ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 323282

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

PIN # 4659 05 6336

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

SITE ADDRESS: 185 Crystal Bay Dr. Mooresville NC 28115 | PHONE: 704-881-2326 | ALT. PHONE

SITE DIRECTIONS: NC 21 S → R Clear Springs → L Crystal Bay → lot on L | SAP CONTROLLED: ☐ YES ☒ NO

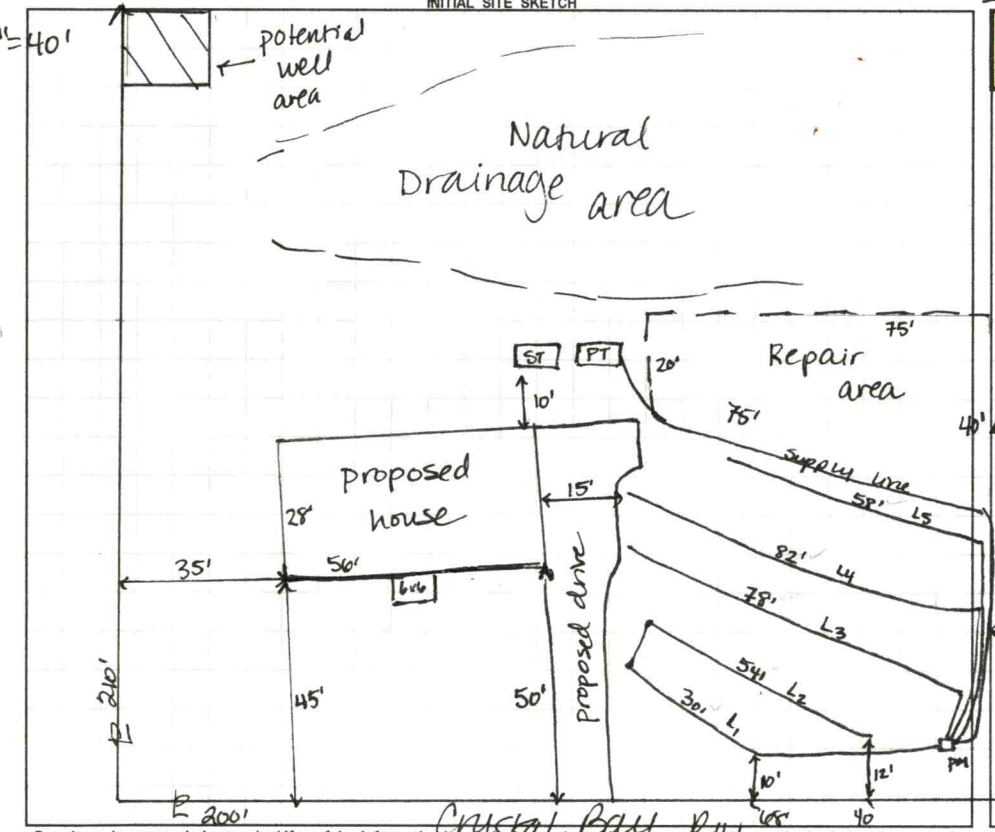
SUBDIVISION: Windward Pointe | SECTION: 3 | LOT # 194 & 195 | LOT AREA: TBD | DESIGN FLOW: 360 gpd | L.T.A.R.: 0.3 / 0.275(R)

Septic Tank	1000	(gal)	STB 760	Date 4/2/22	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	1000	(gal)	PT 760	Date 4/2/22	System Description: 25% Reduction - PM				☐ Business	No. Persons 6	☒ Private
Pump Make			Model	Serial #	Repair System Description: 50% Reduction				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft 302'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth([redacted])	24" MAX	Gravel Depth N/A		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Do not pave, grade, park, drive, or bury utilities in drainfield.
Combined: Book 2893 Page 1492

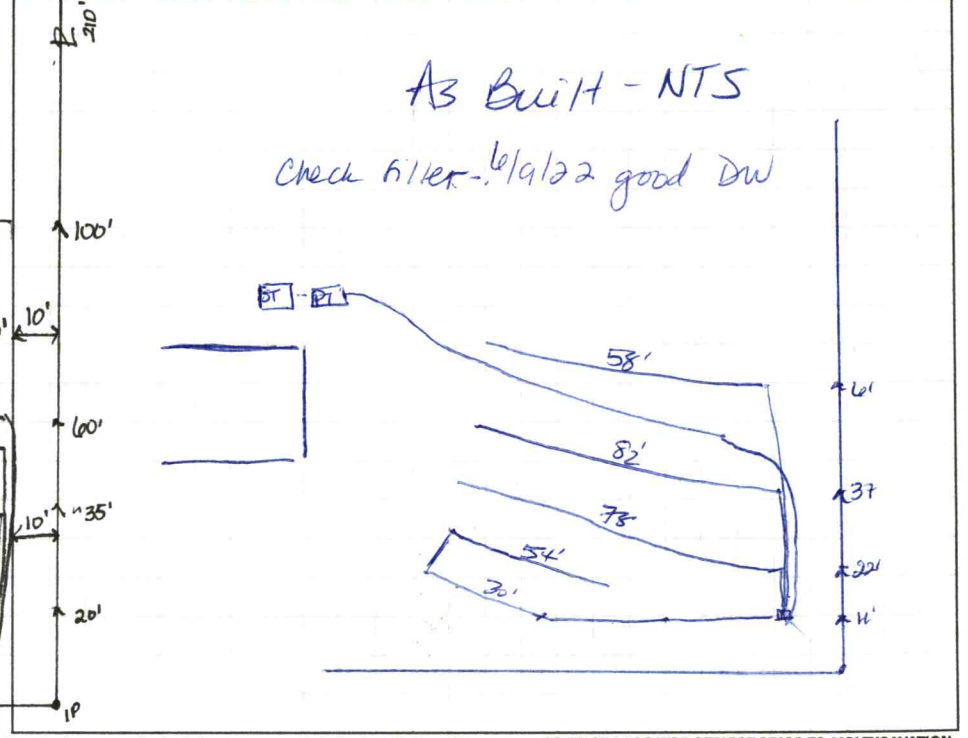
Supply: 2" Dose: 137.4 g Flow 26.81 gpm
2' pressure head Run Time: 5.1 min Drawdown: 6.5"
Taps: L1 & L2 = same tap; 1/2 SCH 80 ; L3, L4 - 1/2" SCH 80 each ; L5 = 1/2 SCH 40

