IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 239073

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

PIN # 4649952138 11686

APPLICANT/OWNER: Freedom Homes | APPLICANT ADDRESS: 1124 Charlotte Hwy Troutman, NC 28166

SITE ADDRESS: 236 Clear Springs Mooresville, NC | PHONE: 704 881-2326 | ALT. PHONE

SITE DIRECTIONS: Hwy 115/US 21 N TL Clear Springs near end on right | SAP CONTROLLED: ☐ YES ☒ NO

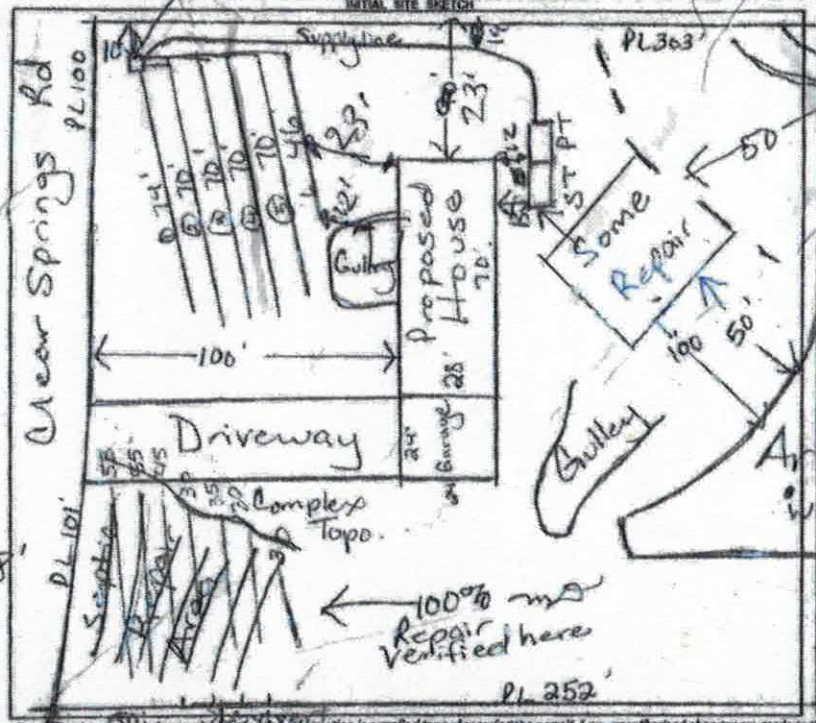
SUBDIVISION: Windward Pt | SECTION: 3 | LOT # 154-157 | LOT AREA: 1.26 Ac. | DESIGN FLOW: 480gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	160	Date	12-16-18	☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT	363	Date	7-6-19	System Description: Pump PM- 25% Reduction	☐ Business	No. Persons	8	☒ Private
Pump Make	153	Model	2DELLE	Serial #	NA	Repair System Description: Pump PPBR-3	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	6	Linear Ft	400'	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	24"	Tot. Gravel Depth	N/A	☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Pressure Manifold; Use 3/4" sch 80 tap for lines 1-5 and sch 40 1/2" tap for line 6 Pressure Manifold

Must "properly" fill gullies near Septic

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50

Use 3/4" sch 80 tap for 70ft lines
Use 1/2" sch 40 tap for 46ft line.

SUPPLY LINE CHECKED 6-7 BCW

	Date	Initials
Drain Lines Checked	3-21	BWL
Tanks Checked	3-24	BWL
Pressure Manifold or Valve Box Checked	7/8/19	PJB
Pressure Head Set	7/8/19	PJB
Electrical Checked	7/8/19	PJB
Floats Set	6-7	BCW
Alarm Checked	6-7	BCW
Maintenance Contract Y (N)	6-7	BCW

REPAIR AREA BEHIND HOUSE IN QUESTION 2FT FILL + POSSIBLE WATERLINE

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 to 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 mos.

