ICHD–ENVIRONMENTAL HEALTH DIVISION

PJB

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

3:00

PERMIT # AP-306665

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

PIN # 4659-56-9668

APPLICANT/OWNER: Meloland Properties | APPLICANT ADDRESS: P.O. Box 1073 Mt. Holly, NC

SITE ADDRESS: 114 Sheep Path Drive Mooresville NC 28115 | PHONE: 704-287-5203 | ALT. PHONE: —

SITE DIRECTIONS: Rt 115/21 N → Shepherd Rd → Shepherd Bluff → Sheep Path → Lot on left | SAP CONTROLLED: ☒ YES ☐ NO

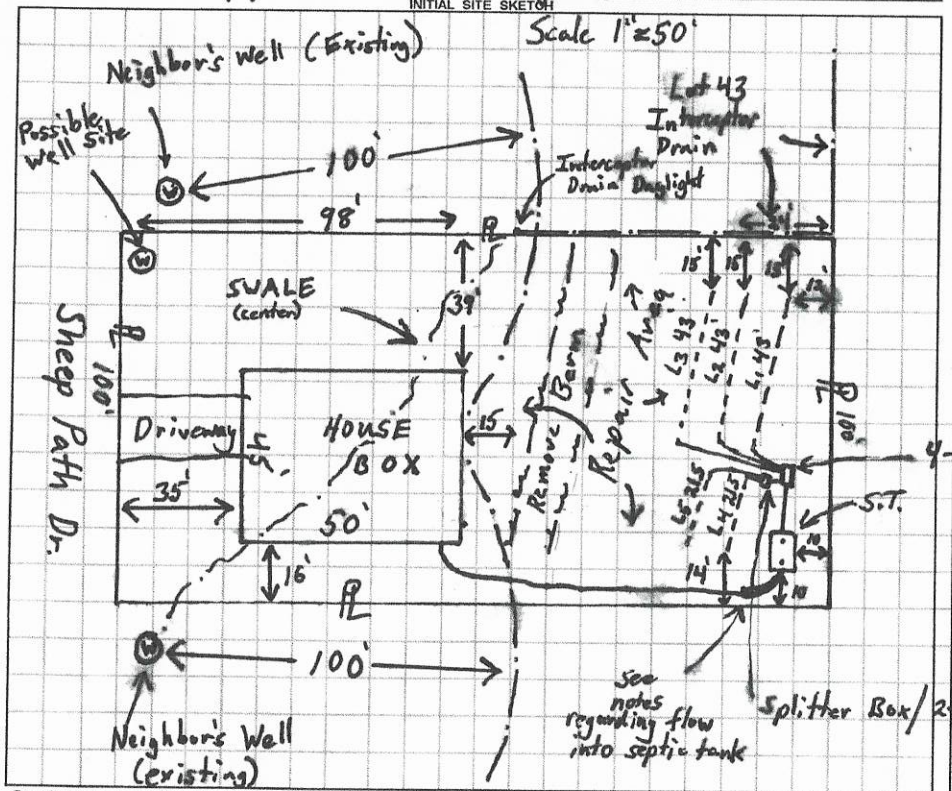
SUBDIVISION: Shepherd's Bluff | SECTION: 5 | LOT # 42 | LOT AREA: 0.46 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.35

Septic Tank	1000 (gal)	STB	Infiltrator Plastic	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	— (gal)	PT		System Description: PPBPS (50% Reduction) + D-Box (2)		☐ Business	No. Persons 6	☒ Private New
Pump Make	—	Model	—	Repair System Description: TSII + PPBPS (50% Reduction)		☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft 172	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width	24"	Trench Bottom Depth(Low side)	30"	Gravel Depth	— ☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Dwelling must be served by a whole-house grinder/ejector pump. The final 10' of pump line must be 4" diameter pipe. Recommend a larger effluent filter (Zabel A-300 or similar) product. Recommend having septic tank pumped every 5 years. Shave down berm in backyard to promote surface drainage across site. Recommend hiring a hydrologist to deal with water running across lot. No drains beyond rear of permitted house box allowed.