INITIAL SITE SKETCH



AS-BUILT SKETCH

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 time.



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: 11/19/22 | Installed by: Craig Thompson Grading

IMPROVEMENT PERMIT by: D. Mieberg Date: 1/11/22 | OPERATION PERMIT by: D. Mieberg Date: 6/9/22

AUTHORIZATION TO CONSTRUCT by: D Mieberg Date: 2/15/22 | Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked	5/18/22	DW
Tanks Checked Need filter flotor	6/9/22	DW
Pressure Manifold or Valve Box Checked	5/18/22	DW
Pressure Head Set	6/9/22	DW
Electrical Checked	↓	↓
Floats Set	↓	↓
Alarm Checked	↓	↓
Maintenance Contract Needed? Y (N)		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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

Sheet 1 of 1
PROPERTY ID #: Need PIN
COUNTY: Iredell

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

Combined two lots

OWNER: Robert & Elizabeth Desimone
APPLICATION DATE 11/9/21
ADDRESS: 840 Preston Rd East Meadow NY 11554
DATE EVALUATED: 11/5/21
PROPOSED FACILITY: 3B
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: 0.96 ac
LOCATION OF SITE: 185 Crystal Bay, Mooresville 28115
PROPERTY RECORDED: Not yet
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 12-15%	0-6	SCL - SBK	SSSP - FR - SEXP	N/A	42"	L	N/A	PS 0.3
		6-20	C - SBK	↓					
		20-30	CL - WSBK	↓					
		30-42	L - WSBK	SSNP - FR - SEXP					
		42-48	SAP-M-NSL	NSNP - FR					
2	LS	0-5	SCL - SBK	SSSP - FR - SEXP	N/A	(45")	L	N/A	PS 0.3
		5-17	C - SBK	↓					
		17-35	CL - WSBK	↓					
		35-45	L - WSBK	SSNP - FR - SEXP					
		45-50	SAP-L-M	NSNP - FR					
3	LS	0-6	SCL - SBK	SSSP - FR - SEXP	N/A	(48")	L/LS	N/A	PS 0.3
		6-30	C - SBK	↓					
		30-48	CL - WSBK	↓					
		48-57	SAP-NSL-M	NSNP - FR					
4	LS 15-20%	0-6	SCL - SBK	SSSP - FR - SEXP	N/A	(55")	L	N/A	PS 0.275
		6-33	C - SBK	↓					
		33-55	CL - SBK	↓					
		55-60	L - SBK	SSNP - FR - SEXP	YB - few in C layer				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	
System Type(s)	25%	50%
Site LTAR	0.3	.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Wieberg
OTHER(S) PRESENT: J. McIntosh

COMMENTS:

Updated February 2014

115 @ 93D

RECEIVED NOV 19 2021

Paid $500.00

Iredell County Health Department – Environmental Health Division

AP-323282

PAGE 1: APPLICATION FORM

Application For:
(X) Septic Improvement Permit
(X) New Well Permit
(X) Authorization to Construct
( ) Well Repair Permit
( ) Existing System Inspection
( ) Well Abandonment
( ) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Freedom Homes / Kimberly Frye Address: 1124 Charlotte Hwy Troutman NC Zip: 28166

Applicant Email: Kimsneed.Sneed04@gmail Phone: 704-881-2326 Alt. Phone: _____

Owner Name: Robert De Simone Address: 840 Preston Rd East Meadow NY Zip: 11554

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 185 Crystal Bay Dr Mooresville, NC 28115

Subdivision Name: Windward Pointe Section/Phase: _____ Lot Number: 194 & 195 (2 lots w Be Combi

Driving Directions: I-77 toward Charlotte, Exit 42 Turn Right, onto Clear Springs Rd, 2nd left onto Crystal Bay Dr Lots are 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: 3
Maximum Number of Occupants: 7
( ) 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:
Square Footage of Building: _____ Type of Business: _____ 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 11-19-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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:

Y Property Line measurements are clearly identified...

Y 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

X Front and side setbacks from property line...

Y Area you prefer your septic system to be placed...

Preferred driveway location and configuration, preferred well location...

