PORCH HEADER

BONUS FLOOR PLAN
SCALE: 1/4" = 1'-0"
476 SQ. FT. HEATED

1. BECAUSE SITE CONDITION MAY VARY, SCRATCH PAD DESIGNS CANNOT WARRANT THE SUITABILITY OF THESE PLANS ON YOUR SPECIFIC SITE. CONSTRUCTION FROM THESE PLANS SHOULD NOT BE UNDERTAKEN WITHOUT THE ASSISTANCE OF A PROFESSIONAL CONTRACTOR.
2. ALL FEDERAL, STATE AND LOCAL CODES, ORDINANCES AND REGULATIONS SHALL BE CONSIDERED AS PART OF THESE DRAWINGS AND DETAILS FOR THIS BUILDING SHALL TAKE PREFERENCE OVER ANYTHING SHOWN, DESCRIBED OR IMPLIED WHERE VARIANCES OCCUR.
3. CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE CONSTRUCTION BEGINS AND COORDINATE ANY CORRECTIONS OR REVISIONS WITH THE OWNER AND DESIGNER. SCRATCH PAD DESIGNS WILL ASSUME NO LIABILITY FOR DIMENSIONAL AND/OR ARCHITECTUAL ERRORS ONCE CONSTRUCTION BEGINS.

ADDITIONAL NOTES

DRAWING TITLE
MAIN FLOOR PLAN

PROJECT INFORMATION
HOOGENDOORN RESIDENCE

PROJECT INFORMATION
ORIGINAL DATE: DECEMBER, 2018
DRAWN BY: D. ELLIS
REVISED DATE:
SCALE: 1/4" = 1'-0"

SCRATCH PAD DESIGNS
111 SOUTH ZION STREET
LANDIS, NC 28088
(704)855-3624

SHEET NO.
A3

IREDELL COUNTY

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

APPLICATION NUMBER
243103
Issue Date: 03/21/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4648437301.000	105 JESS COURT, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: OWL DEVELOPMENT LLC	Applicant: THE OAKS GROUP
Address: 146 EAGLE CHASE LN	Address: 121 HOLT LN
TROUTMAN, NC 28166	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
.590	35.00	35.00	35.00	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	171384	TOTAL FEES:	$ 77.25