IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 22665

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

PIN # 4649957587

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

SITE ADDRESS: 108 Crois Ct Mooresville NC PHONE: 704-528-7960 ALT. PHONE 704-881-2386

SITE DIRECTIONS: Hwy 115 T/L Clear Springs T/L Crois Ct on right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Windward Pt SECTION: 3 LOT # 169 LOT AREA: .56 ac DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB 1012 Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 6 Linear Ft 360'

Trench Width 36" Trench Bottom Depth(Low side) 20" Gravel Depth N/A

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

System Description: 25% Reduction

Repair System Description: 50% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

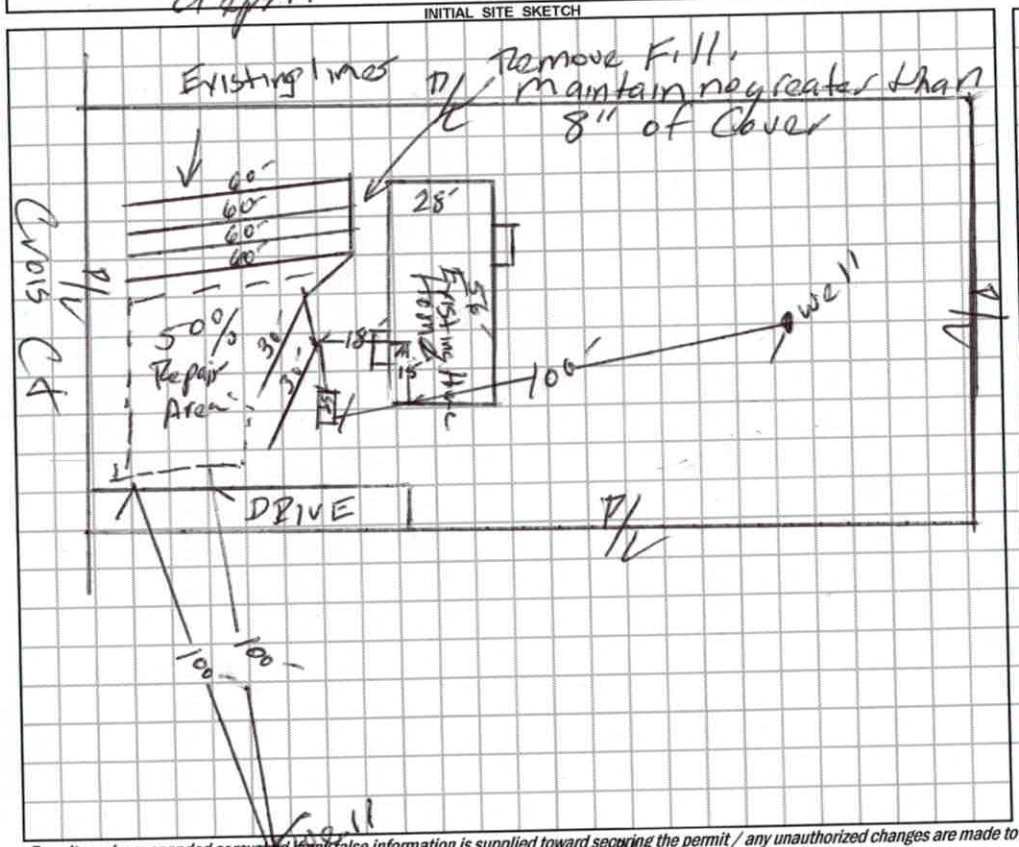
No. Bedrooms 3 No. Persons 6 No. Employees

☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: The purpose of this permit is to replace 60' line with two 30' lines due to installed trench depth

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=50'

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: Kimberly Smith Date: 11/29/17 Installed by: Gaig Thompson Grading

IMPROVEMENT PERMIT by: Date: 11/29/17 OPERATION PERMIT by: Benjamin A Barton Date: 11/30/2017

