ICHD–ENVIRONMENTAL HEALTH DIVISION

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

3:00PM AP

PERMIT # 215951

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

PIN # 4659048972 ✓

APPLICANT/OWNER: Robert Ackley

APPLICANT ADDRESS: 137 Harvest Wind Ct Mooresville, NC 28115

SITE ADDRESS: 137 Harvest Wind Ct. Mooresville, NC 28115 ✓

PHONE: 814598-5342

ALT. PHONE

SITE DIRECTIONS: US21/Hwy 115 N TL Clear Springs TL Autumn Grove TR Early Frost TL Harvest Wind Ct

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Autumn Grove ✓

SECTION: 2 LOT # 40 ✓ LOT AREA: 1.36 Acre

DESIGN FLOW: 480gpd L.T.A.R.: .275

Septic Tank	1000 (gal)	STB	Inf. Trench	Date			
Pump Tank	1000 (gal)	PT	Inf. Trench	Date			
Pump Make	Zoeller	Model	½ HP 161	Serial #	ZAAU7		
# Nitrification Fields	1	# Lines	5	Linear Ft	290		
Trench Width	24" min	Trench Bottom Depth (Low side)	36" max	Gravel Depth	N/A		

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

System Description: LPPPBPS (Off site)

Repair System Description: LPPPBPS (Off site)

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

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

No. Bedrooms 4 | No. Persons 8 | No. Employees | ☒ Crawl Space

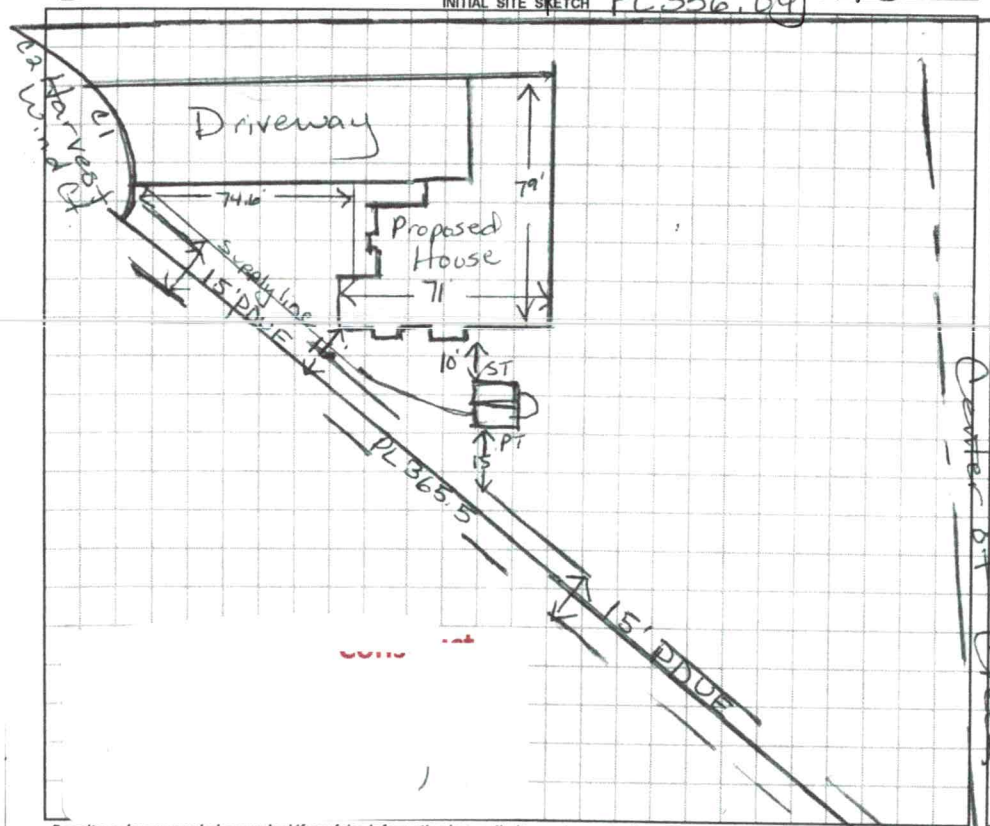
Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Drill 5/32" hole in panels.
Pump run 5.88
Drain lines in 4 equal lengths PL 356.69