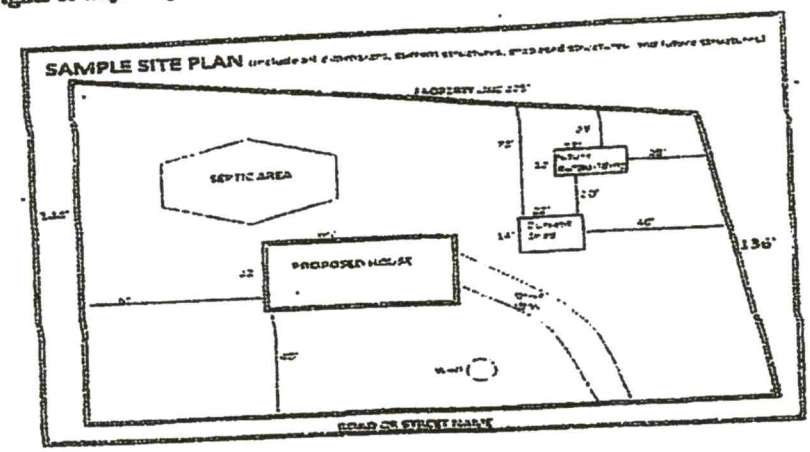
North arrow, or other sufficient indicator of direction...

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

Attached

Signature: _____

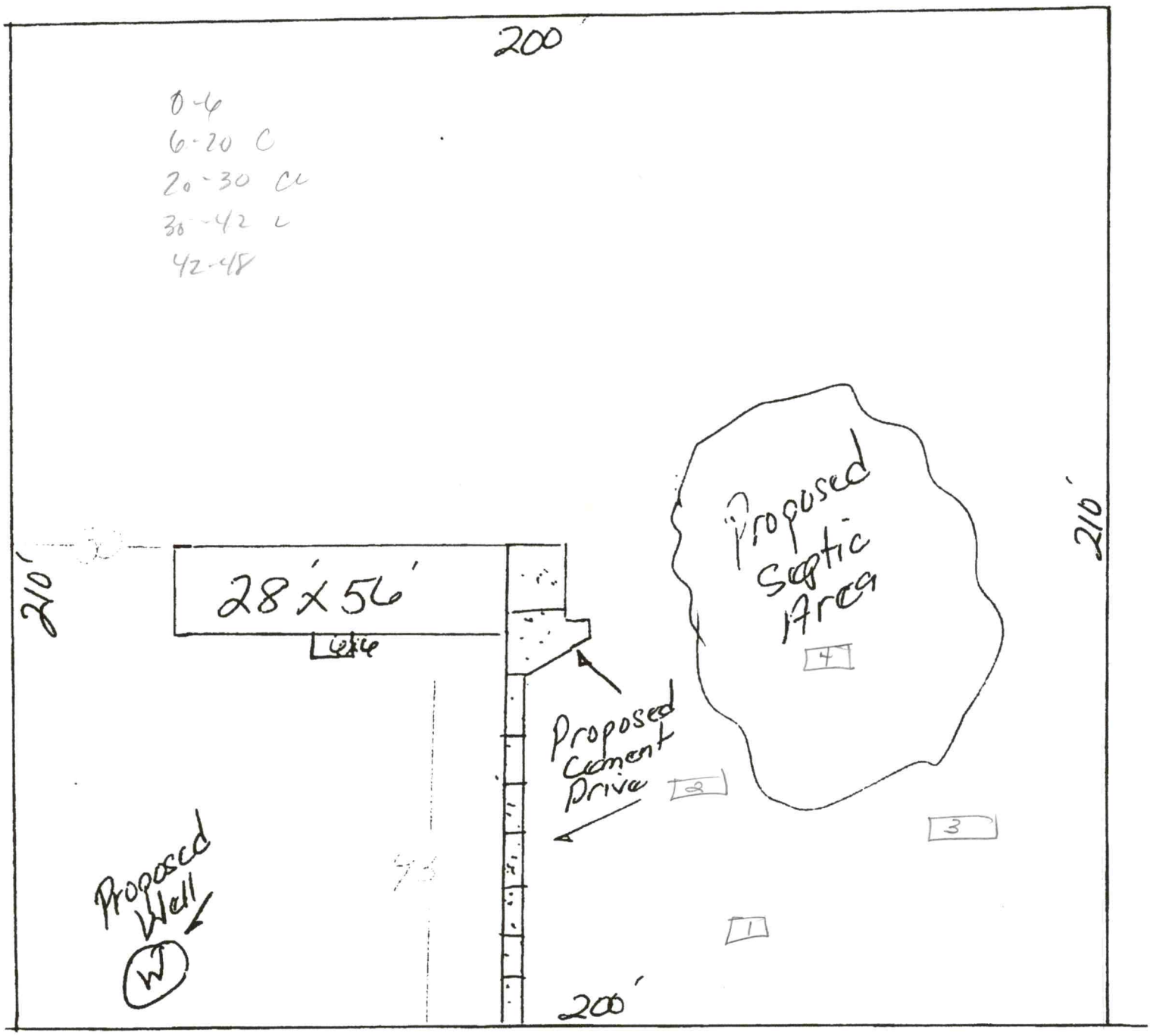
REQUIRED property owner or owner's legal representative signature.