AUTHORIZATION TO CONSTRUCT by: Date: 11/29/17 Existing System Inspected by: Date:

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Freedom Homes
APPLICATION DATE
ADDRESS:
DATE EVALUATED: 5/17/17
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE:
LOCATION OF SITE: 108 Crois Ct (Windward 14 #169)
PROPERTY RECORDED:
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	AH	0-23	R C/sc		Low Chroma (Chroma 2 mottles)				U @ 36"
		23-36	R SC w/ Inclus of						
		36-48"	R CL	SAP?					
			weed	back hoe pits					
2	6/8/17 Pit	0-15	Bw SCL	WSBK SS, SP, SE xp				"Tiger dirt"	
		15-36	R C w/	"low Chroma mottles					
		36-58	C/CL	SAP Exp					
3	Pit	0-43	C SAR	massive, Exp					U
		43-58	SL SAP	massive					
4	Pit	0-14	SCL	WSBK SS, SP, SE xp					U @ 39"
		14-39	SC &	Rock					
		39-48	Quartz	Rock					

Dramfield Not in

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: Mara Dotson
OTHER(S) PRESENT:

COMMENTS:

DHHS

ON-SITE WASTEWATER SECTION

Note: See drawing on application for PPT locations.

Sheet ___ of ___

PROPERTY ID #: ___

COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Freedom Homes APPLICATION DATE: ___

ADDRESS: ___ DATE EVALUATED: 6/8/11

PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: ___

LOCATION OF SITE: Windward Pt #169 PROPERTY RECORDED: ___

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
5	4%	0-9	Brw to	Rd/Brw SCL	SS, SP, SEXP, FR				PS
		9-16	RC	m-w SBK, SS, SP, SEXP, FR			SAP SS, SP, SEXP		.3
		16-48	RCL	w-SBK w/ Inclus of					
		48-56	SL/SL	SAP massive, FR					
6	5-6%	0-6	Brw	SCL w SBK SS, SP, SEXP, FR					PS
		6-17	RC	m-w SBK SS, SP, SEXP, FR					.3
		17-52	RCL	w/ Inclus of SAP SS, SP, SEXP, FR					
7	5%	0-16	RC	m-w SBK SS, SP, SEXP, FR					PS
		16-32	RCL	w/ few to many SAP Inclus					.3
		32-56	L	SAP massive, FR					
8	4%	0-24	Rd/Brw CL	w SBK, SS, SP, SEXP, FR					PS
		24-34	Rd CL	w/ few to many SAP Inclus SS, SP, SEXP, FR					.3
		34-56	L	SAP massive, FR					

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: Craig Thompson

COMMENTS: ___

(accepted) (REDRAW)

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) 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: Kimberly Sneed (Freedom Homes) Address: 1124 Charlotte Hwy Troutman Zip: 28166
Applicant Email: kimsneed.sneed04@gmail Phone: 704-881-2326 Alt. Phone: _____
Owner Name: CMH Homes INC Address: 5000 Clayton Rd Maryville TN Zip: 37804
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 108 Crois Ct mooresville, NC
Subdivision Name: Windward Pointe Section/Phase: _____ Lot Number: 169
Driving Directions: (B) Shelton Ave (D) E garner Bagnal Blvd merge I77 toward Charlotte, Exit 42 Troutman (R) Clearsprings Rd 3rd (R) onto Crois Ct 10 (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: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) 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 (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 11-14-17
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, Martin McCoy for Windward Sailmakers LLC, am the legal owner(s) of the property located at 108 Cross Ct Mooresville NC 28115, identified as PIN (Parcel Identification Number) 4649-95-7597, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Steve Akers/Kaberly Sound 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.