Filter installed. Checked ST & Uppermost line 3/25/21 MD

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: Acceptance of Permit Recv'd | Date: 6-17-2020 | Installed by: Kenny Tucker Tucker Septic & Sewer Service

IMPROVEMENT PERMIT by: Sam Shuck | Date: 6/16/2020 | OPERATION PERMIT by: | Date: 3-30-2021

AUTHORIZATION TO CONSTRUCT by: Benjamin A Blake | Date: 9/1/2020 | 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.

checked 1st (top) line 3/25/21 MD	Date	Initials
Drain Lines Checked	3.30.2021	
Tanks Checked	3/25/2021	MD
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		
Comments:		

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Blair Bld.
ADDRESS: ___ APPLICATION DATE ___
PROPOSED FACILITY: ___ PROPOSED DESIGN FLOW (.1949): ___ DATE EVALUATED: 3/6/15
LOCATION OF SITE: Shepherd's Bluff #42 PROPERTY SIZE: ___
WATER SUPPLY: X Private ☐ Public ☐ Well ☐ Spring ☐ Other ___ PROPERTY RECORDED: ___
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut TYPE OF WASTEWATER: X 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 3%	0-7	Brw SCL						PS .3
		7-34	Rd/Brw C/CL	m-w SBK					
		34-48	Rd/Brw CL	FR SS SP w/few to many SAP Inclus					
		48-60	L/SL	SAP massive FR SS SP					
2	L 5%	0-5	Brw SCL						PS .3
		5-17	Rd/Brw C/CL	m-w SBK					
		17-42"	Rd/Brw CL	w/few to many SAP Inclus					
		[illegible]							
		42-60"	L/SL	SAP massive					
3	L 5%	0-9	Brw CL						PS .3
		9-24	Rd/Brw CL						
		24-42"	Rd/Brw CL	w/few to many SAP Inclus					
		42-54	L/SL	SAP massive					
4	L 3%	0-7	Brw SCL						PS .3
		7-34	Rd/Brw C/CL	m-w SBK					
		34-45"	Rd/Brw CL	w SBK w/few to many SAP Inclus					
		45-60	L/SL	SAP massive					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPBPS	PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): None
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Maria Dotson
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) 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	NEXP (Non-expansive) 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	MOIST VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	WET NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
			None	None		

