IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 242386

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

PIN # 4658088287.000

APPLICANT/OWNER: Brandon Page | APPLICANT ADDRESS: 1186 Teeter Farms Drive Mooresville 28115

SITE ADDRESS: 104 Sparta Drive Mooresville NC 28115 | PHONE: 704-202-4091 | ALT. PHONE: —

SITE DIRECTIONS: Hwy 21 to Cornelius Rd to Olympia to Sparta in Culde Sac | SAP CONTROLLED: ☐ YES ☒ NO

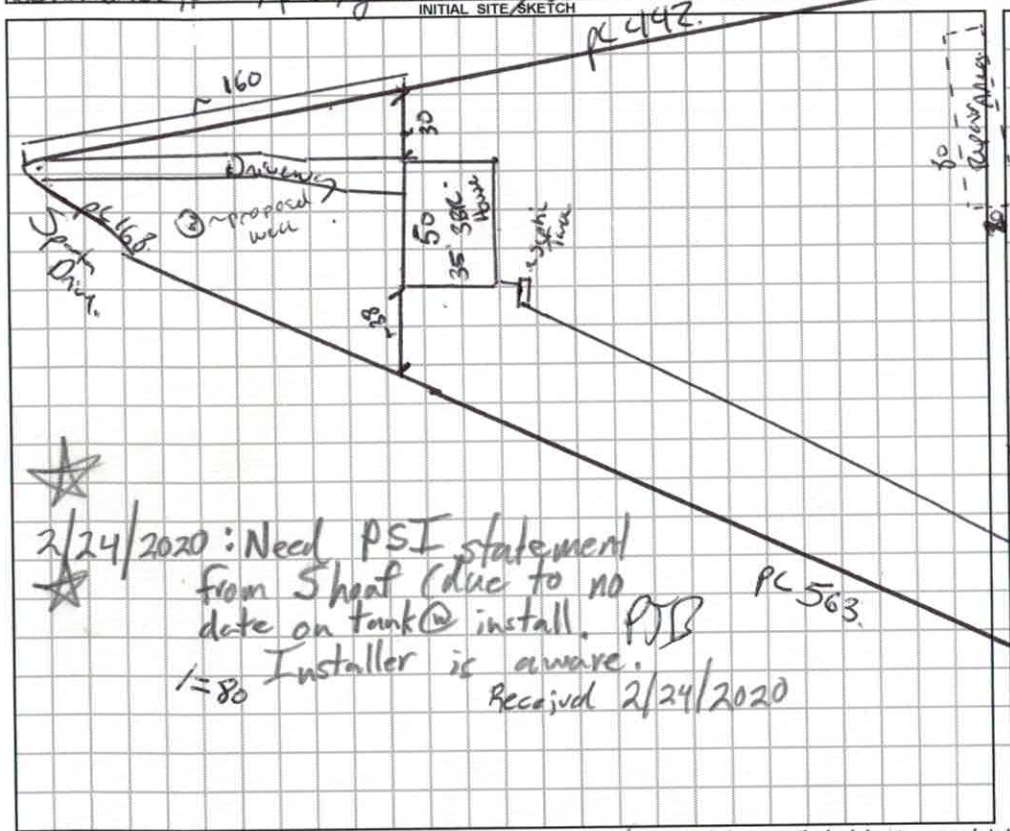
SUBDIVISION: Cornelius Estates | SECTION: 3 | LOT # PT-21 | LOT AREA 2.00 Ac | DESIGN FLOW: 360 | L.T.A.R.: .25

Septic Tank	1000 (gal)	STB 760	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	— (gal)	PT	Date	System Description:	Horizontal Panel -50%		
Pump Make	—	Model	Serial #	Repair System Description:	Horizontal Panel 50%		
# Nitrification Fields	1	# Lines	6	Linear Ft 240	Maintenance Agreement Required:	☐ YES	☒ NO
Trench Width	36	Trench Bottom Depth(Low side)	16	Gravel Depth —	☒ GRAVITY	☐ PRESSURE	