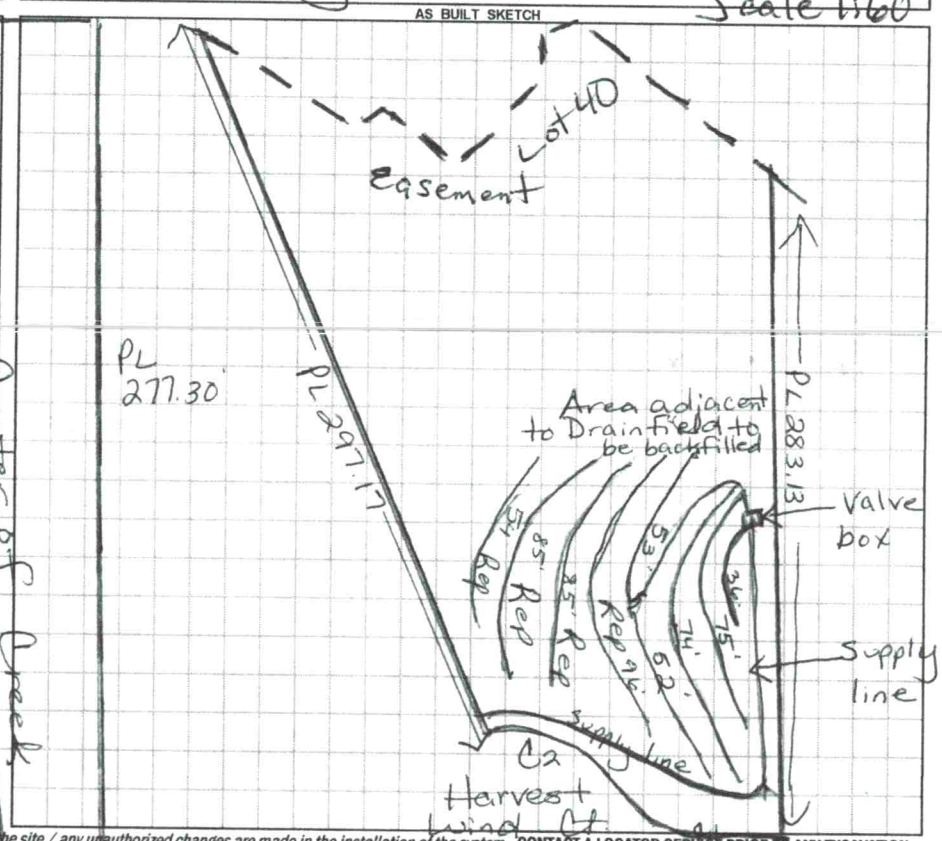
★ See attached map with Supply line Easement, goes across Lot 39

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:60



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: Acceptance of Permit Rec'd Date: 4/8/2020

Installed by: Russel Williams Wastewater Solutions

IMPROVEMENT PERMIT by: Maria Dotson Date: 4/6/2020

OPERATION PERMIT by: Maria Dotson Date: 5/29/20

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 4/6/2020

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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

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

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, Robert Ackley, am the legal owner or the agent of the property located at 137 Harvest Wind Court, identified as PIN(Parcel Identification Number)_____, located in Iredell County, North Carolina.
Permit # _____.