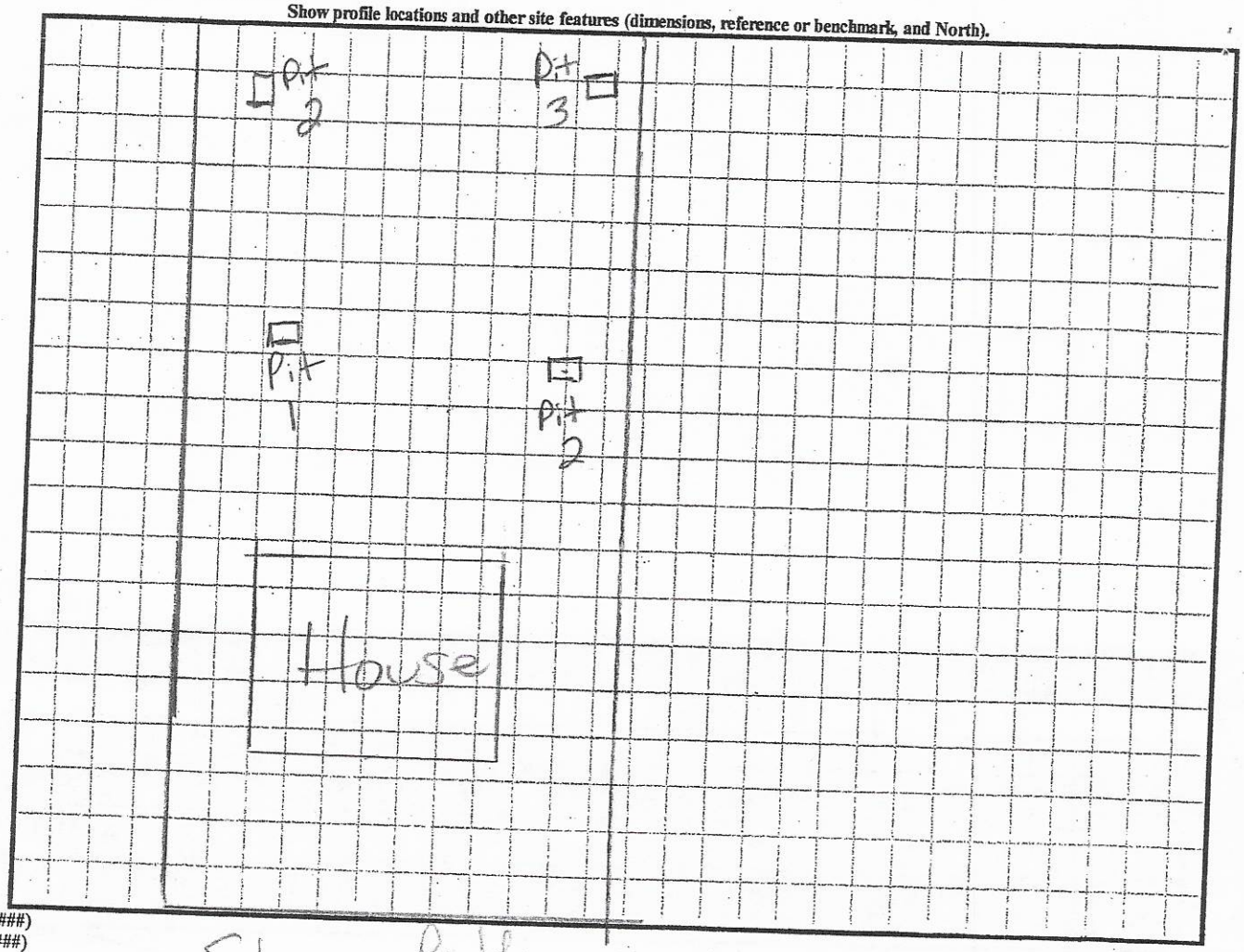
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

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)

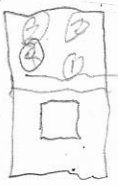
Evaluation of saprolite shall be by pits.
Long-term Acceptance Rate (LTAR): gal/day/ft^2

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



DENR (######)
Review (#####)

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



Sheet ___ of ___
PROPERTY ID #: 4659-56-7668
COUNTY: Iredell

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

OWNER: Meloland Properties
ADDRESS: PO Box 1073 Mt. Holly, NC
PROPOSED FACILITY: 3 BR/SFR PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 114 Sheep Path Dr. Mooresville