Owner / Applicant Signature: [signature] Date: 3/8/19 | Installed by: CRAIG THOMPSON

IMPROVEMENT PERMIT by: Maria Dolan Date: 3/13/19 | OPERATION PERMIT by: Patrick J Boyle III Date: 07/08/19

AUTHORIZATION TO CONSTRUCT by: Maria Dolan Date: 3/13/19 | 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 inspector to confirm your inspection time.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 239073

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

PIN # 4649952638

APPLICANT/OWNER: Freedom Homes | APPLICANT ADDRESS: 1124 Charlotte Hwy Troutman, NC 28166

SITE ADDRESS: 236 Clear Springs Mooresville, NC | PHONE: 704 881-2326 | ALT. PHONE

SITE DIRECTIONS: Hwy 115/US 21 N. TL Clear Springs near end on right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Windward Pt. | SECTION: | LOT # 156/157 | LOT AREA: 1.25Ac. | DESIGN FLOW: 480gpd | L.T.A.R.: .3

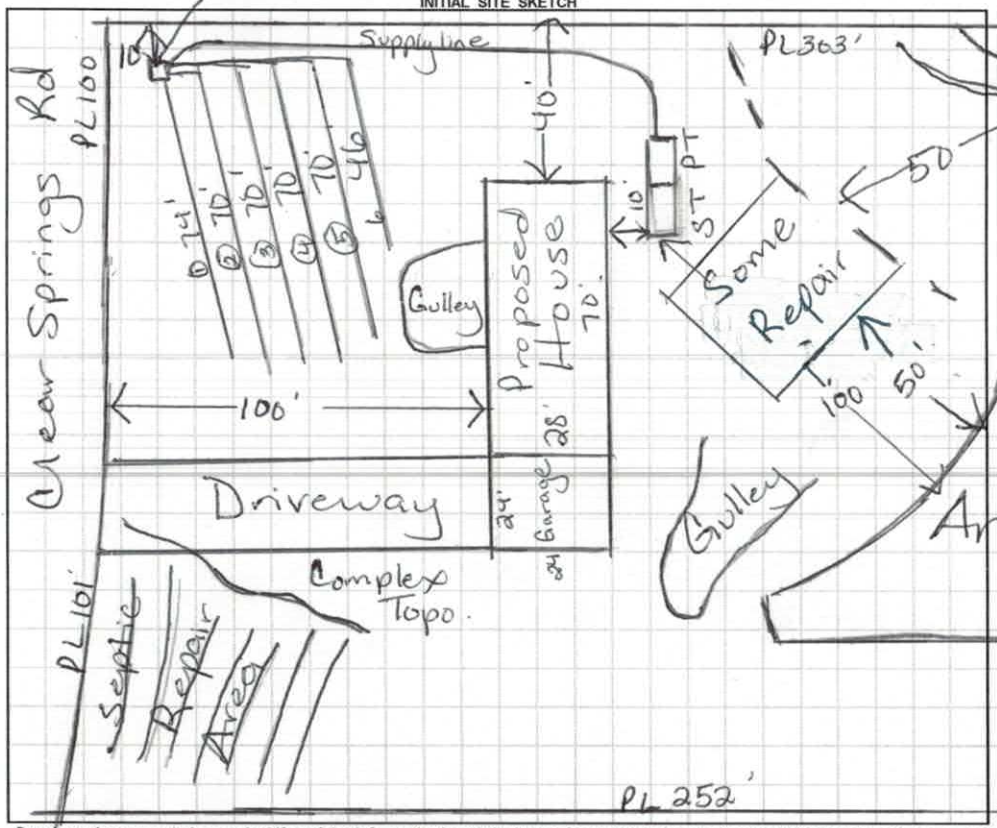
Septic Tank	1000 (gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT		Date		System Description:	Pump-Pm-25% Reduction			☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	Pump PPBPS			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft	400'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	24"	Tot. Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