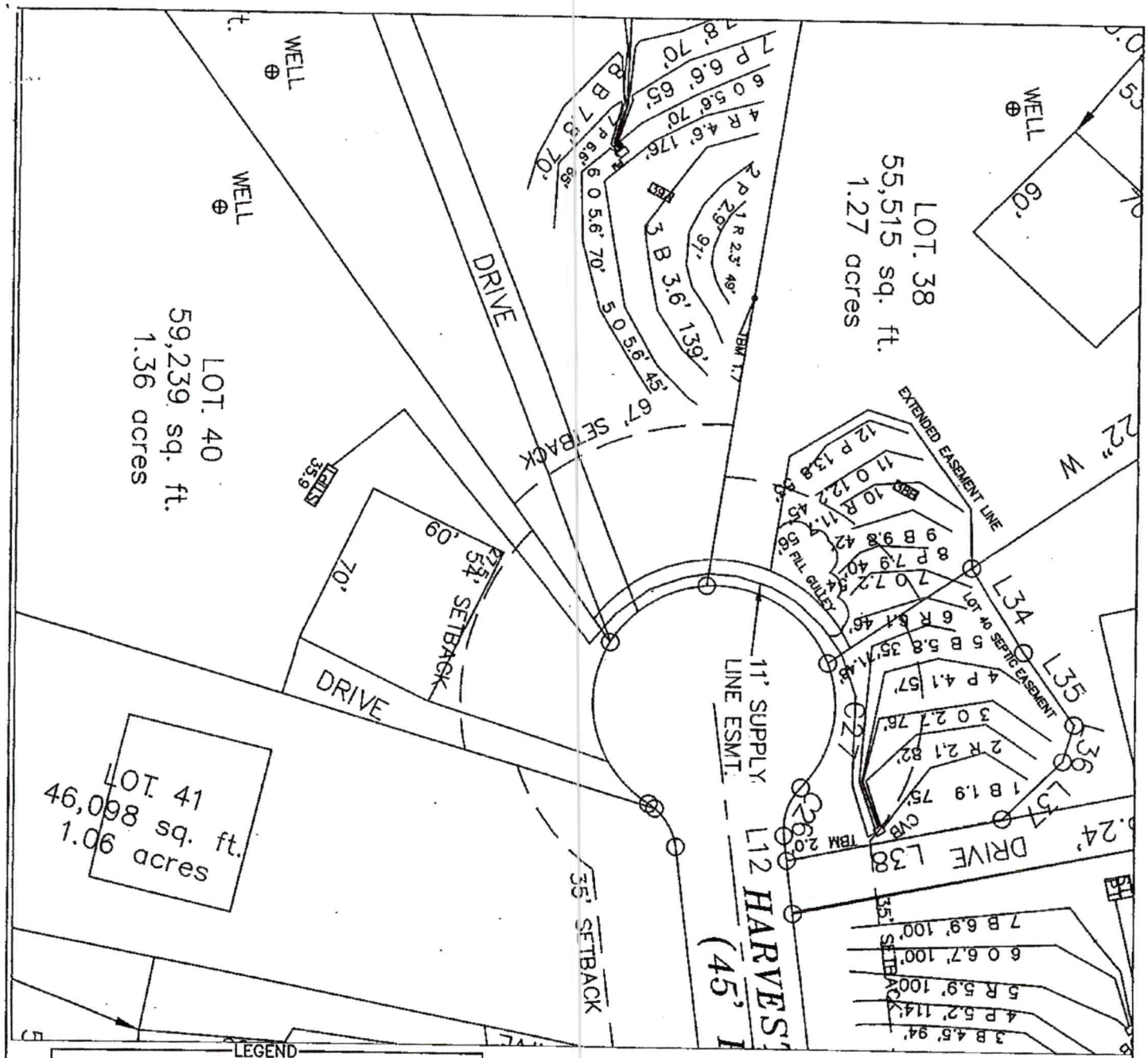
I do hereby agree to the permit design and the conditions of this permit.

Robert Ackley 4/8/2020
Signature of Owner/Authorized Agent Date

Todd Regis 4/8/2020
Signature of Witness Date

Ackleys123@gmail.com
email

	Date	Initials
Drain Lines Checked	4-29-20	
Tanks Checked	4-29-20	
Pressure Manifold or Valve Box Checked	4-29-20	
Pressure Head Set	5/28/20	MD
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract (Y) N	5/29/20	MD
Comments:		



LEGEND

House Box.

System lines.

Repair lines.

GRAPHIC SCALE
1" = 60'

60 0 60 120

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

PLEASE REFER TO ATTACHED SOIL REPORT FOR ADDITIONAL SITE SPECIFIC INFORMATION

ROLLANS SOIL & ENVIRONMENTAL SERVICES
470 NORTH BROAD STREET SUITE D
MOORESVILLE, NC 28115
PHONE: (704) 658-1723
FAX: (704) 658-1724
BRADY FREEMAN, R.S.
MOBILE: (704) euu-4497
EMAIL: BFREEMAN@AOL.COM
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) euu-3044
EMAIL: ROLLANSPV@NOSTRA.NET

MAP TITLE:	SITE PLAN & DRAINFIELD AREAS		JOB # : 01-1043
PROJECT NAME: EAU DEVELOPMENT/AUTUMN GROVE SUBDIVISION	LOCATION/DATE: HWY 21/115 IREDELL COUNTY, NORTH CAROLINA AUGUST 2007		FILE: C:\JOBS\01-1043
			PROJECT MGR.: C.B.F.
			FIELD WORK: C.B.F., A.L.P. & M.D.B.
			DRAWN BY: C.B.F. & M.D.B.