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

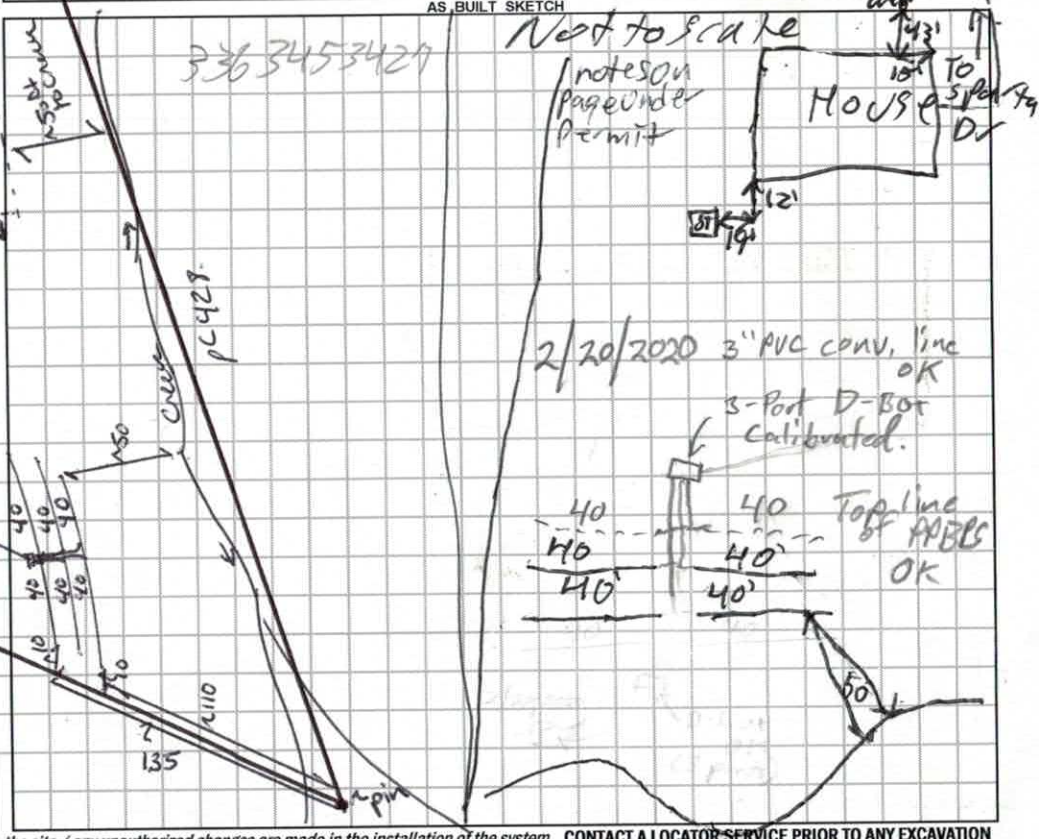
Comments / Conditions: Install Septic Drawings with centers of the Land and Utilize Serial distribution. Bring in 4-6 inches of Suitable Cover. Do not Drive, pave, park, grade or build within the drainfield.

INITIAL SITE SKETCH



2/24/2020: Need PSI statement from Sheaf (due to no date on tank @ install. PSI Installer is aware. Received 2/24/2020

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: _____ Date: 5/24/19 Installed by: T.B. Grading and septic

IMPROVEMENT PERMIT by: Benjamin A Button Date: 5/20/2019 OPERATION PERMIT by: Tom Shuck Date: 2/20/2020

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 7-9-19 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 3
PROPERTY ID #: 4658089287
COUNTY: Iredell

164 Sparta

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

OWNER: Brandon Page
ADDRESS: 1186 Teeter Farms Drive MVL 28115
PROPOSED FACILITY: 3BR Home PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 164 Sparta Drive