11-19-21

DATE

PLOT PLAN
N.T.S.

185 ROSSI
~~TBD~~ CRYSTAL BAY DR.
MOORESVILLE



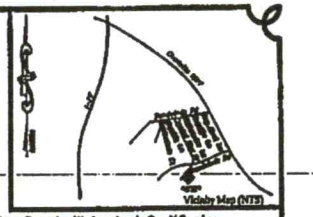
CRYSTAL BAY DRIVE

Legend

CAPS OR MONUMENTS SET CONTAIN THE SURVEYORS NAME AND LICENCE NUMBER.

- ● ——— EXISTING MONUMENT
- X CP ——— COMPUTED POINT
- EP ——— EDGE OF PAVEMENT
- R/W ——— RIGHT OF WAY
- PIN ——— PARCEL IDENTIFICATION NUMBER
- EIR ——— EXISTING IRON ROD
- ——— LINE SURVEYED
- ——— TIE LINE SURVEYED
- ——— LINE NOT SURVEYED
- ——— RIGHT-OF-WAY LINE
- ⓔ ELECTRICAL HOOKUP
- ⓣ TV BOX
- ⓣ TELEPHONE PEDESTAL
- ⊙ TREE

PRELIMINARY PLAT: NOT-FOR-RECORDATION, CONVEYANCES, OR SALES



Notice

- Property subject to any easements and right of way on record, and all NCDOT easements and rights of way.
- This survey is subject to any facts that may be disclosed by a full and accurate title search.
- This survey plat does not show any unrecorded, written or unwritten easements, restrictions or other encumbrances. Such burdens could exist on this property and not appear on this plat. Accordingly, users of this plat are warned to consult and for the existence of such unrecorded burdens not shown hereon.
- This plat was drawn for the exclusive use of the party named hereon. Said certification do not extend to any unnamed person without an express recertification by the surveyor making said plats.
- This plat represents an actual field survey that meets or exceeds the minimum requirements of a Class C Survey in accordance with the Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1602.
- The ratio of precision before any adjustments is 1:43,737
- Area determined by coordinate computations.
- No NCGS or NCDOT Horiz. Control Monument found within 2,000 feet of site.
- As of the date of this recording the lots have not been inspected by the Iredell County Health Department. Until inspected there is no assurance that building permits will be issued.
- This lot is to be served by individual Water and Sanitary Sewer Systems.
- There is a "10' Drainage and Utility easement along all lot lines.
- Total number of Lots

Certificate of Approval for Recording:

I hereby certify that the subdivision plat shown hereon has been found to comply with the Subdivision Regulations of the County of Iredell, North Carolina and that this plat has been approved by the Subdivision Administrator for recording in the Office of the Register of Deeds of Iredell county

Subdivision Administrator — Date

Survey Certificate

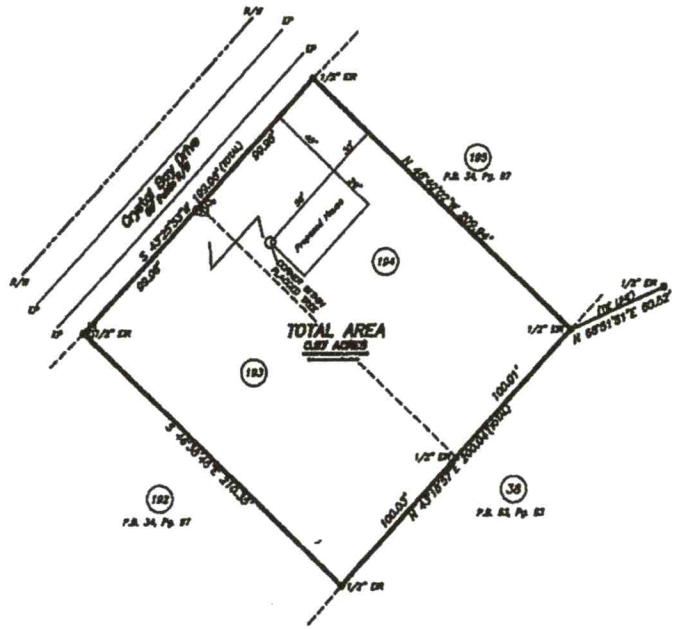
I, Ted M. Benbow, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description in Title Block and with adjoining parcels); that this plat represents an actual field survey that meets or exceeds the minimum requirements of a Class C Survey in accordance with the Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1602; that the ratio of precision as calculated before any adjustments is 1:43,737; that this plat was prepared in accordance with G.S. 47-30 as amended.

Witness this my original signature, registration number and seal this 8th day of November, 2021 A.D.