LP PPBPS TAPSHEET -AUTUMN GROVE LOT# 40

Approved MD 2/15/16

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
1	*ORANGE*	107.4	*36*	0.156	0.41	108	8
2	*PINK*	107	*75*	0.156	0.41	225	17
3	*RED*	106.7	*74*	0.156	0.41	222	17
4A	*BLUE*	106	*53*	0.156	0.41	159	12
4B	*BLUE*	106	*52*	0.156	0.41	156	12
							67
	total	feet =	290	gal/min =	27.44		
			Des. Flow	480			
			Pump Run=	5.88			
			soil LTAR	0.275			
			LTAR +5%	0.28875			
			LTAR with mod.	0.55			
			LTAR with mod.. + 5%	0.5775			
			.156 equals 5/32 inch hole				

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

Sheet 1 of 1
PROPERTY ID #: 4659048972
COUNTY: IREDELL

Approved MD 2/15/16

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

OWNER: ESSEX HOMES SOUTHEAST INC
APPLICATION DATE: 1-12-16
ADDRESS: 120 CROMER ROAD LEXINGTON SC 29073
DATE EVALUATED: 1-4-16
PROPOSED FACILITY: RESIDENCE
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: 1.36
LOCATION OF SITE: 137 HARVEST WILD CT 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	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
1	L/5%	0-3	B L GR	FR SS SP	N/A	48"	N/A	N/A	PS .275
		3-6	BR CL WMSBK	FR SS SP					
		6-48	R C MMA/SBK	FR SS SP Few Fe≥35					
2	L/4%	0-7	B SL GR	FR SS SP	N/A	48"	N/A	N/A	PS .3
		7-12	BR CL WMSBK	FR SS SP					
		12-48	R C WMSBK	FR SS SP					
3	L/8%	0-3	B SL GR	FR SS SP	42"	48"	N/A	N/A	PS .25
		3-8	BR CL WMSBK	FR SS SP					
		8-39	R C WMSBK	FR SS SP Few Fe @24					
		39-48							
4	L/11%	0-4	B SL GR	FR SS SP	N/A	48"	N/A	N/A	PS .275
		4-9	BR CL WMSBK	FR SS SP					
		9-48	R C WMSBK	FR SS SP Few MN					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	290	320
System Type(s)	PPBPS	PPDPS
Site LTAR	.275	.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: ROLLINS / OVERBY
OTHER(S) PRESENT:

LICENSED SOIL SCIENTIST JAMES WENDELL ROLLINS 1218 STATE OF NORTH CAROLINA

COMMENTS:

Updated February 2014

RECEIVED MAR 3 0 2020

AP-215957
$105.00

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 (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: ROBERT ACKLEY Address: 137 HARVEST WIND CT MOORESVILLE Zip: 28115
Applicant Email: ackleys123@gmail.com Phone: 814-598-5342 Alt. Phone:
Owner Name: ROBERT ACKLEY Address: 137 HARVEST WIND CT Zip: 28115
Owner Email: ackleys123@gmail.com Phone: 814-598-5342 Alt. Phone:

Property Information:

Street Address: 137 HARVEST WIND CT MOORESVILLE NC 28115
Subdivision Name: HAR AUTUMN GROVE Section/Phase: Lot Number: 40
Driving Directions: HWY 21 NORTH LEFT ON CLEAR SPRINGS, LEFT ON AUTUMN GROVE LN, RIGHT ON EARLY FROST, LEFT ON HARVEST WIND. IN CUL DE SAC ON LEFT.

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 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
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 3
(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 ( ) 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: _____ 3/23/20
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*) _____

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, ROBERT ACKLEY, am the legal owner(s) of the property located at 137 HARVEST WIND CT MOORESVILLE NC 28115, 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.