APPLICATION DATE 2/21/19
DATE EVALUATED: 2/19
PROPERTY SIZE: 2.00
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)		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	
1	Linear Shoulder	0-20	SC WSBK	SSSP	Variegated	20	—	Many Rock Inclusions Throughout	PS .1 Drip
		20-48	Rock M	S					
2	Linear Shoulder	0-12	L WSBK	SSSP	Variegated	12	—		
		12-	Rock.	— FM					
3	Side Shoulder	0-25	SC WSBK	SS SP FR SEXP	P	42	L	Sap Inc Beg 28 Mets	PS .275
		25-42	CL WSBK	SS SP VFR					
		42-48	Rock M	FIRM					
4	Side	0-21	SC. WSBK	SSSP FR SEXP	Variegated	26	—		PS .1 Drip.
		21-26	Rock	Firm					
5		0-24	Rock	FIRM	Variegated	—			US
6		0-12	Rock.	FIRM.		—			US

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		See other
Site LTAR		

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

COMMENTS:

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

PROPERTY ID #: 9658081
COUNTY: Iredell.

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

OWNER: SAME. APPLICATION DATE
ADDRESS: DATE EVALUATED:
PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949): PROPERTY SIZE:
LOCATION OF SITE: 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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
A	Toe	0-7	SiCL GR	SS SP FR SEAP	PS	52	—	—	PS .3
		7-35	SCL GR WSBK	SS SP FR					
1	20%	35-52	CL WSBK.	SS SP FR					
A	Toe	0-10	SiCL GR	SS SP FR SEAP	PS	48.	—	Very mica structure	PS .275
		10-28	SC WSBK	SS SP FR					
9	20%	28-48	SCL WSBK	SS SP FR					
B	Toe	0-21	SC GR	SS SP FR SEAP	PS	53.	—	—	PS .275.
		21-29	SiCL WSBK	SS SP FR					
9	21%	29-53	CL WSBK	SS SP FR					
A	Toe	0-22	SC GR	SS SP FR SEAP	PS.	48	—	Fe-cem 10YR6/1 & 35%	PS .25 M-X 23
		22-35	CL WSBK	SS SP FR					
10	23%	35-48.	CL ABK	SS SP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200	240.
System Type(s)	II 5%	II 5% GP
Site LTAR	.25	.25

OTHER FACTORS (.1946): PS Cem
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: B Hicks
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)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	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.