Ted M. Benbow PE PLS L-3178
Firm License # C-1539

SEAL L-3178 NORTH CAROLINA LAND SURVEYOR

TED BENBOW
Land Surveying
Proudly Surveying Iredell County Since 1989
620 BOONE HILL DRIVE EXT., STATESVILLE, NC 28625
PHONE (704) 878-6851
www.boundarydevelopment.com





Water Supply Watershed Certificate:

To the best of my knowledge this plat does not lie within a water supply watershed designated by the North Carolina Division of Environmental Management as shown on the Watershed Protection Map of Iredell County, North Carolina

Subdivision Administrator — Date

Review Officer Certificate

State of North Carolina
County of Iredell

I, _____, Review Officer for Iredell County certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

Review Officer — Date

Certificate of Ownership & Dedication

I hereby certify that I am the owner of the property shown and described hereon, which is located in the subdivision jurisdiction of the County of Iredell and that I hereby adopt this plan of subdivision with my free consent, establish minimum building setback lines as noted.

a. There are no deed restrictions which will be violated by the requested subdivision;

b. There are no governmental regulations of any kind, other than those for which a variance has been applied for under the Iredell County Subdivision Ordinance regulations, which will be violated by the requested subdivision; and

c. I understand that enforcement of deed restrictions and any other contractual agreements is not the responsibility of Iredell County, will not be undertaken by Iredell County, and is the sole responsibility of the parties affected by violations of such deed restrictions and contractual agreements.

Owner — Date

Owner — Date

Notary

North Carolina, Iredell County

I, _____, a Notary Public for said county and state do hereby certify that _____ owner(s) personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal.

this the _____ day of _____, 2021.

Notary Public

My commission expires _____

"Located within Lake Norman WS-IV-Protected Area"

GRAPHIC SCALE 1" = 40 FEET (40 0 40 80 120)

Flood Hazard Area Certificate

According to mapping provided by the Federal Emergency Management Agency and shown on the Digital Flood Insurance Rate Map (DFIRM) Panel 4659, Iredell County, North Carolina, effective date 3/18/2008, the property shown hereon is not located within a special flood hazard area. The property is entirely within an area designated "Zone X – other areas". Areas determined to be outside the 0.2% annual chance floodplain: areas outside future conditions 1% annual chance floodplain.

Zoning

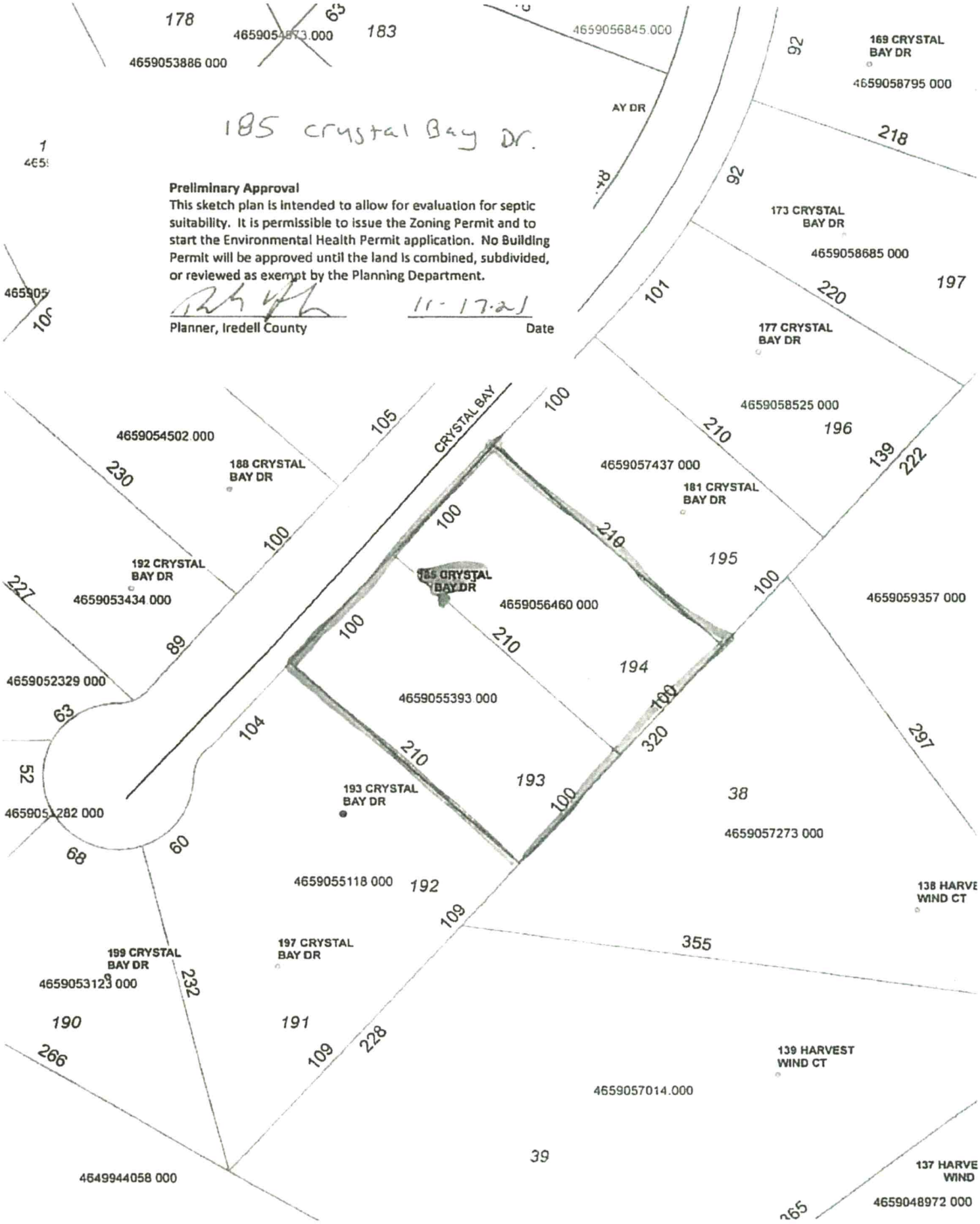
ZONED: RA (Iredell County)