Martin L Kearsall 3-30-17 3-30-17

Signature of Owner(s) Date Signature of Witness Date

Martin McCoy

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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5303 Mooresville Office (704) 663-3600 PERMIT # 04-1959

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

PIN # 4664995587

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

SITE ADDRESS: 108 Crats Ct Mooresville, NC PHONE: 704 528-7960 ALT. PHONE 704 881-2326

SITE DIRECTIONS: Hwy 115 N to Clear Springs TL Crats Ct on right SAP CONTROLLED: ☒ YES Repair ☒ NO Initial

SUBDIVISION: Woodward PH SECTION: 3 LOT # 169 LOT AREA: .58 Ac DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 5 Linear Ft: 300'
Trench Width 36" Trench Bottom Depth(Low side) 20" Gravel Depth N/A

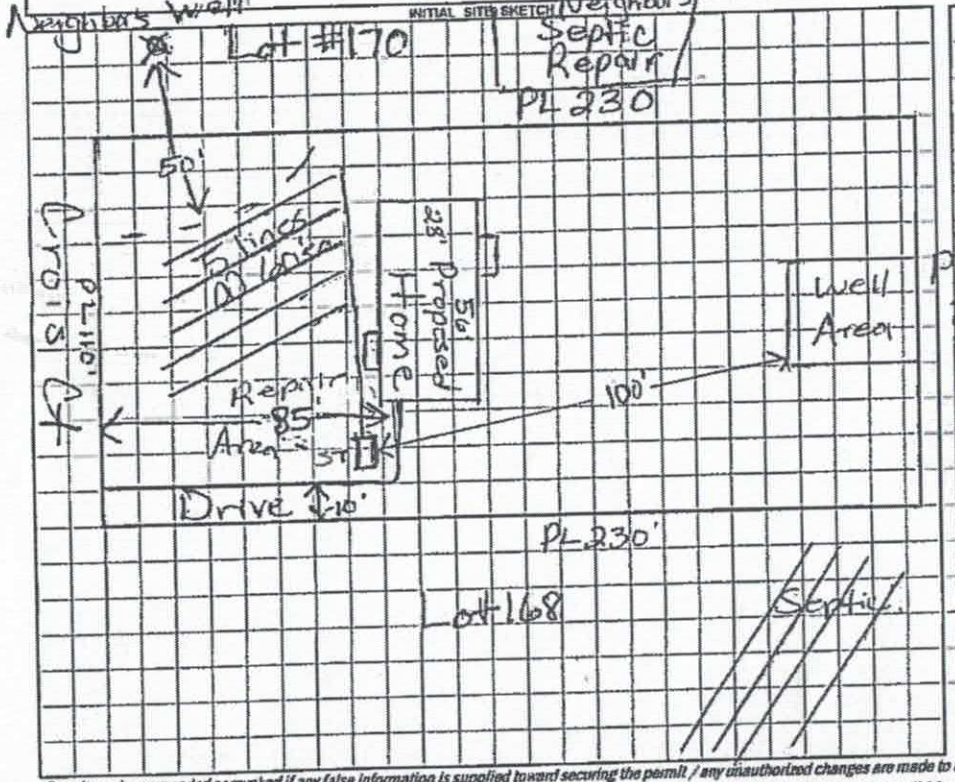
☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Gravity - 25% Reduction
Repair System Description: Panel Block
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 3 No. Persons 6 No. Employees ☒ Crawl Space ☐ Basement w/o plumbing