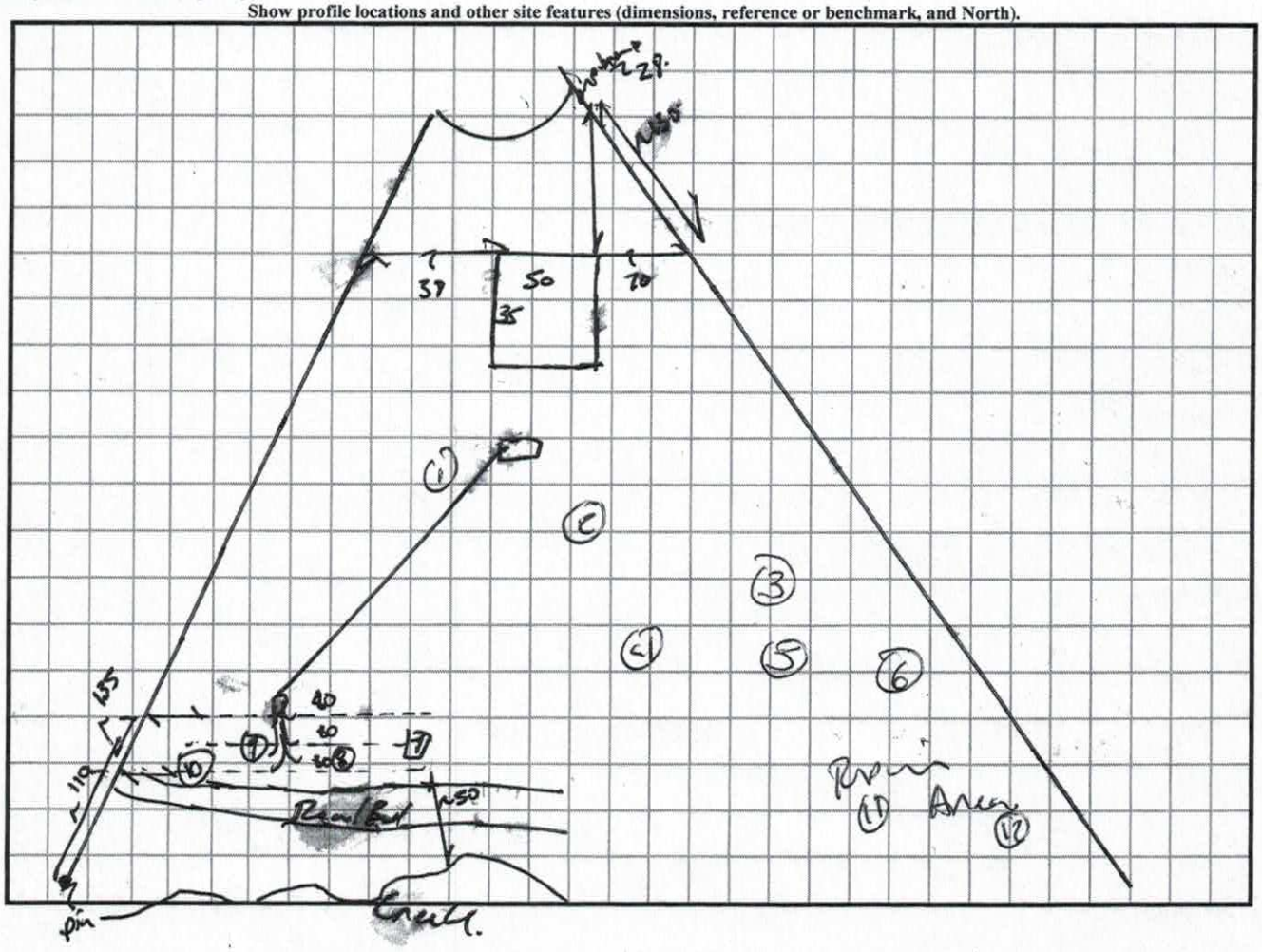
NOTES

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).



SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4658088287
DATE OF EVALUATION:
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	TOR	0-50	SC WSBK	SSSP FR SEXP	PS	50	–	–	PS .25
2	TOR	0-18.	SC WSBK	SSSP FR SEXP.	PS	18.	–	–	PS .25

COMMENTS:

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (X) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Brandon S. Page Address: 1186 Teeter Farms Dr. Mooresville Zip: 28115
Applicant Email: sharepage@piedmont-ns.com Phone: 704-202-4084 Alt. Phone: _____
Owner Name: same Address: _____ Zip: _____
Owner Email: sharepage@ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 104 Sparta Dr.
Subdivision Name: Cornelius Estates Section/Phase: _____ Lot Number: _____
Driving Directions: Hwy 21 to Cornelius Rd. to Olympia to Sparta

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
X Maximum Number of Bedrooms: 4 3
X Maximum Number of Occupants: 4 3
( ) 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

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 4
(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 (3) Alternative (1) Conventional (4) Innovative (2) 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: _____ 2/21/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

