ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 242753

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

PIN # 4649.11 5566

APPLICANT/OWNER: Lake Shore Holdings APPLICANT ADDRESS: 637 Williamson Rd Mooresville, NC

SITE ADDRESS: 169 Hidden Meadows Dr Mooresville NC PHONE: 704 799-7609 ALT. PHONE

SITE DIRECTIONS: NC 150 W. TR Perth Rd TR Hidden Meadows Dr on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Hidden Meadows SECTION: — LOT # 6 LOT AREA: 1.09 Acres DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	760	Date	3/21/2020	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	Gravity - 25% Reduction	☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	Same	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft	402'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	30" max	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

Divert Storm/surface water away from Septic.

INITIAL SITE SKETCH

See attached, approved

Septic plan by Soil & Forestry Services

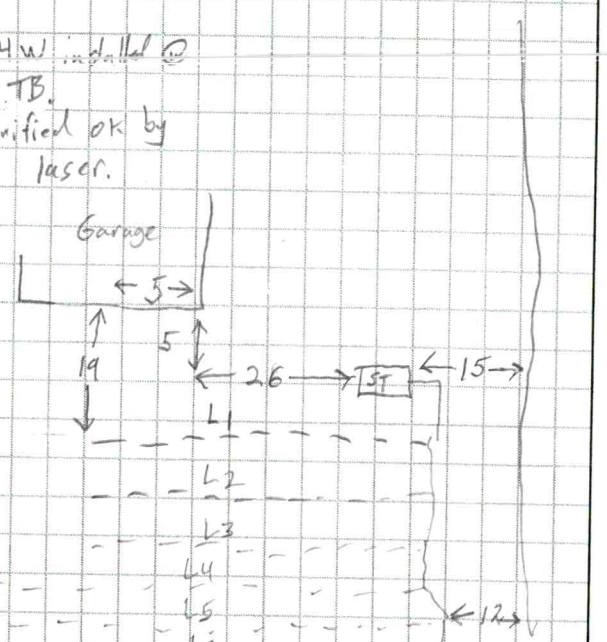
(dated 6.15.2020)

AS BUILT SKETCH

6/10/2020: Mid-seam 1000-gallon Sharf tank w/ a Polylok PL-68 effluent filter

L1	46
L2	46
L3	50
L4	90
L5	90
L6	90'
	412

4W installed @ 30" TB. Verified ok by laser.



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**

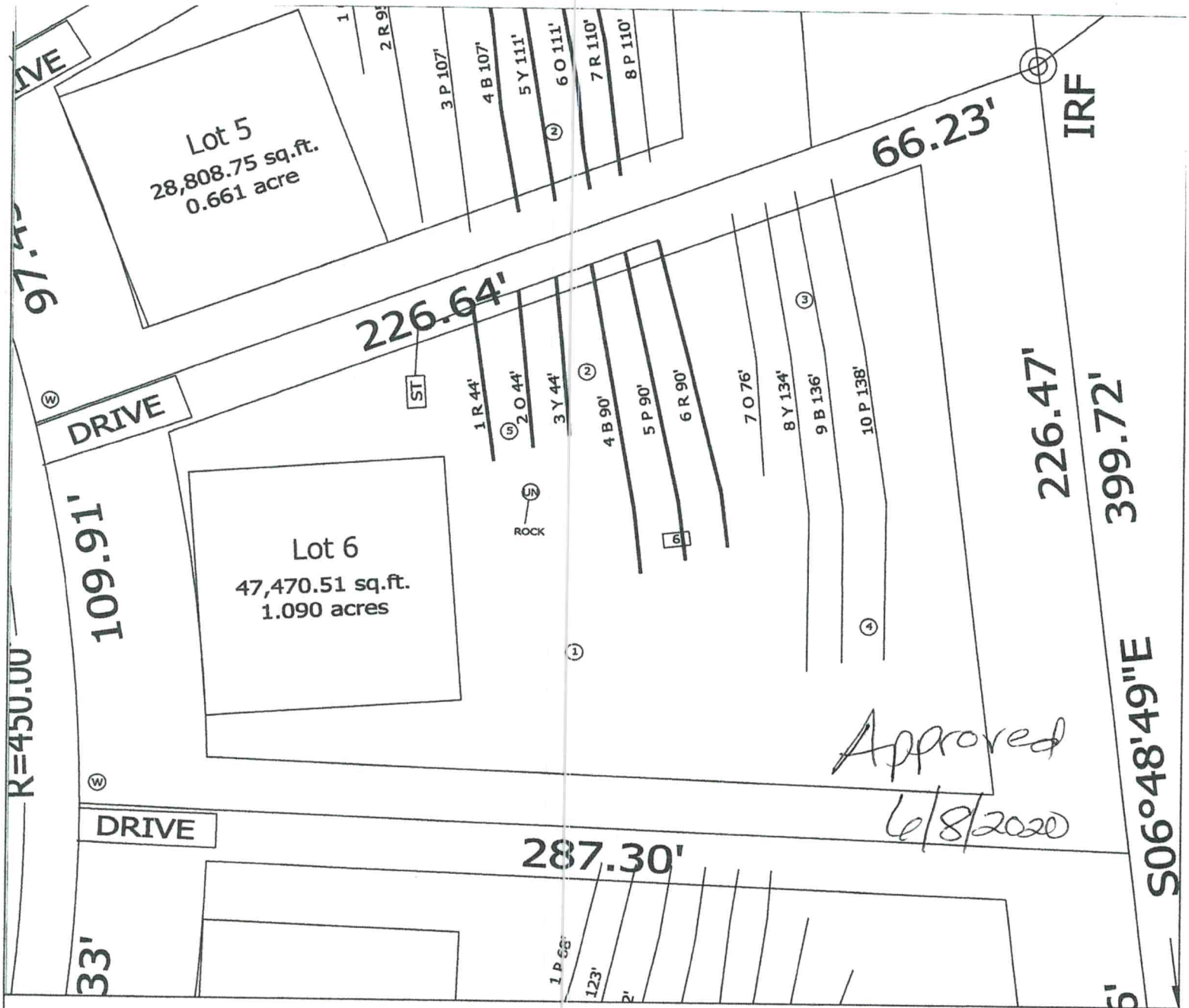
☐ IMPROVEMENT PERMIT *with plat* valid without expiration. ☒ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 6/16/2020 Installed by: Neal Stuttz