Front – 35'
Side – 15'
Rear – 35'

Recombination of lots 193 and 194 of P.B. 34, Pg. 97

George Rossi

Berringer Township, Iredell County, NC
Owners of Record: Roberts Desimone
Elizabeth Desimone
Deed Reference: D.B. 2110, Pg. 2480
Plat Reference: P.B. 34, Pg. 97
PIN: 4659-05-5393
PIN: 4659-05-6480
Job Number:2111332.DWG (2111332.CRD)
Field work: 11/04/2021
Plat date: 11/08/2021


185 crystal Bay Dr.
Preliminary Approval
This sketch plan is intended to allow for evaluation for septic suitability. It is permissible to issue the Zoning Permit and to start the Environmental Health Permit application. No Building Permit will be approved until the land is combined, subdivided, or reviewed as exempt by the Planning Department.
Planner, Iredell County
11-17-21
Date
CRYSTAL BAY
185 CRYSTAL BAY DR
4659056460 000
4659055393 000
4659057437 000
181 CRYSTAL BAY DR
4659058525 000
177 CRYSTAL BAY DR
4659058685 000
173 CRYSTAL BAY DR
4659058795 000
169 CRYSTAL BAY DR
4659056845.000
4659054502.000
188 CRYSTAL BAY DR
4659053434.000
192 CRYSTAL BAY DR
4659052329 000
4659051282 000
193 CRYSTAL BAY DR
4659055118 000
197 CRYSTAL BAY DR
4659053123 000
199 CRYSTAL BAY DR
4649944058 000
4659057014.000
139 HARVEST WIND CT
4659057273 000
4659059357 000
138 HARVE WIND CT
4659048972 000
137 HARVE WIND
178
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DigiSign Verified B429683-4DA2-4486 Auto-Generated 11-2021

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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.

X

2. I, Robert DeSimone and Elizabeth DeSimone, am the legal owner(s) of the property located at 185/~~189~~ Crystal Bay Drive, Mooresville, NC 28115, identified as PIN (Parcel Identification Number) 4659-05-5393 & 4659-05-6460, 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.

Robert DeSimone Elizabeth DeSimone — 11-02-2021 — 11-02-2021

Signature of Owner(s) — Date

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

Statesville - Environmental Health
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY · NC

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

APPLICATION NUMBER
323282 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4659056460.000	185 CRYSTAL BAY DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: DESIMONE ROBERT+ELIZABETH	Name: FREEDOM HOMES-TROUTMAN #667- USE THIS ONE
Address:	Address: 1124 CHARLOTTE HWY TROUTMAN, NC 28166
Phone:	Phone: (704)528-7960

Use Requested	Zone Code
Double-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.48	35	35	15	15		NO

Remarks

DOUBLEWIDE

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.

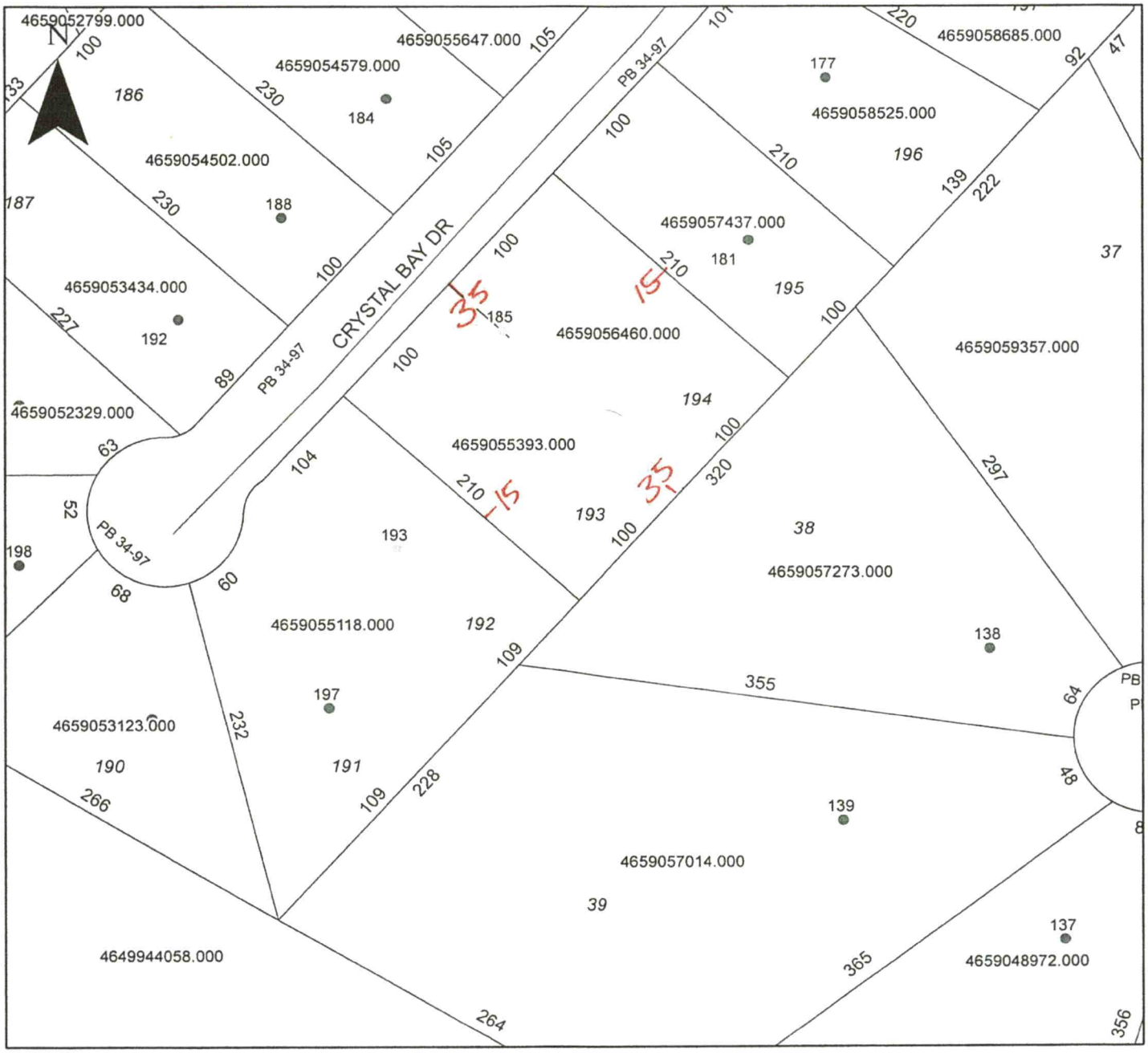
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 11/19/2021