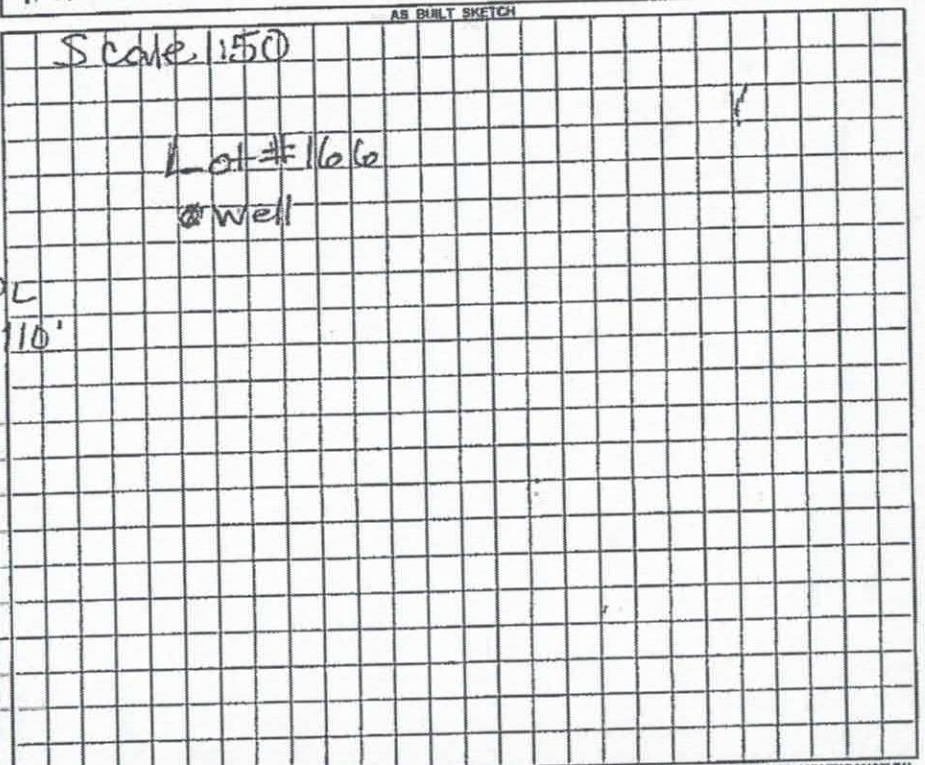
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: *Must set home a minimum of 85' from front PL
No vehicular traffic over Septic system.
Keep Septic a minimum of 50ft from any well
Install drainlines on contour, keep initial drainfield shallow.

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: Kimberly Lowe Date: 6/16/17 Installed by: Date:

IMPROVEMENT PERMIT by: Marian Dotson Date: 6/14/17 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Marian Dotson Date: 6/14/17 Existing System Inspected by: Date:

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

✓ **Property Line measurements are clearly identified...** ✓ **All proposed structures are indicated...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

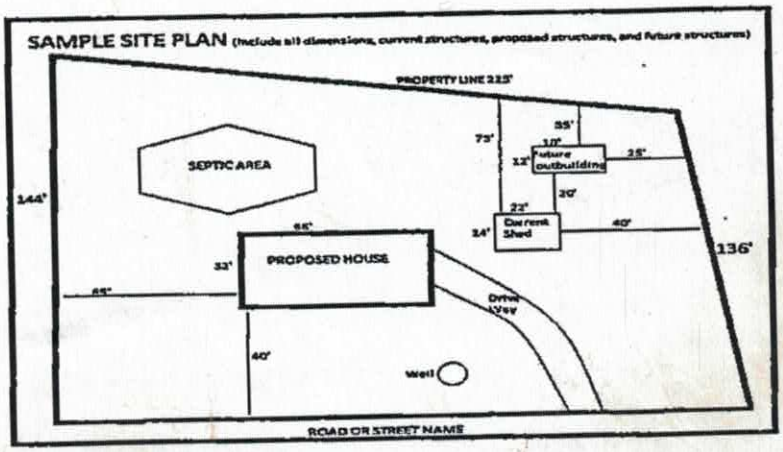
✓ **Front and side setbacks from property line...** ✓ **Preferred driveway location and configuration, preferred well location...**

✓ **Area you prefer your septic system to be placed...** ____ **North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