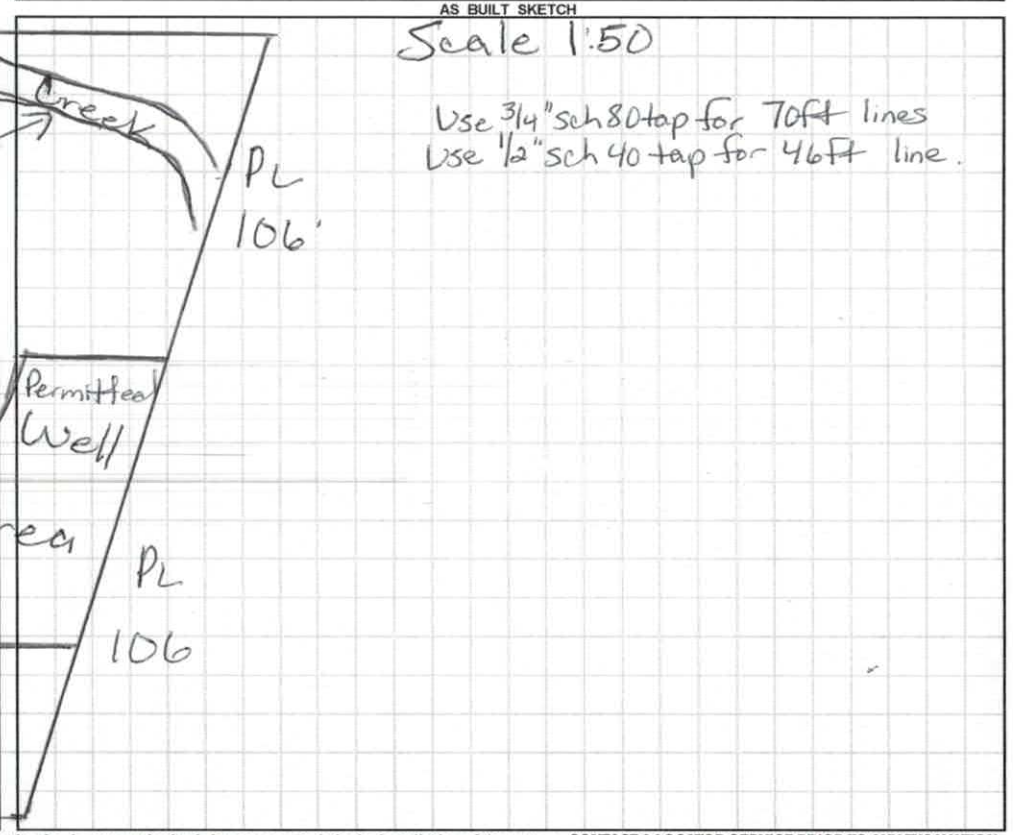
Comments / Conditions: Pressure Manifold: Use 3/4" sch 80 taps for lines 1-5 and sch 40 1/2" tap for line 6. Pressure Manifold

Must "properly" fill gullies near Septic.

INITIAL SITE SKETCH



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: [signature] Date: 3/18/19 Installed by:

IMPROVEMENT PERMIT by: Maria Dolan Date: 3/13/19 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Dolan Date: 3/13/19 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.

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

Sheet ___ of ___
PROPERTY ID #: 4619952423
COUNTY: Iredell

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

OWNER: Freedom Homes — APPLICATION DATE 9/25/18
ADDRESS: 1124 Charlotte Hwy Troutman, NC — DATE EVALUATED: 10/4/18
PROPOSED FACILITY: MH — PROPOSED DESIGN FLOW (.1949): 480 gpd — PROPERTY SIZE: 1.25 Ac
LOCATION OF SITE: Windward Pt 156/157 — PROPERTY RECORDED: Y
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
Pit #1	8%	0-17	Brw SCL	SS, SP, SE, FR					PS .3
		17-35	Rd/Brn to RCm	wSBK SS, SP, SE, FR					
		35-48	RCL	WSBK					
			W/Inclus of	SAP		48"			
		48-55	L/SCL	SAP					
Pit #2	10%	0-7	Brw SCL						PS .3
		7-24	RCm	SBK/ABK					
		24-50	RCL w/	SBK		50"			
			W/Inclus of SAP & common mica						
		50-55	L	SAP massive, FR					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: ___