Signature of Owner/Contractor

Permit Number	323282	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 185 Crystal Bay Dr.

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.

Applicant

Date

323282

Department of Development Services
PLANNING DIVISION
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built___ Modular___ Duplex___ Singlewide___ Doublewide ✓ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? ___ and stories?___

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Robert Desimone Phone # _____

Owner's Current Address 840 Preston Rd East Meadow NY 11554

Property Information

Property Address 185 Crystal Bay DR Mooresville NC Parcel # _____

Subdivision: Windward Pointe Lot: 194/193 Zoning:___ Watershed: Y or (N) Flood Plain: Y or (N) Township:___

Directions to property (from a MAIN ROAD) I-77 toward Charlotte, Exit 42 turn (R) onto Clear Springs Rd, 2nd left onto Crystal Bay DR, Lots on left.

Application Information

Applicant's Name or Company Freedom Homes Applicant's Phone # 704-881-2326

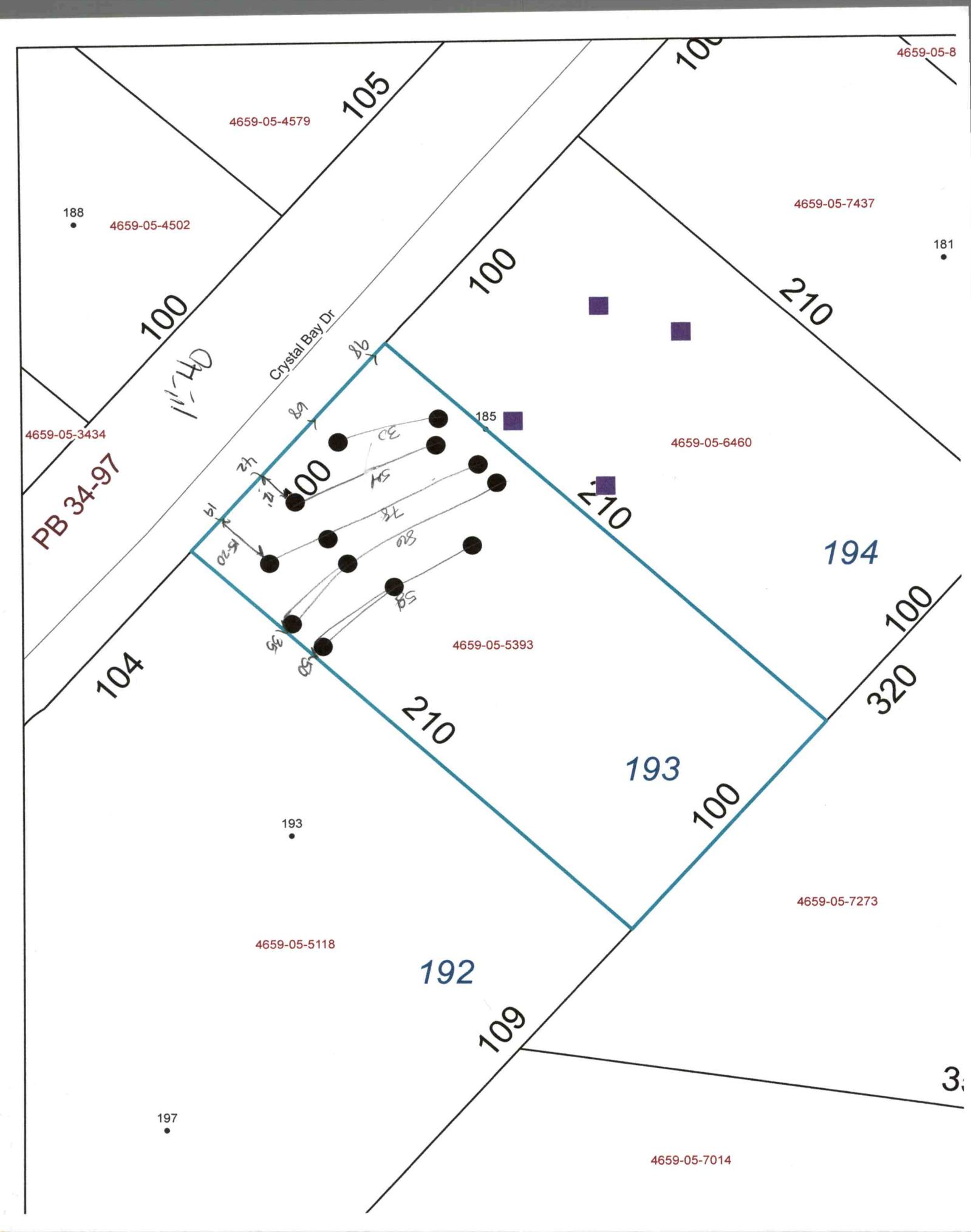
Applicant's Address 1124 Charlotte Hwy Troutman NC 28166