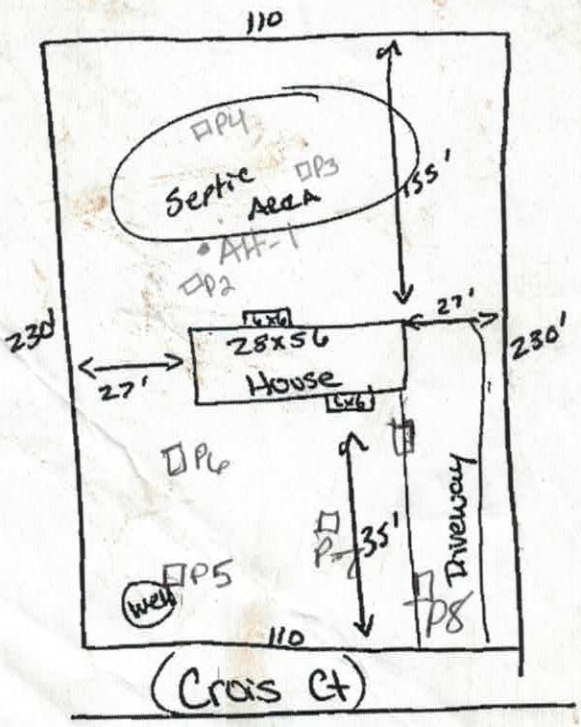
____ **Location of septic systems and wells within 100' of your property... N/A**

____ **Location of easements and rights of ways on your property... N/A** ____ **Location of any designated wetlands on the property... N/A**



Pit locations

USE THIS SPACE TO DRAW YOUR SITE PLAN



~~35'~~ back to house

Initial 5 @ 60'

: Kimberly Sneed
REQUIRED property owner or owner's legal representative signature.

4-26-1
DAT

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization

11-6-17 (Date)

Owner: Freedom Homes
Address: 108 Crois Ct.
Mooresville, NC

Subject: Notice of Intent to Revoke/Suspend (specify name/location)
suspend 108 Crois Ct.
Improvement Permit/Construction Authorization

Dear Freedom Homes:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 108 Crois Ct. Mooresville, NC (physical address) for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization permit 2266052 (specify type and number) conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
-Installation of first drain line is too deep. First drain line is in saprolite and does not meet the 100' setback to well.	
-Second drain line is installed higher than the first drain line, so no serial distribution can occur	
-Entire drain field is impacted by too much fill material	
-Repair area is disturbed with fill material and the drive way	

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is November 6, 2017. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Kayla Wilson

Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 663-3626 PERMIT # [illegible]

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

PIN # 4664995587

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

SITE ADDRESS: 108 Crois Ct Mooresville, NC PHONE: 704528-7960 ALT. PHONE 704881-2326

SITE DIRECTIONS: Hwy 115 N TL Clear Springs TL Crois Ct on right SAP CONTROLLED: ☒ YES Repair ☒ NO Initial