IMPROVEMENT PERMIT by: Maria Dotson Date: 6/8/2020 OPERATION PERMIT by: Sam Shuck Date: 6/10/2020

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 6/8/2020 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.



LEGEND

Areas contain soils with 24 inches or more of useable material and have potential for conventional, modified conventional and low-pressure pipe (lpp) septic systems.

House Footprint (60'X60'); Staked by Surveyor

System lines.

Repair lines.

Temporary Bench Mark (TBM) or House Elev.

(W) Well Location. (25) Pit/Boring Location.

GRAPHIC SCALE
1" = 40'

40 0 40 80

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

PLEASE REFER TO ATTACHED SOIL REPORT FOR ADDITIONAL SITE SPECIFIC INFORMATION

SOIL & FORESTRY SERVICES OF THE CAROLINAS, PA.
P.O. BOX 832
MOORESVILLE, NC 28115
PHONE/FAX: (704) 278-0889
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746-5046
EMAIL: ashleyrollans@gmail.com

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: LAKESHORE HOLDINGS, LLC / HIDDEN MEADOWS SUBDIVISION

LOCATION/DATE: HIDDEN MEADOWS LOT 6, IREDELL COUNTY, NORTH CAROLINA, JUNE 2020

JOB #: 20-0056
FILE: C:\JOBS\20-0056
PROJECT MGR.: S.A.R.
FIELD WORK: S.A.R.
DRAWN BY: S.A.R.

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Attached is a proposed design for an Accepted Septic System with gravity dist. for a 4 bedroom single family residence on Hidden Meadows Subdivision Lot 6, 169 Hidden Meadows Dr,, Mooresville 28117, Iredell County, NC. (PIN:4649111566)

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2-3
- Layout Specifications---------- 4

Site Plan/System Plan---------- 5

Calculations---------- 6

Profile Descriptions---------- 7-8

Expedited Review Process Checklist---------- SUBMITTED

Zoning Permit & Receipt---------- SUBMITTED

Application---------- SUBMITTED

Green Sheet---------- SUBMITTED

Agent Authorization Form---------- SUBMITTED

June 5, 2020
Project #: 20-0056
Design By: Soil & Forestry Services of the Carolinas, PA

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a gravity 25% reduction (Accepted) installation.
- Repair is specified as a gravity 25% reduction (Accepted) installation.
-