_____ 3/23/20

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

NOTES:

1. APPARENT SOURCE OF TITLE:
LOT 40 OF AUTUMN GROVE, PHASE 2 RECORDED IN PLAT BOOK 53 PAGE 53. (IREDELL COUNTY REGISTER OF DEEDS)
PIN #4659053123 (137 HARVEST WIND COURT)

2. AREA CALCULATED BY COORDINATE GEOMETRY METHOD.
TOTAL LOT AREA 59,229 sqft/1.359 acres.

3. SUBJECT TO RA ZONING REGULATIONS.

4. MINIMUM SETBACK 54' (LOT 40)
MINIMUM SIDE YARD 15'
MINIMUM REAR YARD 35'

5. THIS PARCEL MAY BE SUBJECT TO EASEMENTS AND/OR R/W'S EITHER RECORDED OR IMPLIED. A COMPLETE AND FULL TITLE SEARCH WAS NOT PERFORMED FOR THIS SURVEY.

6. THIS LOT IS SUBJECT TO A 10' UTILITY AND DRAINAGE EASEMENT (10' EACH SIDE OF PROPERTY LINE).

7. UNLESS SIGNED AND SEALED, THIS MAP IS NOT FOR SALES AND/OR CONVEYANCES AND IS NOT INTENDED TO BE RECORDED. THIS IS AN EXHIBIT MAP ONLY.

LINE TABLE		
LINE	LENGTH	BEARING
L1	33.00	S00°11'25"W

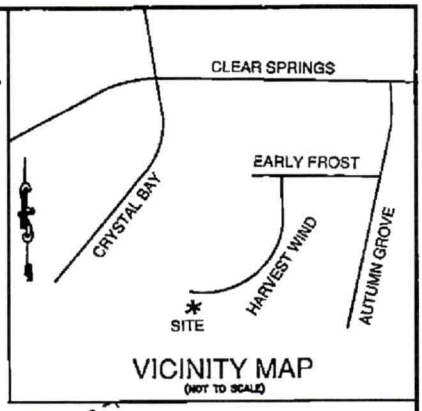
CURVE TABLE				
CURVE	LENGTH	RADIUS	CHORD	DIRECTION
C1	76.87	50.00	69.52	N 76°32'18" E
C2	3.28	25.00	3.28	N 35°49'59" E

IMPERVIOUS SURFACE DATA:	
DESCRIPTION	*AREA (SQUARE FEET)*
HOUSE/PORCH	*3963 S.F. +/-*
DRIVEWAY/LEAD WALK	*2821 S.F. +/-*
UTILITIES	*30 S.F. +/-*
TOTAL (PROPOSED)	*6814 S.F. +/-*
PARCEL AREA	*59,229 S.F. +/-*

LEGEND

- - - - - - LINES NOT SURVEYED
PDUE..... PUBLIC DRAINAGE & UTILITY EASEMENT
R/W..... RIGHT OF WAY
SLE..... SUPPLY LINE EASEMENT
O ..... #4 REBAR OR AS DESCRIBED

GRAPHIC SCALE
50 0 25 50
(IN FEET)
1 inch = 50 ft.



VICINITY MAP
(NOT TO SCALE)

HARVEST WIND COURT
45' PUBLIC RIGHT-OF-WAY
(PB 53 PG 53)

NF
PIN #4659057014
DEREK & ABIGAIL YEARY
PB 53 PG 53
DB 2566 PG 2022

11' SLE
15' PDUE
C1
C2
54' SETBACK
74.6'
16.3'
PROPOSED SINGLE FAMILY RESIDENCE
71'
356.04'
S54°33'23"W
365.50'
15' PDUE
15' SETBACK
79'
18.0'
40
59,229 S.F.
15' SETBACK
S16°30'33"W
NF
PIN #4659140960
ESSEX HOMES SOUTHEAST INC
PB 53 PG 53
DB 2282 PG 2328
30' UNDISTURBED BUFFER
CENTER OF CREEK
L1
S73°45'22"E
277.30'
NF
PIN #4649944058