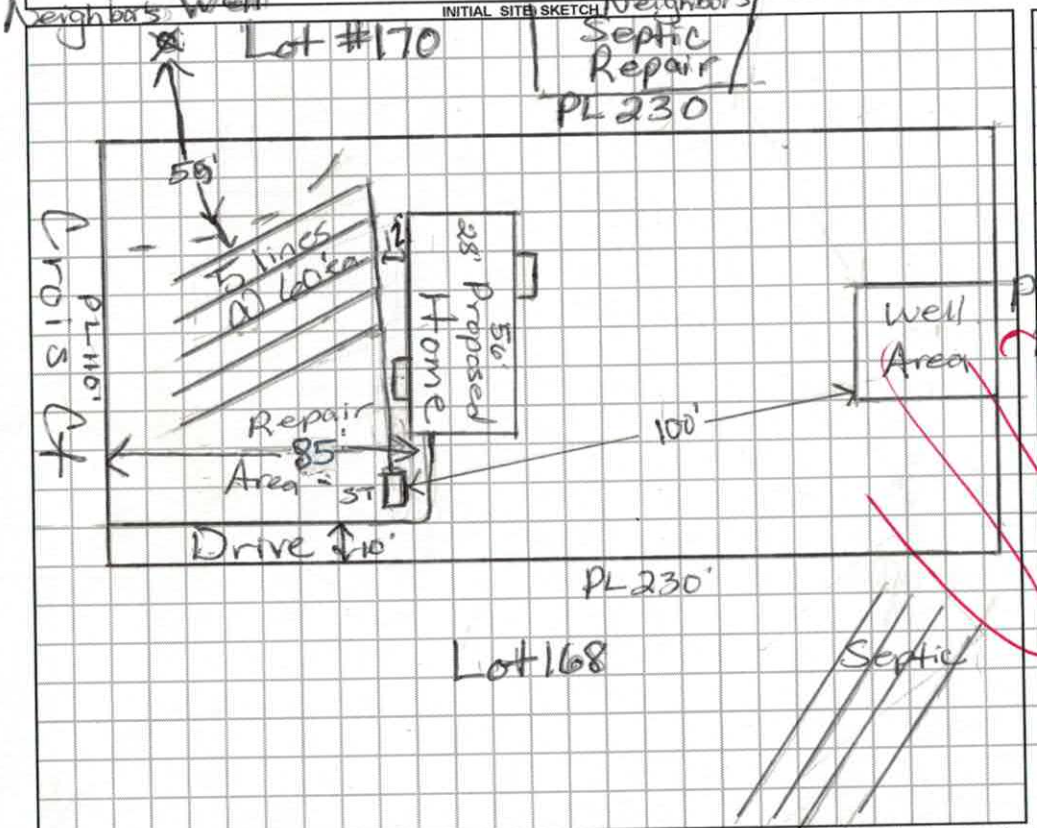
SUBDIVISION: Windward Pt SECTION: 3 LOT # 169 LOT AREA: .58 Ac DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB 1012	Date		☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank		(gal)	PT	Date		System Description: Gravity - 25% Reduction		☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description: Panel Block		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	300'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	20"	Gravel Depth	N/A	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

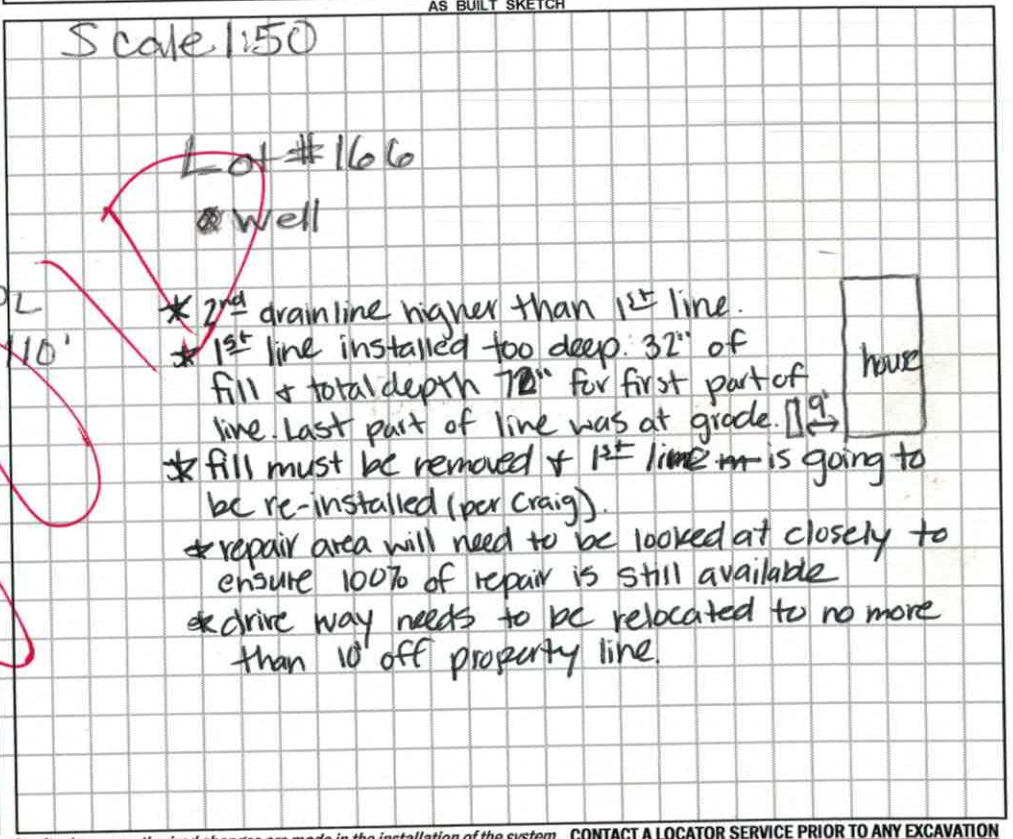
Comments / Conditions: *Must set home a minimum of 85' from front PL No vehicular traffic over Septic system. Keep Septic a minimum of 50ft from any well Install drainlines on contour, keep intial drainfield shallow.