GRAVITY ACCEPTED SYSTEM FOR WASTEWATER TREATMENT

Approved
6/8/2020
MD

Owner/Applicant: Lakeshore Holdings, LLC

Address: 637 Williamson Road (Unit 102)
Mooresville, NC 28117

Phone: 704.799.7609
County: Iredell
Location: Hidden Meadows- Lot 6

Source of Wastewater Flow: 4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow: 480
System Flow: N/A

Design Specifications

Drainfield Size: 404
Loading Rate (gpd/ft.^{2}): 0.3
Depth of Gravel in Trench: N/A
Gravel Size: N/A
Max.Trench Depth: 30 in. Repair Trench Bottom 30 in.
Trench Width: 36 in.
Septic Tank Size: 1000

Estimated Supply Line Length: 30
Supply Line Diameter: 4 in. SCH 40 PVC
Supply Line Volume: 19.59
Dosing Volume: N/A
Supply Manifold: N/A
Supply Manifold Length: N/A
Supply Manifold Volume: N/A

Recommended Float Controls: N/A

Recommended Control Panel: N/A

Pressure Head: N/A
Friction Head: N/A
Elevation Head: N/A
Total Dynamic Head: N/A

Threaded Union: N/A
Gate Valves: N/A

Check Valves: N/A
Anti-Siphon Hole: N/A
Additional Comments: Soil suitability was performed by Soil & Forestry Services of the Carolinas, PA

Hidden Meadows- Lot 6

ACCEPTED SYSTEM

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	1206
TOTAL LATERAL LENGTH:	402
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	400
SUPPLY LINE LENGTH:	30
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000

Approved
6/8/2020
MS

Approved 4
6/8/2020

Layout Specifications - Hidden Meadows Lot 6

Project #: 20-0056

LAYOUT FOR 4 BEDROOM HOME

June 5, 2020

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
1	***RED***					***44***	***44***
2	***ORANGE***					***44***	***44***
3	***YELLOW***					***44***	***44***
4	***BLUE***					***90***	***90***
5	***PINK***					***90***	***90***
6	***RED***					***90***	***90***
7	ORANGE					76	76
8	YELLOW					134	134
9	BLUE					136	136
10	PINK					138	138
					Total	886	886

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
****System***	***402***	***0.300***	***ACCEPT.***	***0.300***	***25% RED***	***GRAVITY***
Repair	484	0.300	ACCEPT.	0.300	25% RED	GRAVITY

Notes: **All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**Nitrification lines were located by GPS.

CALCULATIONS

Location Hidden Meadows
Mooresville, NC 28117
Project Number 20-0056

Approved
6/8/2020
MD

Lot No:	6	
No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.300	$^{gal}/_{ft^2\ day}$
PPBPS? (YES OR NO)	NO	
Supply Line Length	30	ft.
Supply Line Volume	19.59	gal.
Required Feet of Line	400	ft.
Amount of Line from Layout	402	ft.
Gallons per Minute	N/A	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Septic Tank Size	1000	gal.
Panel Volume	N/A	gal.
# of Panels	N/A	
Dosing Volume	N/A	gal.
Tank Draw Down	N/A	
Pump Run Time		
Elevation Head	N/A	ft.
Pressure Head	N/A	ft.
Friction Factor	N/A	ft./100 ft. *(From the interpolater.)*
Friction Head	N/A	ft.
Total Dynamic Head (+15%)	N/A	ft.

FRICTION FACTOR
INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

PROPERTY ID #: 4649016301
COUNTY: Iredell

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

OWNER: Hidden Meadows Ventures
ADDRESS: PO Box 4628 Mooresville NC 28117
APPLICATION DATE
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480gpd
DATE EVALUATED: 3/1/2019
LOCATION OF SITE: Hidden Meadows Lot 6
PROPERTY SIZE:
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
PROPERTY RECORDED: NO
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	
B 1	L/12%	0-5	RbCL wmsbk	~~vfriable~~ Fr SS SP	Approx 40% Rock	29			.1 Drip
		5-19	BRC wmsbk/Rock	F SS SP					
		19-29	>50% Rock						
B 2	L/11%	0-22	BRC wmsbk	Fr SS SP	Few to C. SAP	48			PS .3
		22-48	RbCL wfsbk	Fr SS SP					
B 3	L/16%	0-6	BCL wfsbk	Fr SS SP		48			PS .3
		6-48	Brc wmsbk	Fr SS SP					
B 4	L/17%	0-8	RbCL wmsbk	Fr SS SP		48			PS .3
		8-48	BrC wmsbk	Fr SS SP					