58-63

****SUPERINTENDANT TO VERIFY ALL DIMENSIONS PRIOR TO CONSTRUCTION****

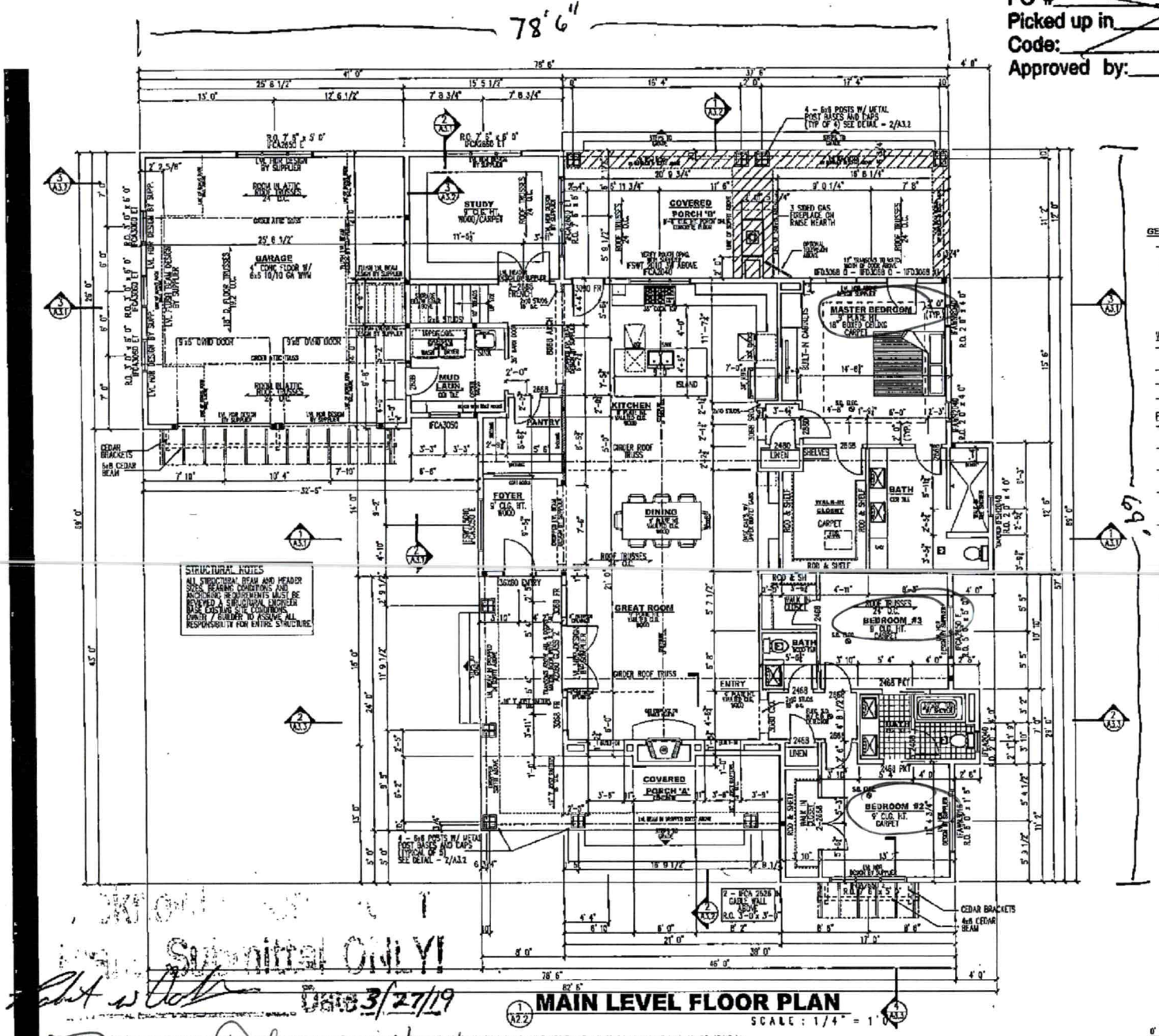
(circle one)

PO #

Picked up in _____ County, NC

Code:

Approved by:



3459 Lake Elmo Ave
Lake Elmo, MN
651-755-4751
www.royaloakdesign.com

CL - 18 - 002
CRAWLSPACE

Document Date:
6/28/2018
Document Phase:
Drawn by:

#	DATE	REMARK
1		
	ARM	06/28/18

MAIN FLOOR PLAN

A2.2

Submittal Only!