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50



* 2nd drainline higher than 1st line.
* 1st line installed too deep. 32" of fill & total depth 72" for first part of line. Last part of line was at grade. 9'
* fill must be removed & 1st line ~~is~~ is going to be re-installed (per Craig).
* repair area will need to be looked at closely to ensure 100% of repair is still available
* drive way needs to be relocated to no more than 10' off property line.

CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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☐ 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: 6/16/17 Installed by: Tommy Frye Grading (Craig Thompson)

IMPROVEMENT PERMIT by: [signature] Date: 6/14/17 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 6/14/17 Existing System Inspected by: Date:

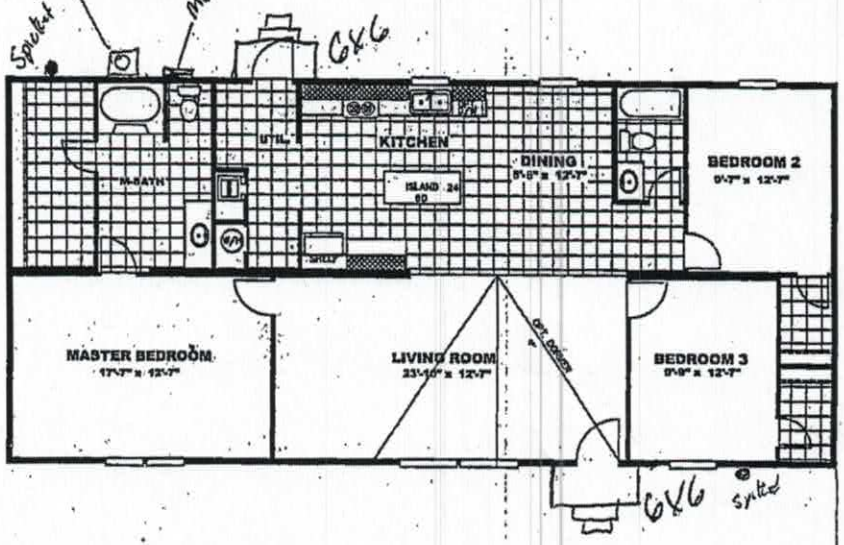
Acknowledgement of
Plans Submittal ONLY!

X ~~Marsha L~~ Date

~~Angela Lokan~~ Date 6/14/17

Plantation Brown Brick
(No White)

The Touchdown



Drive

CROIS ct

IREDELL COUNTY

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

APPLICATION NUMBER
226652
Issue Date: 04/26/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4649957587.000	108 CROIS COURT, MOORESVILLE, NC	IREDELL COUNTY

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

Use Requested	Zone Code
DOUBLEWIDE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.580	35.00	35.00	15.00	15.00	PACL	X

Remarks:

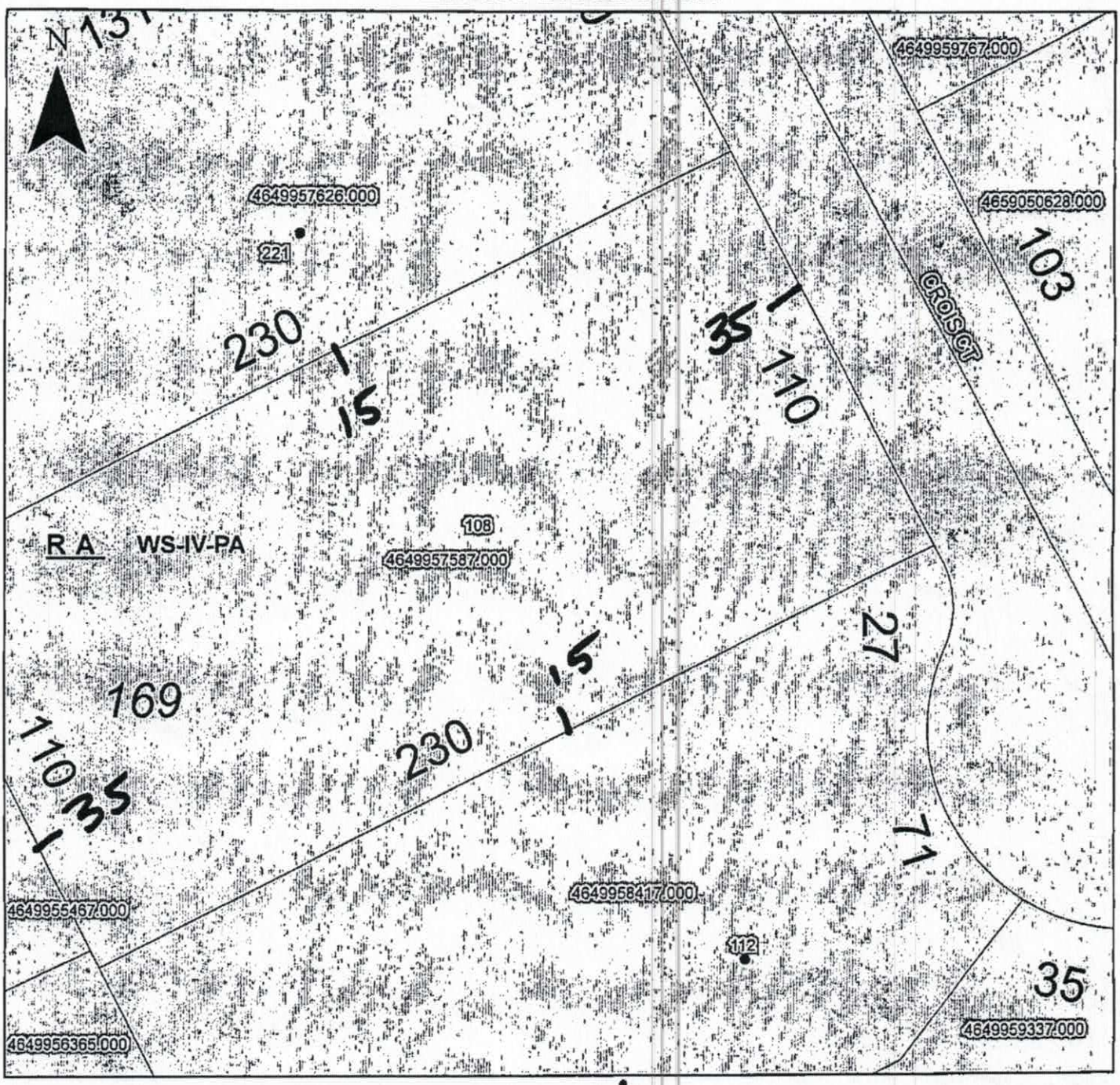
Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front and rear entrances; 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	100862	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 108 Crois Ct

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Kimberly Sneed
Applicant

4-26-17
Date