IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 — Mooresville Office (704) 660-3625 — PERMIT # 242137

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

PIN # 4658075522.000

APPLICANT/OWNER: EDrian Ruiz — APPLICANT ADDRESS: 177 Fesperman Cir Troutman NC 28166 — PHONE: 704-402 6125 — ALT. PHONE

SITE ADDRESS: 127 Sparta Drive Mooresville NC 28117 — SAP CONTROLLED: ☒ YES ☐ NO

SITE DIRECTIONS: Hwy 21 onto Cornelius 1.2 miles Right onto Olympia drive .5 mile Left ont Sparta

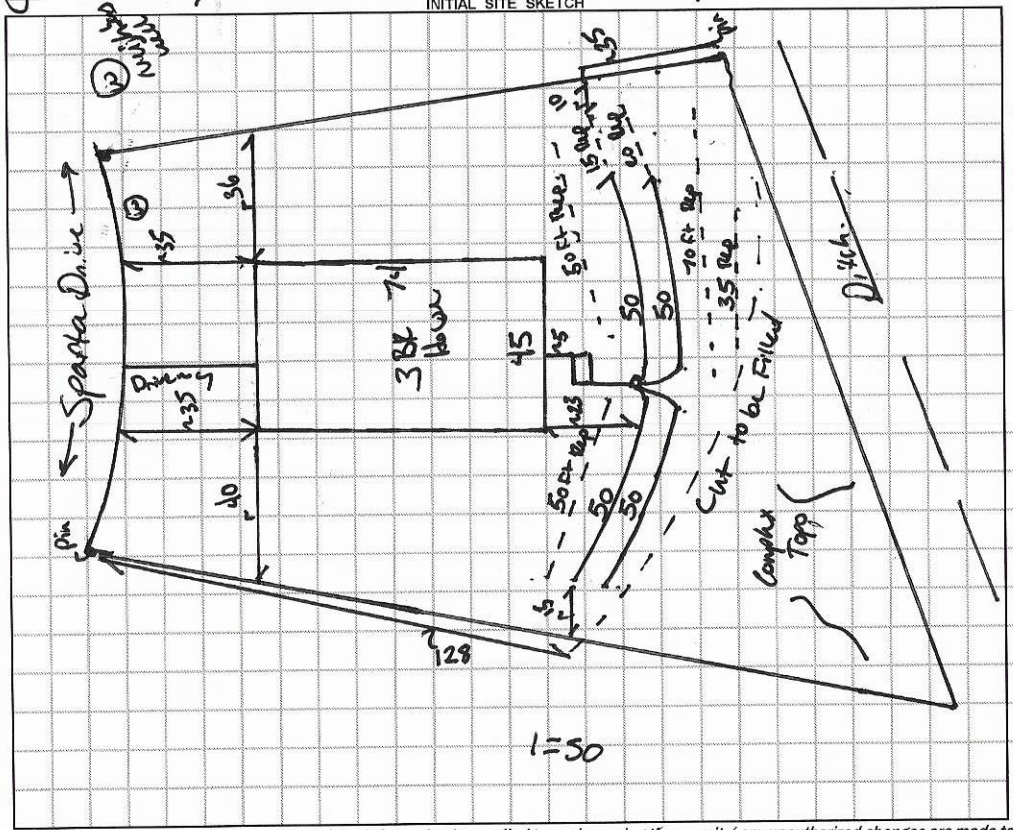
SUBDIVISION: Cornelius Estates — SECTION: — LOT # 2 — LOT AREA: .594 — DESIGN FLOW: 360 — L.T.A.R.: .30

Septic Tank	1000 (gal)	STB	1060	Date	Infiltrator	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 3	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	Gravity Panel Blocks - Horizontal			☐ Business	No. Persons 6	☑ Private
Pump Make		Model		Serial #		Repair System Description:	LP Panel - Horizontal			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	200	Maintenance Agreement Required:	☐ YES	☑ NO		☑ Slab	☐ Crawl Space	☐ Community
Trench Width	36	Trench Bottom Depth(Low side)	30	Gravel Depth	-		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