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

Brandon S Page, Trustee
PFT No 1 Revocable Trust

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

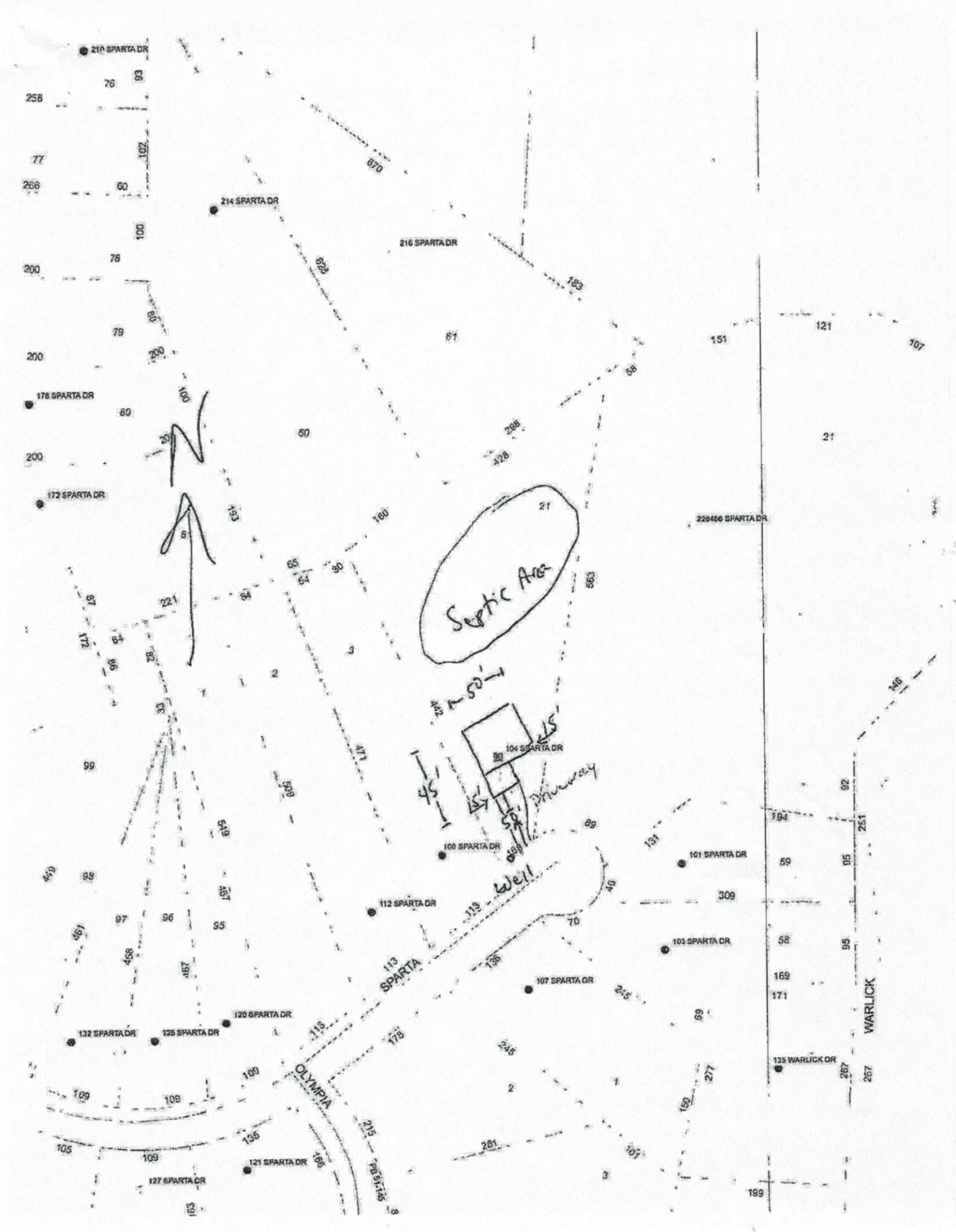
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ _____

Signature of Owner(s) Date

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


210 SPARTA DR
214 SPARTA DR
216 SPARTA DR
176 SPARTA DR
172 SPARTA DR
220466 SPARTA DR
Septic Area
50'
45'
45'
50'
Driveway
104 SPARTA DR
108 SPARTA DR
101 SPARTA DR
112 SPARTA DR
Well
103 SPARTA DR
107 SPARTA DR
120 SPARTA DR
132 SPARTA DR
125 SPARTA DR
SPARTA
OLYMPIA
WARLICK
135 WARLICK DR
121 SPARTA DR
127 SPARTA DR
PB 51-145

CONSTRUCTION PLANS

GENERAL NOTES:

1. MINIMUM CEILING HEIGHT TO BE 9'-1 1/2"
2. WINDOW & EXTERIOR DOOR HEADER HEIGHT TO BE 6'-11" UNLESS NOTED OTHERWISE (EXCEPTIONS ARE O.H. GARAGE DOOR, GARAGE ENTRY DOOR.)
3. ALL TUBS/SHOWERS ARE TO HAVE NAILERS AT FLANGE.
4. ALL PLUMBING FIXTURES SHOWN ARE REPRESENTATIVE OF SIZE AND LOCATION ONLY. ACTUAL STYLE & BRAND OF FIXTURES MAY VARY PER BUILDING LOCATION.
5. ALL HATCHED WALLS REPRESENT INTERIOR LOAD BEARING WALLS TYP.
6. ALL DASHED WALLS REPRESENT PARTIAL HEIGHT WALLS. HEIGHT OF WALL WILL BE PER PLAN. EX.
7. CLOSET SHELF HEIGHT ABOVE FLOOR WILL BE 65" FOR SINGLE & 42"/84" FOR DOUBLE TYP.

Acknowledgement of Plans Submittal ONLY!

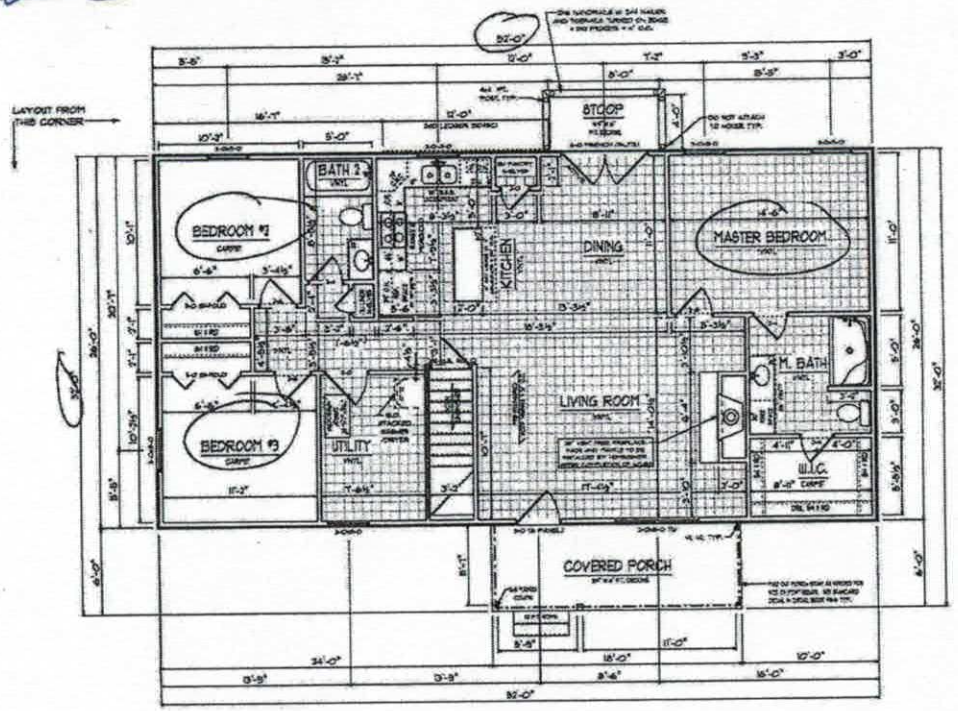
Date 7-9-19

Date 7-9-19

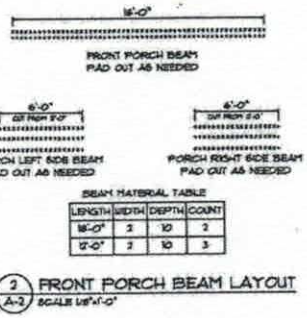
THE FINAL PLANS ARE INTENDED TO ACCURATELY REFLECT THE HOME PRICING AGREEMENT. IN THE EVENT THAT THERE IS A MISMATCH, THE HOME PRICING AGREEMENT SHALL OVERRIDE THE FINAL PLANS. PLEASE REVIEW BOTH DOCUMENTS.