COMMENTS: ___

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

Sheet ___ of ___
PROPERTY ID #: 464995361
COUNTY: Iredell

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

OWNER: Freedom Homes — APPLICATION DATE: 9/25/18
ADDRESS: 1124 Charlotte Hwy Troutman, NC — DATE EVALUATED: 11/14/18
PROPOSED FACILITY: MH — PROPOSED DESIGN FLOW (.1949): 480 gpd — PROPERTY SIZE: 1.25 Ac
LOCATION OF SITE: Windward Pt 156/157 — PROPERTY RECORDED: Y
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	12% (Natria Septic Area)	0-8	Brw SCL	w SBK SS, SP, SExP, FR					PS .2 to 24"
		8-24	RCm	SBK SS, SP, SExP, FR					
		24-36	RC w/ Yel/Brw	w/ Chrom 2	"Tiger Dirt"				
		36-52	Yel CL	w/ Chrom 2					
		52	SAP	massive, FR	24"	24"			
2	10%	0-15	Brw	SCL w SBK SS, SP, SExP, FR					PS .3
		15-34	Rd/Brw	Cm-w SBK/ABK SS, SP					
		34-54	CL	w SBK SS, SP, SExP, FR					
		54-60	L SAP	massive, FR		54"			
3	8%	0-7	Brw	SCL w SBK SS, SP, SExP, FR					PS .3
		7-26	R to Rd	Brw Cm-w SBK/ABK SS, SP, SExP, FR					
		26-40	R to CL/Rd	CL w SBK SS, SP, SExP, FR					
			w/ Inclus of SAP						
		40-60	Yel/Brw	L SAP		40"			
4	8%	0-9	Brw	SCL					PS .3 to 36" >36" .2
		9-30	RCm	w ABK		50"			
		30-36	RCL	w SBK/ABK SS, SP, SExP, FR					
		36-50	RCL	w SBK/ABK SS, SP, SExP, FR					
			w/ SAP & w Rock Inclus						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: ___

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

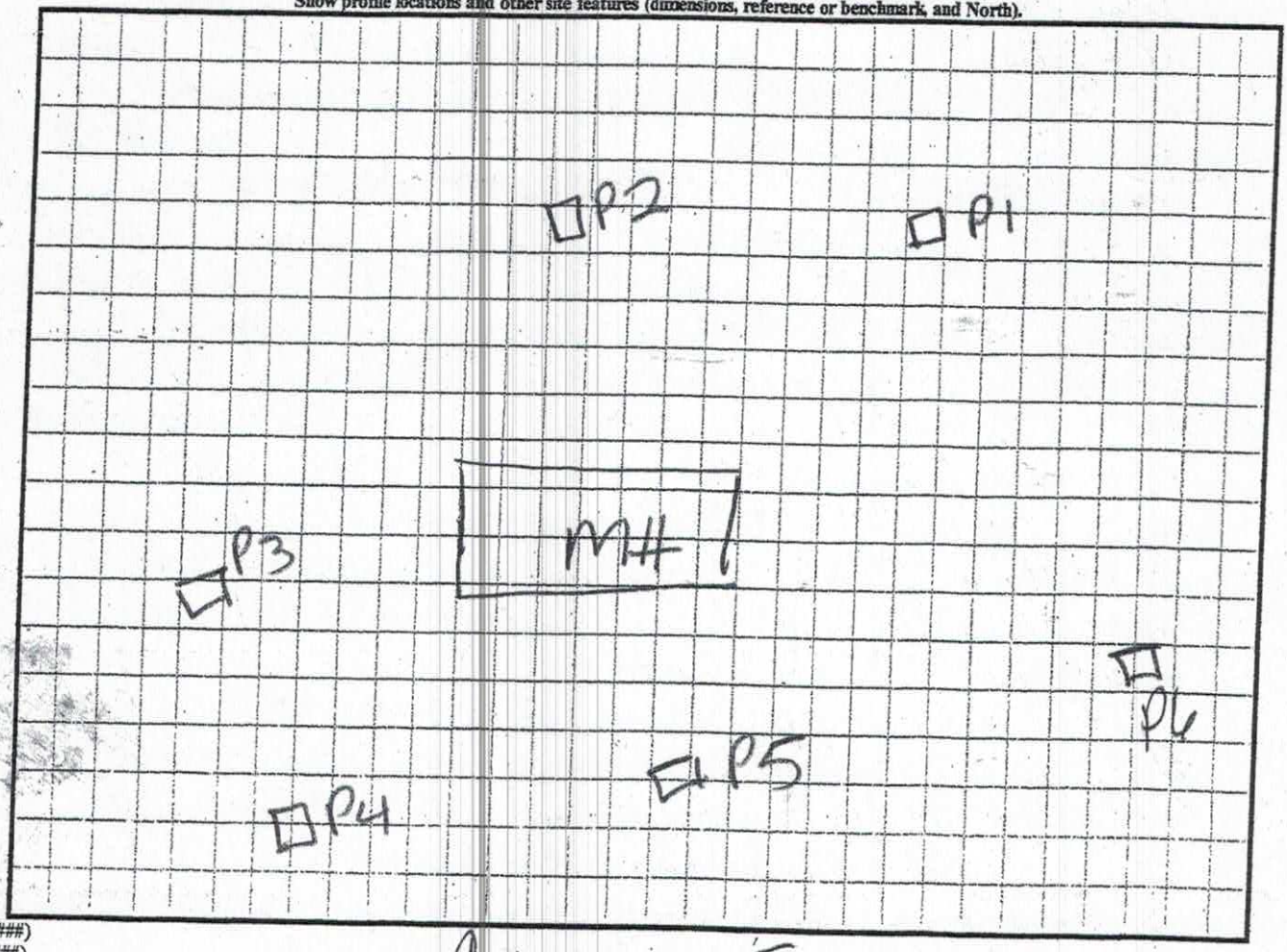
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