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollans
OTHER(S) PRESENT: Chad Wagner

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: 4649016361
DATE OF EVALUATION: 3/4/2019
COUNTY: Iredell

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
B5	L/13%	0-36	BRC wmsbk	Fr SS SP	Few to C. SHP	40			PS 0.3
		36-48	RBCL wmsbk	Fr SS SP					
P6	L/13%	0-15	RBCL wfsbk	Fr SS SP		Approved 6/8/2020 MD			PS 0.3
		15-31	RC wmsbk	Fr SS SP					
		31-48	RBCL wfsbk	Fr SS SP	Few to C. SHP				
		48-58	UNK ISOLMASS	Fr SS SP					

COMMENTS:

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

#242753
$550.00
12-5-19

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For:
(X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: ( ) 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: (PRINT CLEARLY)

Applicant Name: Lakeshore Holdings Address: 637 Williamson Rd, Mooresville Zip: 28117
Applicant Email: lakemisthomes@yahoo.com Phone: 704-799-7609 Alt. Phone: _____
Owner Name: Lakeshore Holdings Address: POBox 5350, Mooresville, NC Zip: 28117
Owner Email: lakemisthomes@yahoo.com Phone: 704-799-7609 Alt. Phone: _____

Property Information:

Street Address 169 Hidden meadows Dr, Mooresville NC 28117
Subdivision Name: Hidden meadows Section/Phase: _____ Lot Number: 6
Driving Directions: NC 150 to right on Perth Rd to right in Hidden meadows

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: 4
Maximum Number of Occupants: _____
( ) 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 (X) 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: _____ 11/27/19
Property owner or owner's legal representative signature: (SIGNATURE REQUIRED) DATE

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, Richard Denzler, am the legal owner(s) of the property located at Hidden Meadows Ventures, identified as PIN (Parcel Identification Number) 4649016361, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Ashley Rollans, _____, 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.