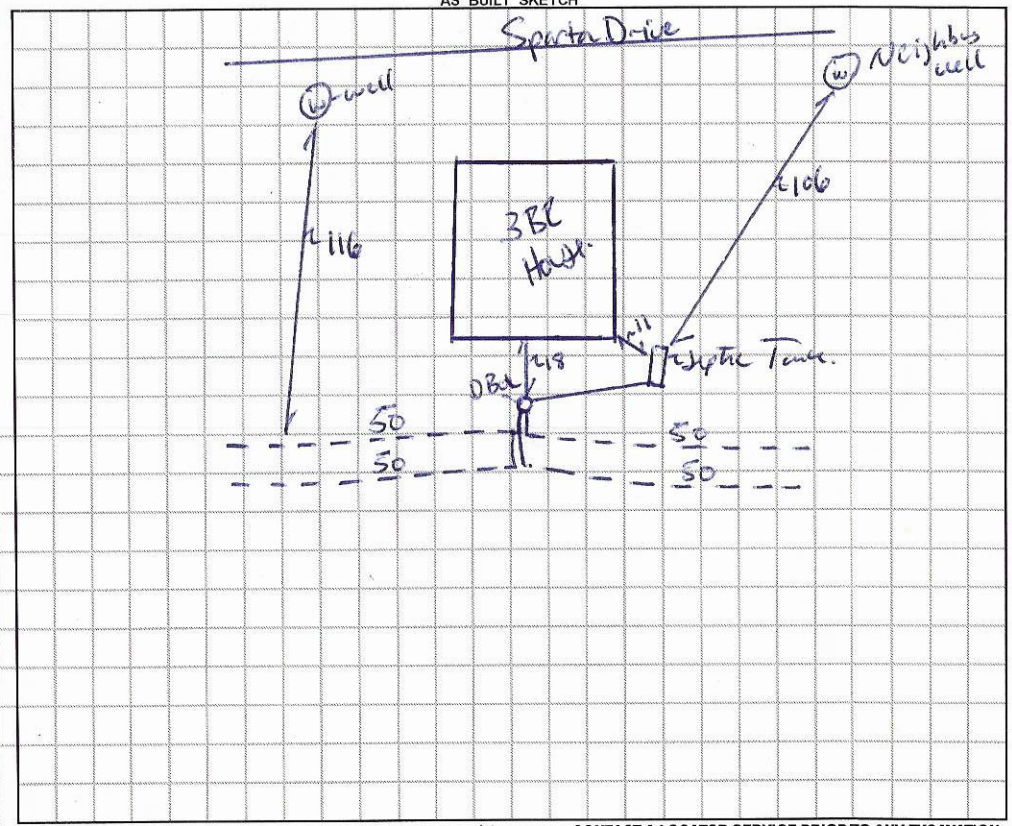
Comments / Conditions: Install Septic Drainlines on Contour of Land. Equal Feed each drainline from D-Box with Speed Levelers. Do not Drive, park, pave grade or bury utilities in drainfield area. Do not place fill over Drainfield

Cut below Drainfield to Filled in.
Horizontal - Panels used

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: 3/19/19 — Installed by: Lefebvre

IMPROVEMENT PERMIT by: Benjamin A Bottkin Date: 3/15/19 — OPERATION PERMIT by: Benjamin A Bottkin Date: 5-13-2020

AUTHORIZATION TO CONSTRUCT by: [signature] 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.

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

Sheet 1 of 1
PROPERTY ID #: 465807552
COUNTY: Iredell

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

OWNER: Ruiz
ADDRESS:
APPLICATION DATE 1/25/19
DATE EVALUATED: 2/5/19
PROPOSED FACILITY: 3BR Home PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: .594
LOCATION OF SITE: 127 Sparta Drive Mooresville
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 10% ↓	0-6	SL GR	NS NP VFR SE Ko	5YR 5/6.	36		Saprolite Gravel. Heavy Mica.	PS .30
		6-15	SCL WSBK	SS Sp FR SE Kp.					
		15-36	CL WSBK	SS Sp VFR SE Kp.					
		36-40	Rock Sap M	FIRM.					
2	LSS ↓ 6-9"	0-6	SL GR	NS NP VFR SE Ko	5YR 5/6	58		Many Sap Inclusions Heavy Mica	PS .30
		6-58	CL WSBK	SS Sp VFR					
3	6-8" LSS ↓	0-3	SL GR	NS NP VFR SE Ko	2.5YR 4/6	54		Many Sap Inc Heavy Mica	PS .30.
		3-22	C SBK	SS Sp FR					
		22-54	CL WSBK	SS SP VFR					
4	VS 15" ↓	0-5	SC GR	NS NP VFR SE Ko	1- "	33		Sap @ 33.	PS .30.
		5-13	C SBK	SS SP FR					
		13-33	CL WSBK	SS SP FR					
		33-60	L Sap. M	NS NP VFR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200 C.f.	200 C.f.
System Type(s)	III Gravity 50%	IV LPSD"
Site LTAR	.30	.30