CUSTOMER SIGNATURE DATE

CUSTOMER SIGNATURE DATE



1 / A-2 FLOOR PLAN
SCALE 1/8"=1'-0"



BEAM MATERIAL TABLE

LENGTH	WIDTH	DEPTH	COUNT
16'-0"	2	10	2
12'-0"	2	10	3

2 / A-2 FRONT PORCH BEAM LAYOUT
SCALE 1/8"=1'-0"

HANGER MATERIAL TABLE

HANGER ID	LENGTH	WIDTH	DEPTH	COUNT
H1	SINGLE	2	10	2
H2	DOUBLE	2	10	2

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REVISED: 3.18.2016

CONTACT INFORMATION
PHONE:
(877)414-0136
WEBSITE:
SEDGEWICKHOMES.COM

SEDGEWICK HOMES

SALES
SOLD BY:
LDA GERACI

PLAN SETS
SALES: SHARYN S. 5-20-19
CONSTRUCTION: LISA B. 7-8-19
REVISED?
?? 7-5-19
??
??
??

SQUARE FOOTAGES
HEATED: 1552
UNFIN. BASEMENT: 1352
FRONT PORCH: 108
REAR PORCH: 128
TOTAL SQFT: 2944

BEDGEWICK HOMES PROUDLY PRESENTS THE NORTHWOOD SPRUCE SERIES TO:

KARLY L. BAUGHMAN

JOB #: 03119013

104 SPARTA DRIVE, MOORESVILLE, NC 28117

SHEET NUMBER
A-2
OF FOUR

CONSTRUCTION PLANS

GENERAL NOTES:

1. FILL ALL CELLS SOLID UNDER BEAM BEARING POINTS.
2. FILL ALL CELLS SOLID UNDER ANY POINT LOADS THAT FALL OVER FOUNDATION WALLS OR PIERS.
3. ALL MEASUREMENTS ARE TO THE OUTSIDE FACE OF 8" OR OUTSIDE FACE OF 12" BLOCK DEPENDING ON LOCATION.

Acknowledgement of Plans Submittal ONLY!

Kayla Wilson Date 7-9-19

Date 7-9-19

THE FINAL PLANS ARE INTENDED TO ACCURATELY REFLECT THE HOME PRICING AGREEMENT. IN THE EVENT THAT THERE IS A MISMATCH, THE HOME PRICING AGREEMENT SHALL OVERRIDE THE FINAL PLANS. PLEASE REVIEW BOTH DOCUMENTS.

CUSTOMER SIGNATURE DATE

CUSTOMER SIGNATURE DATE

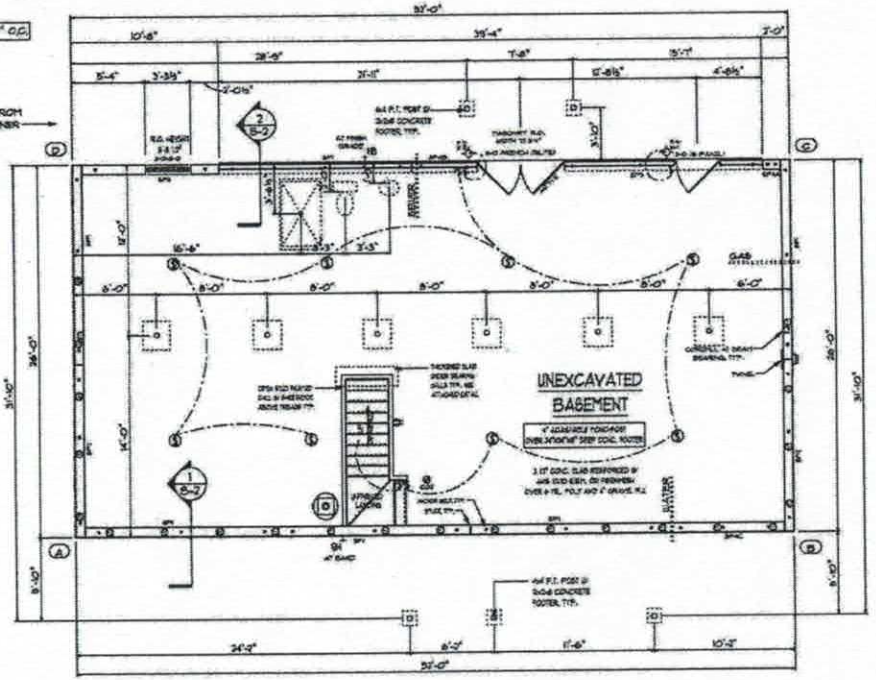
DIAGONAL	DIMENSIONS
A TO C	56'-1 11/16"
B TO D	56'-1 11/16"