If Company, Representative's Name and Title Kimberly Frye / Site coordinator

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT Kimberly Frye DATE 11-19-21

RA 0.48 NO


4659-05-4579
105
4659-05-8
188
4659-05-4502
4659-05-7437
181
100
210
Crystal Bay Dr
PB 34-97
4659-05-3434
185
4659-05-6460
194
4659-05-5393
104
210
100
320
193
210
100
193
4659-05-7273
4659-05-5118
192
109
197
4659-05-7014

Windward Point
193/194

Type: CRP
Recorded: 02/04/2022 at 01:56:26 PM
Fee Amt: $91.00 Page 1 of 3
Revenue Tax: $65.00
Iredell County, NC
Maureen P. Purcell Register of Deeds
BK 2893 PG 1492-1494

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: 65.00

Parcel Identifier No._____ Verified by_____ County on the_____ day of _____, _____

By:_____

Mail/Box to:_____

This instrument was prepared by: Alan G. Carpenter, Attorney at Law

Brief description for the Index:_____

THIS DEED made this 31st day of January, 2022, by and between

GRANTOR	GRANTEE
Robert DeSimone and wife, Elizabeth DeSimone 840 Preston Road East Meadow, NY 11554	CMH Homes, Inc., a TN corporation 5000 Clayton Road Maryville, TN 37804

Enter in appropriate block for each Grantor and Grantee: name, mailing address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot, parcel of land or condominium unit situated in the City of _____, Barringer Township, Iredell County, North Carolina and more particularly described as follows:

See Exhibit A, attached.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 2110 page 2480.

All or a portion of the property herein conveyed ___ includes or X does not include the primary residence of a Grantor.

A map showing the above described property is recorded in Plat Book 34 page 97 & 98

Page Count: 3
☐NS ☐PQ ☐SI

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever, other than the following exceptions:

Easements, rights of way and restrictions of record, if any.

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

_____ (Entity Name)

By: _____

Title: _____

By: _____

Title: _____

By: _____

Title: _____

Robert DeSimone (SEAL)

Elizabeth DeSimone (SEAL)

_____ (SEAL)

_____ (SEAL)

State of New York - County or City of Nassau

I, the undersigned Notary Public of the County or City of East Meadow and State aforesaid, certify that **Robert DeSimone and Elizabeth DeSimone**

personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this 31 day of January, 2022.

My Commission Expires: 10/11/2023
(Affix Seal)

RUSSELL D. COHEN
Notary Public, State of New York
Qualified in Nassau County
No. 01CO6249590
Commission Expires October 11, 2023

Notary Public

Notary's Printed or Typed Name Russell Cohen

State of _____ - County or City of _____

I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that

_____

personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this _____ day of _____, ____.

My Commission Expires: _____
(Affix Seal)

_____
Notary Public
Notary's Printed or Typed Name

State of _____ - County or City of _____

I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that

_____

_____ personally came before me this day and acknowledged that he is the _____ of _____, a North Carolina or _____ corporation/limited liability company/general partnership/limited partnership (strike through the inapplicable), and that by authority duly given and as the act of such entity, he signed the foregoing instrument in its name on its behalf as its act and deed. Witness my hand and Notarial stamp or seal, this _____ day of _____, ____.

My Commission Expires: _____
(Affix Seal)

_____
Notary Public
Notary's Printed or Typed Name

EXHIBIT A

BEING ALL of Lots 193 and 194 of WINDWARD POINTE SUBDIVISION, PHASE 3, as the same is shown on a map thereof, recorded in Map Book 34, page 97 and 98, Iredell County Registry.

For back title, see Deed Book 2110, page 2480, Iredell County Registry.

PIN: 4659-05-5393 & 4659-05-6460
Property address: 189 and 185 Crystal Bay Drive, Mooresville, NC 28115

IT IS THE INTENT OF THIS DEED TO COMBINE THE TWO LOTS INTO ONE PARCEL FOR MAPPING PURPOSES.