OTHER FACTORS (.1946): Cut/Ditch.
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: Bowers
OTHER(S) PRESENT: Boggs & Boyle

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	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) O (Organic)	0.4 - 0.1	0.2 - 0.05		
			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.

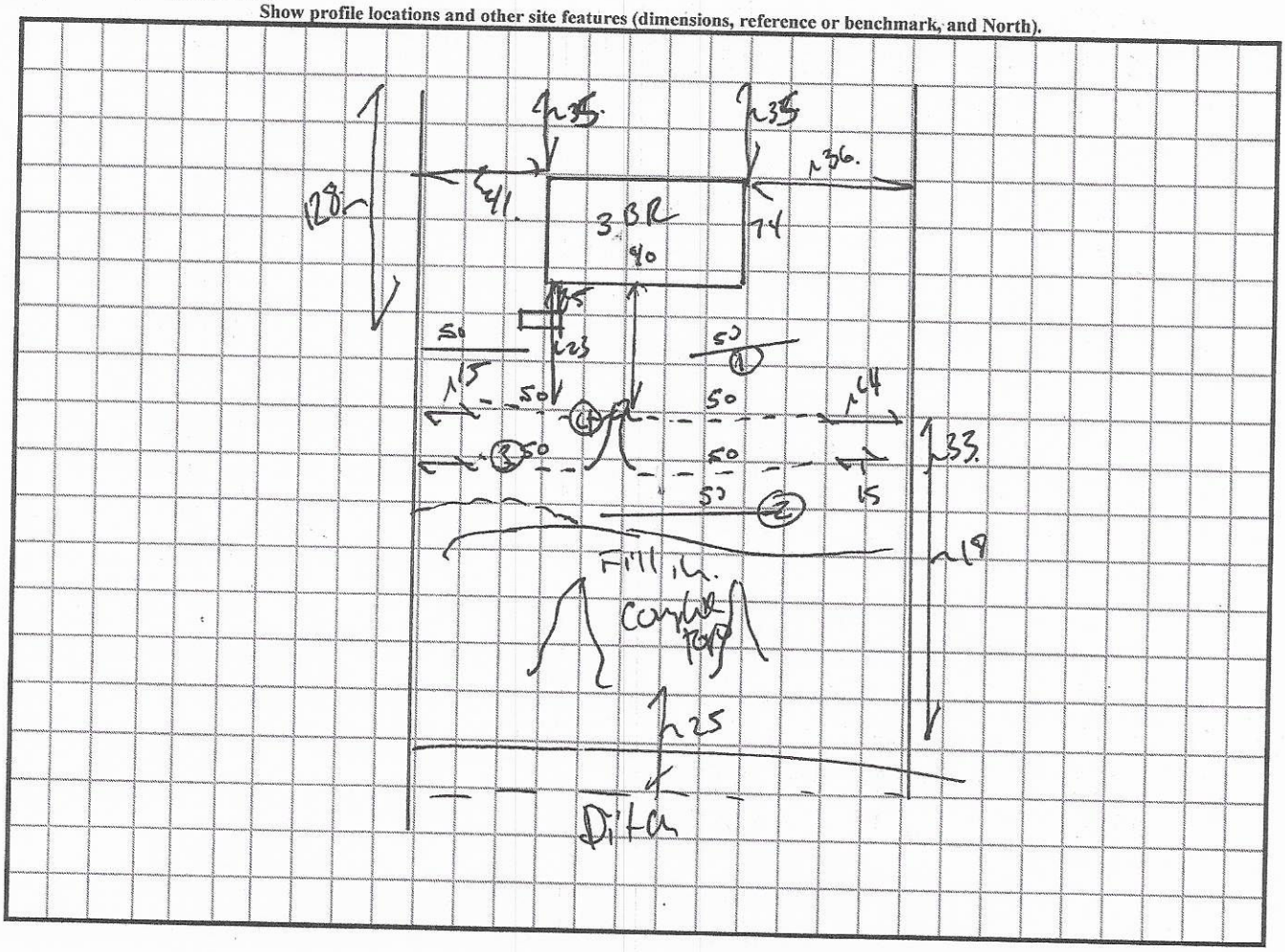
NOTES

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/ft²

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



RECEIVED MAY 1 1 2020

AP-242137
$320.00

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) 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: Edrian Ruiz Address: 177 Fesperman Cir Troutman Zip: 28166
Applicant Email: EScontracting19@gmail.com Phone: 704 402 6125 Alt. Phone: N/A
Owner Name: Edrian Ruiz Address: 177 Fesperman cir Troutman Zip: 28166
Owner Email: EScontracting19@gmail.c Phone: 704 402 6125 Alt. Phone: N/A

Property Information:

Street Address: 127 Sparta Dr Mooresville NC 28117
Subdivision Name: Cornelius Estates Section/Phase: — Lot Number: 2
Driving Directions: Heading N on hwy 21, turn L onto Cornelius Rd, 1 Mile down turn R onto Olympia Dr and L onto Sparta Dr, House is 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: 6
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) 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:
(X) 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.

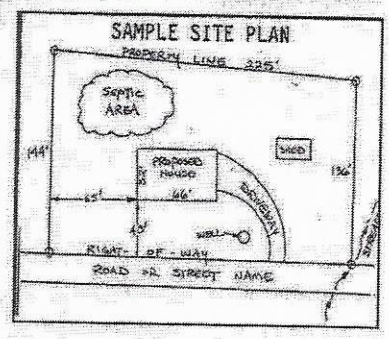
Signature: _____ 05/08/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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:

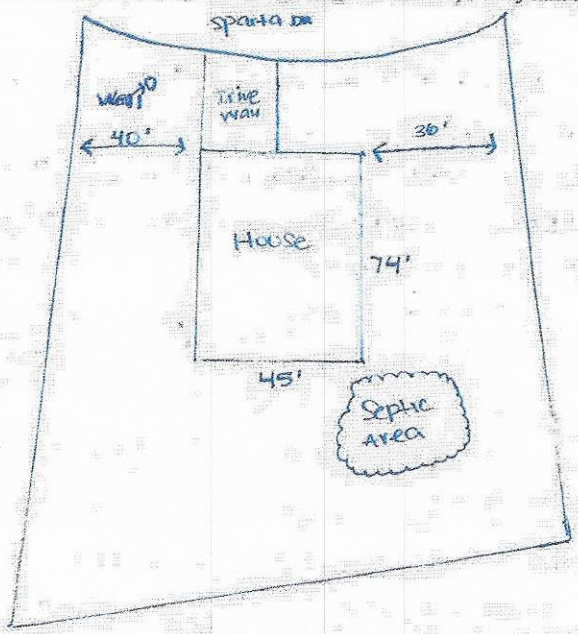
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

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



Signature: _____

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

05/08/2020
DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☑ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