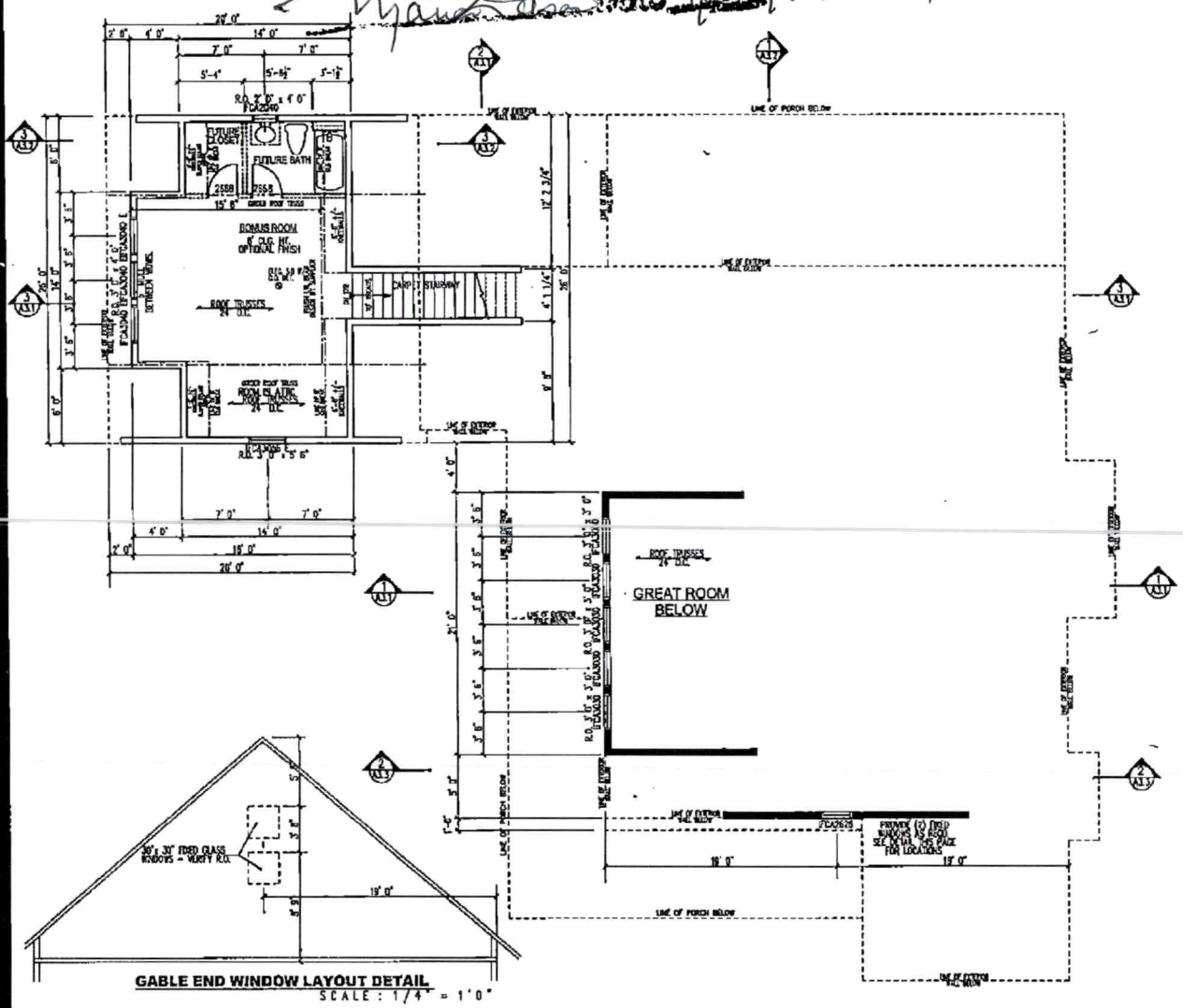
Date 3/27/19

Date 4/29/19

©Royal Oaks Design, Inc.

Submittal ONLY!
Date 3/27/19
Date 4/29/19

...ved in Iredell County Yes No (circle one)
PO #
Picked up in ____ County, NC
Code:
Approved by:



GABLE END WINDOW LAYOUT DETAIL
SCALE : 1/4" = 1'0"

1 A2.3 SECOND LEVEL FLOOR PLAN
SCALE : 1/4" = 1'0"

AREA CALCULATION	
LOWER LEVEL UNFINISHED	2483 SF
MAIN LEVEL	2483 SF
BONUS ROOM - FUT.	418 SF
TOTAL LIVEABLE	2483 SF
TOTAL FINISHED	2483 SF
GARAGE	[redacted]
PORCH 1/2	[redacted]
PORCH 1/2	[redacted]