ENR (######)
eview (#####)

Clear Springs

#234075
pd. $105.00
Limited Rec/O

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) 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: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Freedom Homes / Kimberly Sneed Address: 1124 Charlotte Hwy Troutman NC Zip: 28166
Applicant Email: kimsneed.sneed04@gmail Phone: 704-881-2326 Alt. Phone:
Owner Name: Windward Sailview LLC Address: 21313 Catawba Ave Cornelius NC. Zip: 28031
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 236 Clear Springs Rd mooresville, NC 28115
Subdivision Name: Windward Pointe Section/Phase: Lot Number: 156/157
Driving Directions: R onto Shelton Ave (US-21) L onto E Garner Bagnal Blvd (US-70) R I-77 towards Charlotte, Exit 42 then 2.20miles R onto Clear Springs Rd, Destination is at R @ End. Cul-de-sac.

Site Development Information: *(check or complete ALL that apply*

(X) New Single Family Residence Attached Maximum Number of Bedrooms: 4
( ) New Multi-Family Residence Maximum Number of Occupants: 2
(X) Accessory Building – Adding 24x24 garage ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure:
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
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:
( ) 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: Kimberly Sneed 3-6-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

11/7/18 LM Re. Pts

239073 10:15 Pts Wed 11/14/18

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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

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Page 2: *Site Plan Worksheet* form MUST accompany this application

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Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Freedom Homes/Kimberly Snead Address: 1124 Charlotte Hwy Troutman NC Zip: 28166
Applicant Email: Ksnead.Snead04@gmail Phone: 704-881-2326 Alt. Phone:
Owner Name: Windward Sailview LLC Address: 21313 Catawba Ave Cornelius NC Zip: 28031
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 236 Clear Springs Rd mooresville, NC 28115
Subdivision Name: Windward Pointe Section/Phase: Lot Number: 156/157
Driving Directions: Go to Shelton Ave (US-21) Go onto E Garner Bagnal Blvd (US-70) Go I-77 toward Charlotte, Exit 42 then 2.2 miles Go onto Clear Springs Rd Destination is at End. Go

Site Development Information: *(check or complete ALL that apply*

(X) New Single Family Residence Maximum Number of Bedrooms: 4
( ) New Multi-Family Residence Maximum Number of Occupants: 2
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure:
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
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
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( ) Multi-connection Well Number of Houses: Number of Persons:
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Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

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( ) 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: Kimberly Snead 9/25/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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, Martin McCoy, am the legal owner(s) of the property located at Lots 156 & 157 Clear Springs Rd. Mooresville, NC 28115, identified as PIN (Parcel Identification Number) 4644995638 & 4644995653, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Freedom Homes, 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) 9/19/18 Date

Signature of Witness 9/19/18 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

Construction Placement

FREEDOM HOMES
Fax: 704.528.7355
Office: 704.526.7900
1124 Charlotte Highway
Troutman, NC 28166
freedomhomestroutman.com