☐ **2.** I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

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

_____ 05/08/2025
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

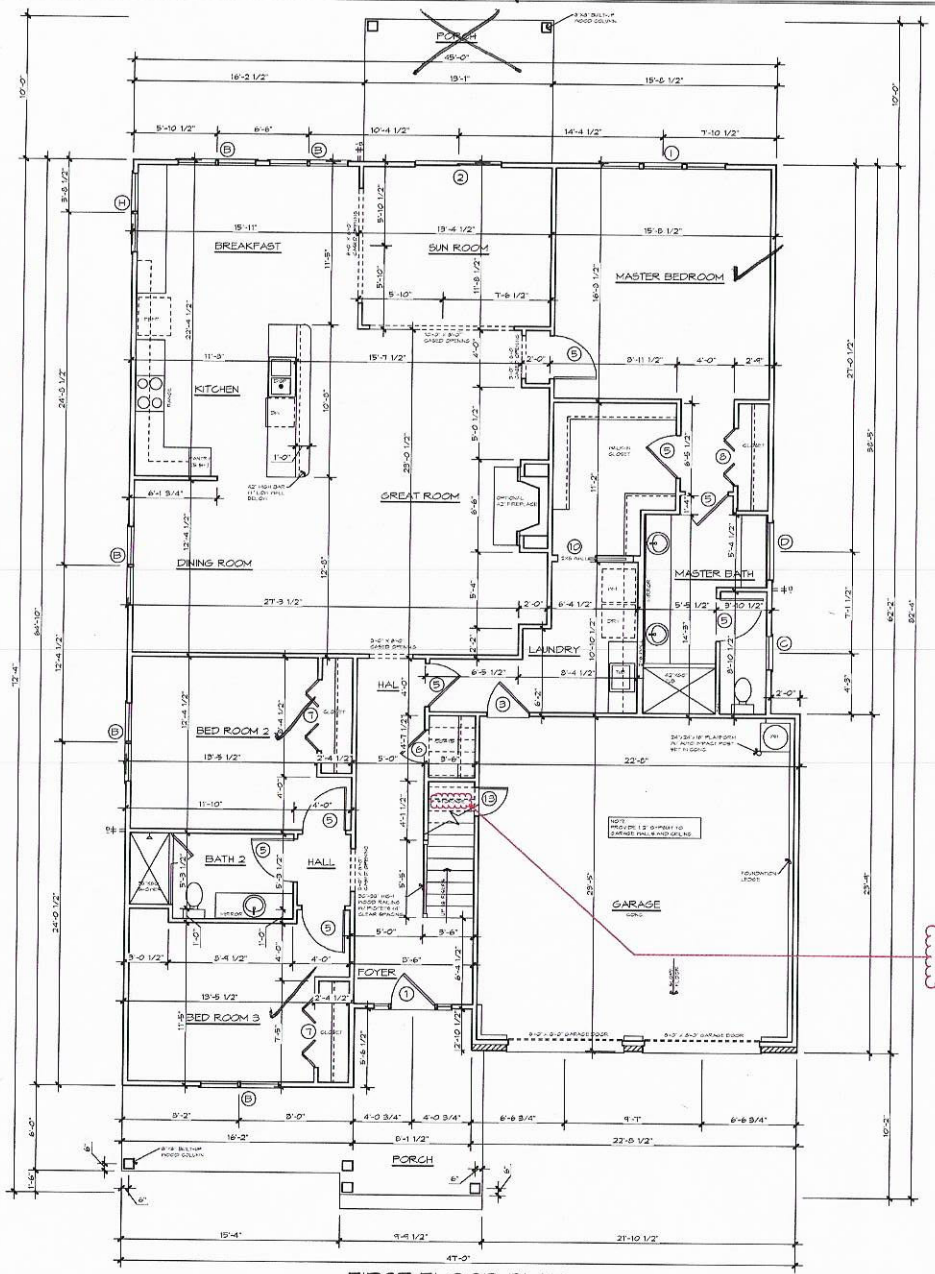
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