SILL PLATE MATERIAL TABLE

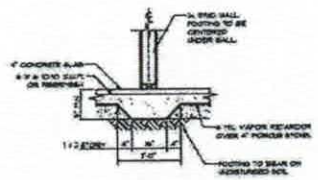
DRAWING ID	LENGTH	WIDTH	DEPTH	COUNT
SP1	14'-0"	3	8	6
SP2	12'-0"	3	8	2
SP3	10'-0"	2	8	1
SP4	(8'-0" CUT TO (A) 1'-4" (B) 6'-1 3/4" (C) 8'-8"	3	8	1
SP5	16'-0" CUT TO 14'-8 3/4"	2	8	1

⊡ CORE FILL TO BE #6 AT 40" O.C.

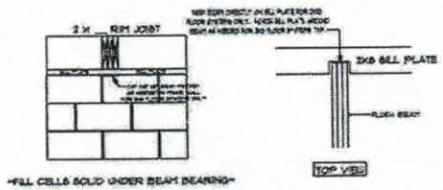
LAYOUT FROM THIS CORNER



1 A-3 FOUNDATION PLAN
SCALE 1/8"=1'-0"



2 A-3 THICKENED SLAB DETAIL
SCALE 3/8"=1'-0"



3 A-3 BEAM POCKET DETAIL
SCALE 3/8"=1'-0"

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REVISED: 3-19-2019

CONTACT INFORMATION
PHONE: (877)359-8100
WEBSITE: SEDGEWICKHOMES.COM

SEDGEWICK HOMES

SALES
SOLD BY: LEA GERACI

PLAN SETS
SALES: SHARYN B. 5-30-19
CONSTRUCTION: LISA B. 7-3-19
REVISED
?? 5-3-19
??
??
??

SQUARE FOOTAGES
HEATED: 1203
UNFIN. BASEMENT: 1393
FRONT PORCH: 128
REAR PORCH: 128
TOTAL SQFT: 2844

SEDGEWICK HOMES PROUDLY PRESENTS THE NORTHWOOD SPRUCE SERIES TO:

KARLY L. BAUGHMAN

JOB #: 0319013

104 SPARTA DRIVE, MOORESVILLE, NC 28117

SHEET NUMBER A-3 OF FOUR

IREDELL COUNTY

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

APPLICATION NUMBER
242386
Issue Date: 02/21/2019

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4658088287!000	104 SPARTA DRIVE, MOORESVILLE, NC 28117	IREDELL COUNTY

Owner Information	Applicant Information
Owner: PFT NO 1 REVOC TR PFT NO 2 REV OC TR	Applicant: PAGE BRANDON SHANE+JEN
Address: PO BOX 3784	Address: 217 SPARTA DR
MOORESVILLE, NC 28117	MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.000	35.00	35.00	15.00	15.00	CACL	X

Remarks:

Lots with a perennial stream: Must meet both the 50-foot setback from the streambank and the 35-foot setback from the rear property line for any structure.

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	168291	TOTAL FEES:	$ 79.50