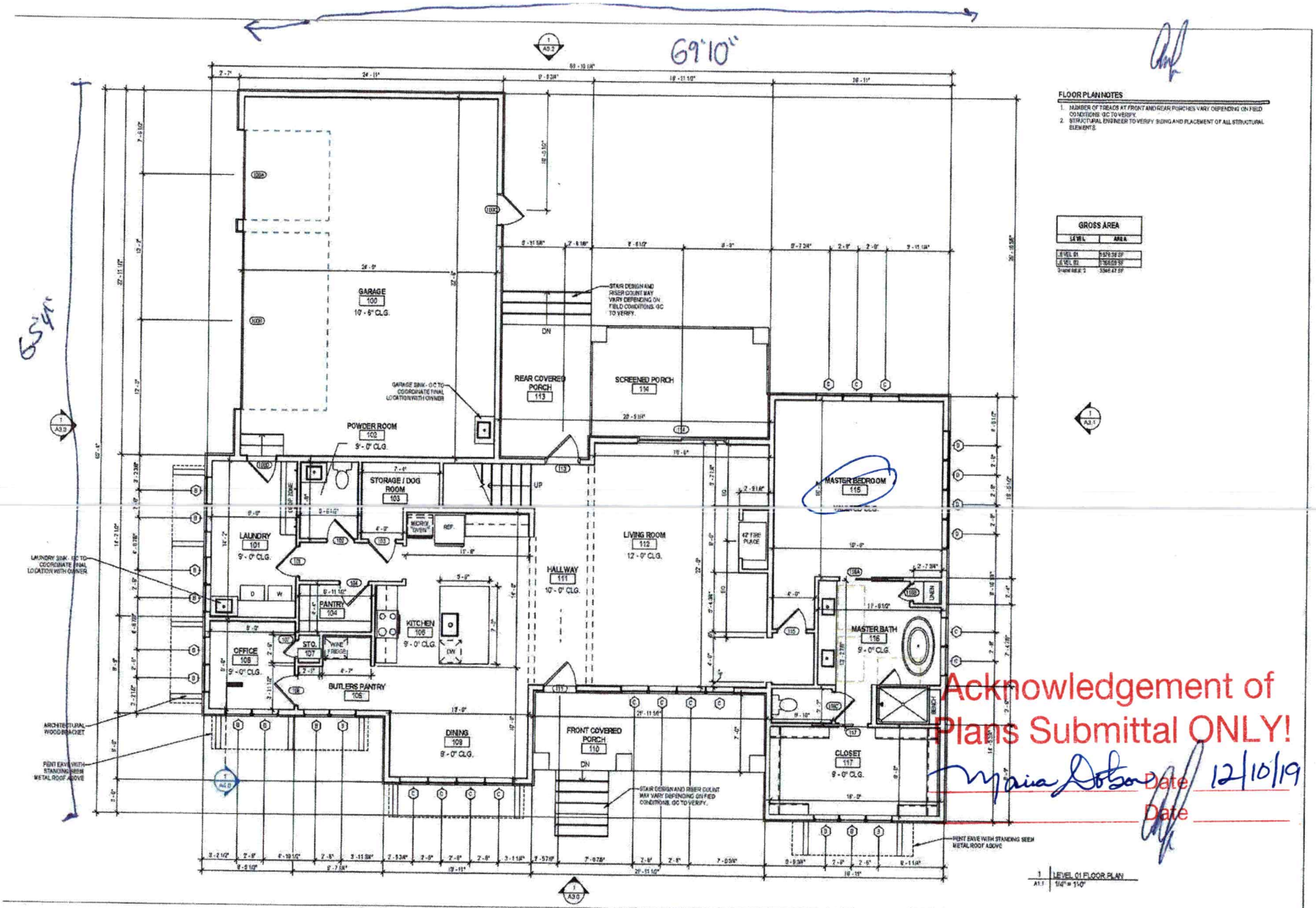
Signature of Owner(s) 3/11/19 Date

Signature of Witness 3/11/19 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!

Maria Dotson Date 12/10/19

Date

:S:

/ERE PREPARED FOR THE PURPOSE OF PROVIDING HOMEOWNER AND CONTRACTOR(S) WITH A VHAT IS DESIRED AND IS EXPECTED COSMETICALLY AS SPECIFIED BY THE HOME OWNER. IT IS THE TY OF BUILDER/CONTRACTOR TO INSURE THAT THE HOME IS CONSTRUCTED IN ACCORDANCE WITH) LOCAL BUILDING CODES AND ORDINANCES REGULATING NEW HOME CONSTRUCTION AND HAT THE HOME IS STRUCTURALLY SOUND. PREPARER OF THESE DRAWINGS SHALL NOT BE HELD E EVENT OF ANY MISFORTUNE REGARDING CONSTRUCTION OF THE HOME.