GENERAL NOTES - SECOND FLOOR

- ALL WRITTEN DIMENSIONS SHALL TAKE PRECEDENCE OVER SCALING OF DRAWINGS
- DIMENSIONS ARE FROM EXTERIOR FACE OF STUD OR EXTERIOR WALLS AND CENTERLINE OF INTERIOR PARTITIONS
- WHILE EVERY EFFORT HAS BEEN MADE TO ENSURE THESE PLANS ARE ACCURATE AND COMPLETE, THE OWNER / BUILDER MUST VERIFY ALL DIMENSIONS / CONSTRUCTION METHODS SITE CONDITIONS AND COMPLETENESS. THE OWNER / BUILDER MUST BE RESPONSIBLE FOR SIZE & TYPE OF STRUCTURAL MEMBERS SUCH AS FOOTINGS, FOUNDATION WALLS, POSTS, BEAMS, JOISTS, RAFTERS, TRUSSES ETC. AS PER BOCA AND RESIDENTIAL PURPOSES ONLY.

WINDOWS
- ANDERSEN INTEGRITY ALL-CLAD SERIES UNITS SHOWN
- STYLE AND SIZE AS NOTED
- WINDOWS DESIGNATED WITH 'E' MEET EGRESS CODES
- WINDOW HEADER HEIGHTS SET TO 6'-11-3/8" AT FLOOR
- BUILDER TO VERIFY WINDOW AND DOOR ROUGH OPENINGS AND HEADER HEIGHTS

FLOOR SYSTEM
- ENGINEERED WOOD FLOOR TRUSSES
- DESIGNED TO MIN. L/480 DEFLECTION OF LESS
- TRUSS MANUFACTURER TO PROVIDE CURVES FOR ALL SUPPORT AND INTERIOR PARTITIONS
- TRUSS MANUFACTURER TO VERIFY FRAMING AT CANTILEVERS FOR POST LOADS FROM ABOVE
- TRUSS MANUFACTURER TO VERIFY LOCATIONS OF ANY BRANCHES, CUTOUTS AND PROVIDE PROPER FRAMING AS NEEDED

FRAMING
- PLATE HEIGHTS (ROUGH FRAME):
  - 8'-1-1/8" MAIN LEVEL
- DOOR HEADERS
- FIRESTOP SOLID BLOCKING AT ALL FLOOR LEVELS
- ALL EXTERIOR DOOR AND WDW HDRS TO BE 2-2x10 UNLESS NOTED OTHERWISE

- DENOTES FOUR BEARING WALL CONTINUOUS TO FOUNDATION BELOW - VERIFY LOADS W/ LOCAL STRUCTURAL ENGINEER

STRUCTURAL NOTES
ALL STRUCTURAL BEAM AND HEADER SIZE BEARING CONDITIONS AND ANCHORING REQUIREMENTS MUST BE REVIEWED A STRUCTURAL ENGINEER PRIOR TO SITE CONSTRUCTION. OWNER / BUILDER TO ASSUME ALL RESPONSIBILITY FOR ENTIRE STRUCTURE

[redacted]
3459 Lake Elmo Ave
Lake Elmo, MN
651-264-4761
www.royaloaksdesign.com

CL - 18 - 002
CRAWLSPACE

Document Date: 6/28/2018
Document Phase:
Drawn by:

[redacted]	DATE	REMARK
	ARM	06/22/18

SECOND FLOOR PLAN
A2.3

0' 2' 4' 8' 16'

©Royal Oaks Design, Inc.

IREDELL COUNTY

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

APPLICATION NUMBER
215951
Issue Date: 03/27/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4659048972.000	137 HARVEST WIND COURT, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: ACKLEY ROBERT W+AMANDA G	Applicant: ACKLEY ROBERT W+AMANDA
Address: 119 OLD WILLIOW RD	Address: 119 OLD WILLIOW RD
MOORESVILLE, NC 28115	MOORESVILLE, NC 28115
Phone:	Phone:

Use Requested	Zone Code
SFD REPLACING PERMIT 148264	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.360	54.00	35.00	15.00	15.00	PACL	X

Remarks:

SETBACKS PER REBECCA

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. SETBACK OFF STREAM PER REBECCA 30 FEET OFF BOTH SIDES OF STREAM.

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	172068	TOTAL FEES:	$ 77.25