No Porch

Acknowledgement of Plans Submittal ONLY

Date 3/25/19

Date 3/25/19

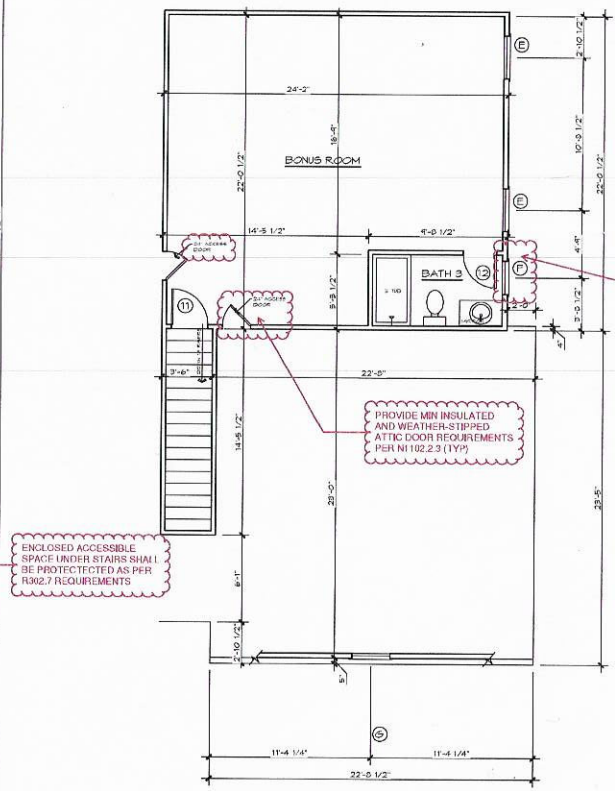


FIRST FLOOR PLAN

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

GENERAL NOTES

1. DESIGN BASED ON 2012 NORTH CAROLINA RESIDENTIAL BUILDING CODE
2. ALL CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE 2012 NORTH CAROLINA RESIDENTIAL BUILDING CODE AND LOCAL BUILDING CODES.
3. CONTRACTOR TO VERIFY ALL DIMENSIONS.
4. DO NOT SCALE DIMENSIONS FROM PROJECT DRAWING. PLANS AND DETAILS ARE NOT ALWAYS DRAWN TO SCALE. USE DIMENSIONS GIVEN OR CONSULT DESIGNER FOR FURTHER CLARIFICATION.
5. BEAM, TRUSS, AND/OR "I" JOIST LAYOUT OR SIZES SHALL NOT DEVIATE FROM THIS PLAN UNLESS APPROVED BY HOIDAS ENGINEERING, PLLC.
6. ALL FLOOR JOIST AND BEAM SIZES ARE DETERMINED FOR THE USE OF #2 SOUTHERN YELLOW PINE. RAFTER AND CEILING JOIST SIZES ARE DETERMINED FOR THE USE OF #2 SPRUCE-PINE-FIR. THE USE OF ANY OTHER SPECIES MUST BE VERIFIED.
7. ALL INTERIOR LOAD BEARING AND ALL EXTERIOR WALLS SHALL BE CONSTRUCTED USING 2x4 SPRUCE-PINE-FIR #3 STANDARD STUD GRADE OR BETTER AT A MINIMUM SPACING OF 16" O.C. UNLESS OTHERWISE NOTED.
8. ALL INTERIOR WALLS THAT ARE NON LOAD BEARING AND/OR DO NOT SUPPORT FLOORS MAY BE 2x4 SPRUCE-PINE-FIR UTILITY GRADE LUMBER OR BETTER PROVIDED THAT THE STUDS ARE SPACED A MAXIMUM OF 16" O.C. AND DO NOT EXCEED A LATERALLY UNSUPPORTED STUD HEIGHT OF 10 FEET UNLESS OTHERWISE NOTED.
9. WHERE JOISTS, TRUSSES, OR RAFTERS ARE SPACED MORE THAN 16" O.C. AND THE BEARING STUDS BELOW ARE SPACED 24" O.C., SUCH MEMBERS SHALL BEAR WITHIN 5" OF THE STUDS BENEATH. ALTERNATES INCLUDE THE WALL STUDS AND TOP PLATES ARE 2x6 WITH THE PROPER TYPE AND GRADE. A THIRD TOP PLATE IS INSTALLED TO REINFORCE THE DOUBLE TOP PLATE.
10. FRAMING HEIGHTS:
    - 10.1. FLOOR TO TOP PLATE 1ST. FLOOR = 10'-1 1/2"
    - 10.2. FLOOR TO TOP PLATE 2ND. FLOOR = 8'-1 1/2"
    - 10.3. FLOOR TO WINDOW HEAD 1ST. FLOOR = 8'-0"
    - 10.4. FLOOR TO WINDOW HEAD 2ND. FLOOR = 8'-2"
11. DESIGN LOADS:
    - 11.1. ROOF TRUSSES:
      - 11.1.1. TOP CHORD - 20 psf LIVE, 10 psf DEAD
      - 11.1.2. BOTTOM CHORD - 0 psf LIVE, 10 psf DEAD
12. MULTIPLY LVL BEAMS (3 MEMBERS OR MORE) SHALL BE CONNECTED TOGETHER WITH 1/2" DIAMETER BOLTS IN 2 ROWS STAGGERED AND SPACED AT 12" O.C. IN ACCORDANCE WITH THE MANUFACTURER'S SPECIFICATIONS
13. BUILT-UP BEAMS AND WALL STUDS SHALL BE CONSTRUCTED WITH CONTINUOUS MEMBERS. (NO BUTT JOINTS WITHIN BUILT-UP MEMBER.)
14. FLOOR JOIST DESIGN SHALL USE L/480 MAXIMUM DEFLECTION
15. ALL EXTERIOR WALL SHEATHING SHALL BE 7/16" OSB