QUICK FAMILY RESIDENCE
MOORESVILLE, NORTH CAROLINA

FOR REVIEW

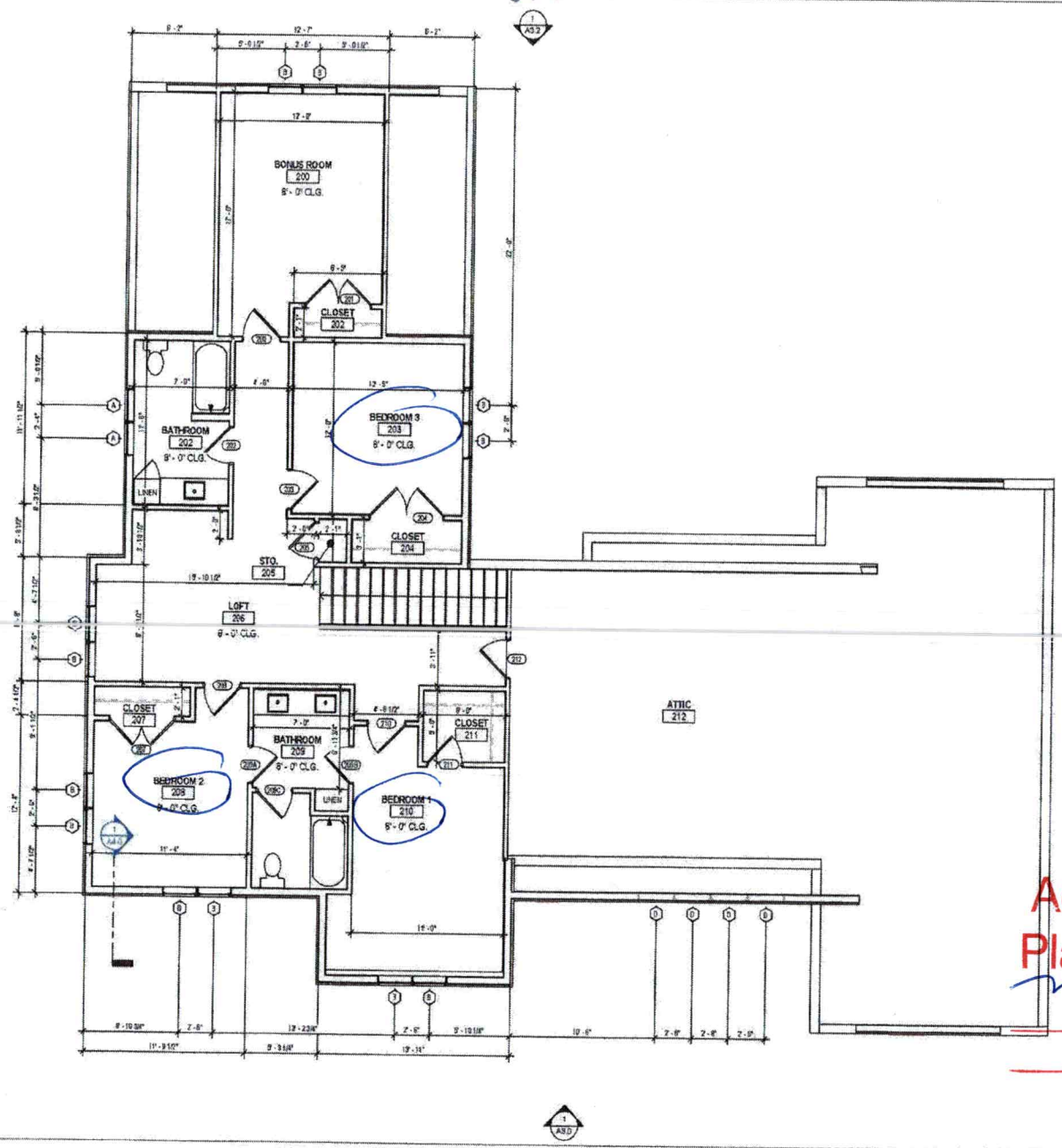
ISSUE DATE: 11/17/2019

PROJECT NUMBER: 19-01

FLOOR PLAN - LEVEL 1

A1.1

69'10"



63'4"

FLOOR PLAN NOTES

1. NUMBER OF TREADS AT FRONT AND REAR PORCHES VARY DEPENDING ON FIELD CONDITIONS. GC TO VERIFY.
2. STRUCTURAL ENGINEER TO VERIFY SIZING AND PLACEMENT OF ALL STRUCTURAL ELEMENTS.

GROSS AREA	
LEVEL	AREA
LEVEL 01	1,578.39 SF
LEVEL 02	1,369.08 SF
Grand total: 2	2,948.47 SF

Acknowledgement of Plans Submittal ONLY!

Maria Dolson 12/10/19

Date _____

Date _____

1 LEVEL 02 FLOOR PLAN
A1.2 1/4" = 1'-0"

:S:

/ERE PREPARED FOR THE PURPOSE OF PROVIDING HOMEOWNER AND CONTRACTOR(S) WITH A /HAT IS DESIRED AND IS EXPECTED COSMETICALLY AS SPECIFIED BY THE HOME OWNER. IT IS THE TY OF BUILDER/CONTRACTOR TO INSURE THAT THE HOME IS CONSTRUCTED IN ACCORDANCE WITH) LOCAL BUILDING CODES AND ORDINANCES REGULATING NEW HOME CONSTRUCTION AND HAT THE HOME IS STRUCTURALLY SOUND. PREPARER OF THESE DRAWINGS SHALL NOT BE HELD E EVENT OF ANY MISFORTUNE REGARDING CONSTRUCTION OF THE HOME.

QUICK FAMILY RESIDENCE
MOORESVILLE, NORTH CAROLINA

FOR REVIEW

ISSUE DATE: 11/17/2019

PROJECT NUMBER: 19-01

FLOOR PLAN - LEVEL 2

A1.2

IREDELL COUNTY

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

APPLICATION NUMBER
242753
Issue Date: 03/12/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4649016361.000	169 HIDDEN MEADOWS DRIVE, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: JOHN CLONTZ FAMILY LLC	Applicant: ROLLANS SOIL & ENVIRON
Address: 2933	Address: 470 NORTH BROAD STREET SUITE D
IREDELL CO, NC 28625	MOORESVILLE, NC 28115
Phone:	Phone: 704-658-1723

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
43.460	35.00	35.00	15.00	15.00	PACL	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 wil not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	170310	TOTAL FEES:	$ 77.25