The Savannah

Acknowledgement Of
Plans Submittal ONLY

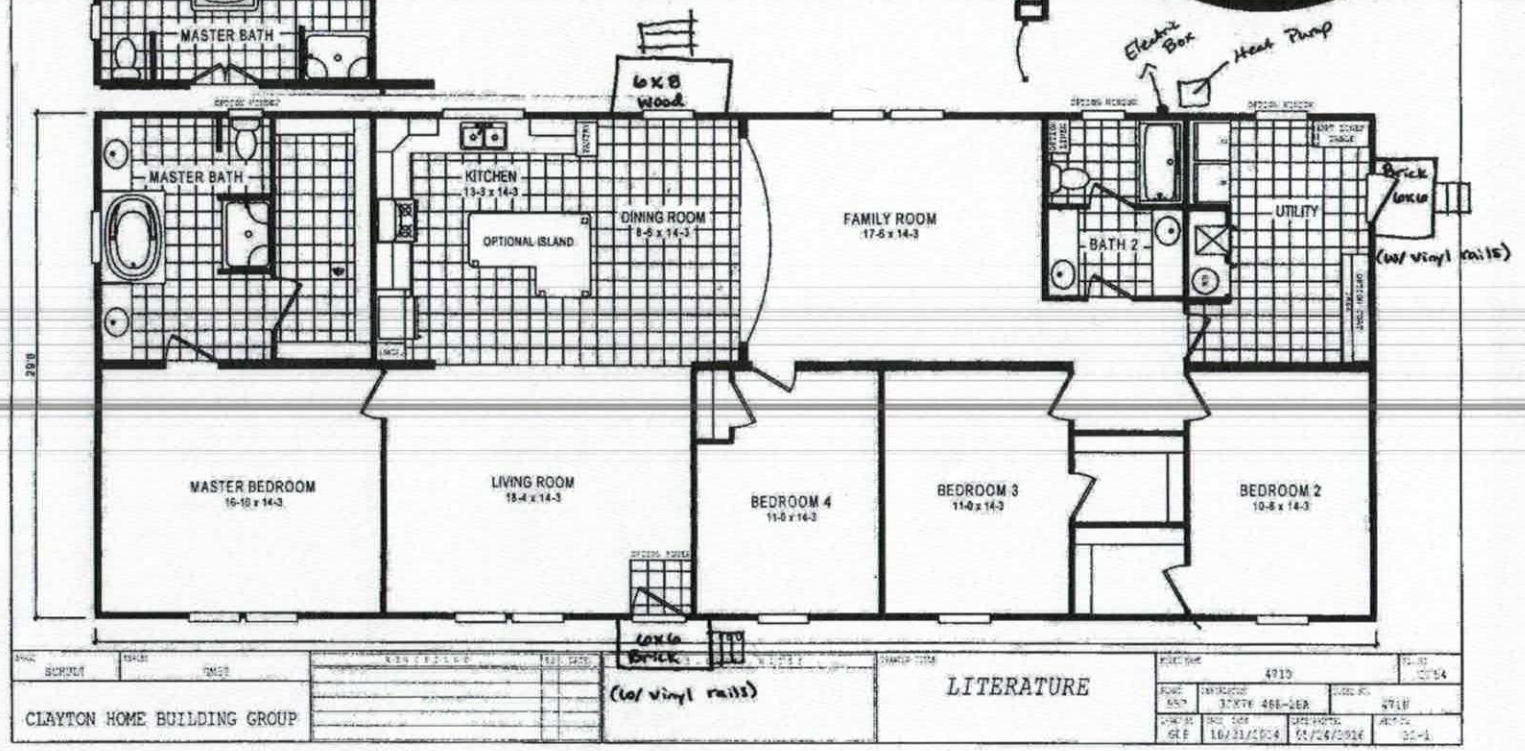
APPROVED
SIGNATURE:
DATE: 09-17-18

Date 11/28/18

OPTIONAL GLAMOUR MASTER BATH

OPTIONAL ETC

ASK ABOUT THE ENERGY SMART HOME



CLAYTON HOME BUILDING GROUP

LITERATURE

IREDELL COUNTY

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

APPLICATION NUMBER
239073
Issue Date: 09/25/2018

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4649952638.000	236 CLEAR SPRINGS ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information		Applicant Information	
Owner:	WINDWARD SAILVIEW LLC	Applicant:	FREEDOM HOMES-TROUTMAN
Address:	21313 CATAWBA AVE	Address:	1124 CHARLOTTE HWY
	CORNELIUS, NC 28031		TROUTMAN, NC 28166
Phone:		Phone:	704-883-6148

Use Requested	Zone Code
NEW DOUBLE WIDE LOTS BEING COMBINED	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.600	35.00	35.00	15.00	15.00	PACL	X

Remarks:

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

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	153518	TOTAL FEES:	$ 77.25