SECOND FLOOR PLAN

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

DOOR SCHEDULE

TYPE	SIZE	DESCRIPTION
①	3'-0" X 6'-8" X 1 3/4"	SEE FRONT ELEVATION
②	6'-0" X 6'-8" X 1 3/4"	SLIDING GLASS DOOR
③	3'-0" X 6'-8" X 1 3/4"	20 MINUTE RATED
④	3'-0" X 6'-8" X 1 3/4"	ONE LITE, ONE PANEL
⑤	3'-0" X 6'-8" X 1 3/8"	PANELED DOOR
⑥	2'-4" X 6'-8" X 1 3/8"	PANELED DOOR
⑦	5'-0" X 6'-8" X 1 1/8"	PANEL, BI-FOLD
⑧	4'-0" X 6'-8" X 1 1/8"	PANEL, BI-FOLD
⑨	3'-0" X 6'-8" X 1 3/8"	PANELED DOOR, POCKET
⑩	2'-8" X 6'-8" X 1 3/8"	PANELED DOOR, POCKET
⑪	2'-6" X 6'-8" X 1 3/8"	PANELED DOOR
⑫	2'-4" X 6'-8" X 1 3/8"	PANELED DOOR
⑬	2'-0" X 6'-0" X 1 3/8"	PANELED DOOR

WINDOW SCHEDULE

TYPE	SIZE	DESCRIPTION
Ⓐ	2'-8" X 6'-0"	SINGLE-HUNG, TEMPERED
Ⓑ	(2)2'-8" X 6'-0"	SINGLE-HUNG
Ⓒ	2'-4" X 4'-0"	SINGLE-HUNG
Ⓓ	4'-0" X 1'-6"	FIXED
Ⓔ	5'-0" X 5'-2" R.V. 10" (RAISED)	SINGLE-HUNG
Ⓕ	2'-4" X 3'-0"	SINGLE-HUNG
Ⓖ	(2)2'-0" X 3'-0"	FIXED
Ⓗ	(2)2'-8" X 4'-4"	SINGLE-HUNG
Ⓘ	(3)2'-8" X 6'-0"	SINGLE-HUNG

*SEE PLAN FOR TEMPERED LOCATION

NOTE: PROVIDE FALL PROTECTION ON WINDOWS WHERE THE SILL IS LESS THAN 24" ABOVE THE FLOOR AND GREATER THAN 72" ABOVE GRADE

VERIFY GLAZING WHERE THE WINDOW IS WITHIN 24 INCHES OF A DOOR PER R308.4

PROJECT # 388068

APPROVED AS NOTED

A LIMITED REVIEW FOR COMPLIANCE WITH THE 2012 NC RESIDENTIAL CODE. THIS AUTHORIZATION SHALL NOT BE CONSTRUED TO PERMIT ANY VIOLATIONS OF LOCAL, STATE, OR FEDERAL LAWS.

PLANS REVIEWED BY: Willow Brown

07/13/2018

MECKLENBURG COUNTY CODE ENFORCEMENT

Residential Plan Review Disclaimer: A limited plan review for compliance with the NC State Residential Code was performed on these plans. It is the Responsibility Of The Contractor to construct this project using good engineering practice and in full compliance with the North Carolina Residential Code, local ordinances, and State regulations.

AREA SCHEDULE

1ST FLOOR HEATED	2334 SQ. FT.
2ND FLOOR HEATED	540 SQ. FT.
TOTAL HEATED AREA	2874 SQ. FT.
GARAGE & STORAGE	516 SQ. FT.
FRONT PORCH	213 SQ. FT.
REAR PORCH	131 SQ. FT.
TOTAL AREA	3734 SQ. FT.

127 Sparta Dr
Mooresville NC 28117

Date: 12/29/2018

Tino Home Design, LLC
Residential Design and Drafting Services

Sheet No.: A1

IREDELL COUNTY

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

APPLICATION NUMBER
242137
Issue Date: 02/11/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4658075522.000	127 SPARTA DRIVE, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: RUIZ MOISES	Applicant: RUIZ, EDRIAN
Address: 5426	Address: 127 SPARTA DR
IREDELL CO, NC 28625	MOORESVILLE, NC 28117
Phone:	Phone: 704-402-6125

Use Requested	Zone Code
NEW SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.590	35.00	35.00	15.00	15.00	CACL	X

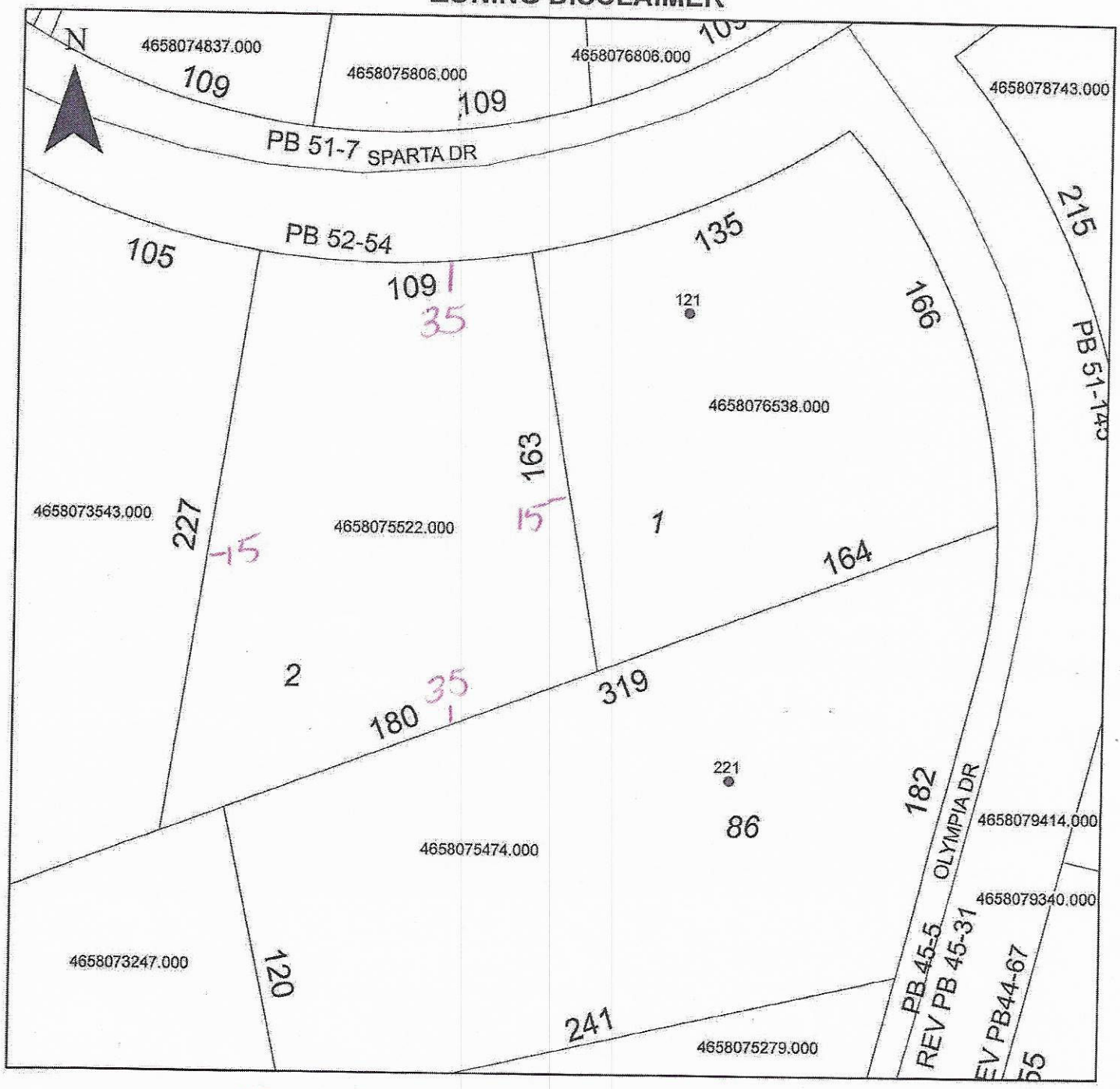
Remarks:

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	167254	TOTAL FEES:	$ 79.50

ZONING DISCLAIMER



Property Address 127 Sparta

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. Applicant further acknowledges that the 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.

X _____

Applicant EDRIAN RUIZ

X 1-25-19

Date