APPLICATION DATE 4/9/2020
DATE EVALUATED: 5/27 + 6/15 2020
PROPERTY SIZE: 0.46 acres
PROPERTY RECORDED: Yes

WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

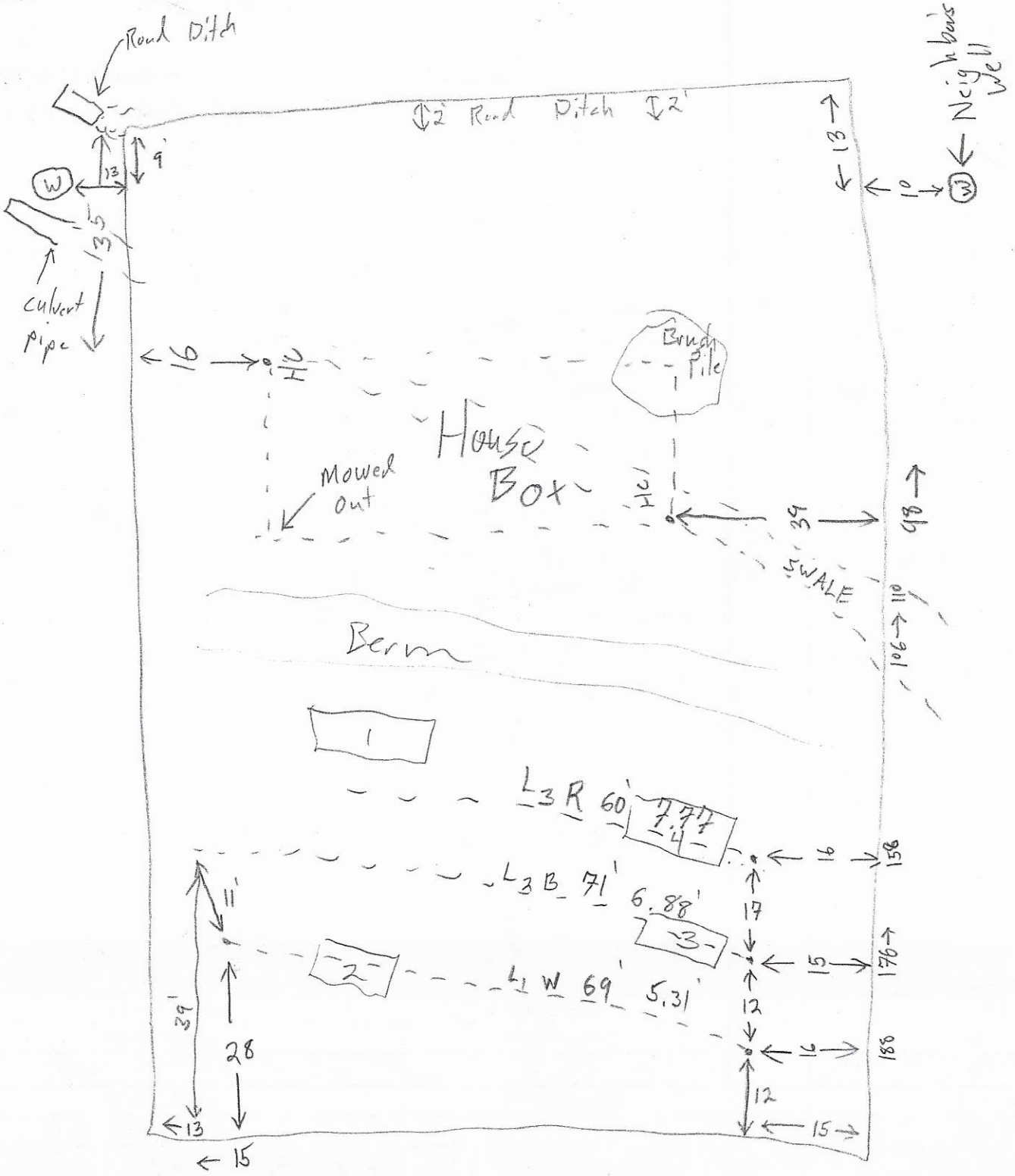
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Lower Sideslope / Upper Sideslope / Ridge Top * 0-22" Fill * LSS 14% * Remove terrace/Berm	0-6	SCL v.w. SBK	Sl. Friable, SS, Sp, Sexp	—	38"	—	—	0.275 PS.
		6-30	Clay m. SBK/ some mica ABK	Sl. Firm, Sticky, Sp, Sexp					
		30-38	Clay Loam common mica/Sap w SBK	Sl. Friable, SS, Sp, Sexp					
		38-62	MA Loamy Saprolite	moderately drained + Friable					
2	LSS upper 18%	0-8	SCL v.w. SBK	Sl. Friable, SS, Sp, Sexp	—	17"	—	—	0.35 PS
		8-13	Clay Strong ABK	Firm, Sticky, Sp, Sexp					
		13-17	Clay Loam W. SBK common SAP	Friable, SS, Sp, Sexp					
		17-63	MA Loamy Saprolite some clay plugs	Very Friable + well Draining					
3	LSS upper 20%	0-7	SCL v.w. SBK	Sl. Fr, SS Sp, Sexp	—	19"	—	—	0.40 PS
		7-19	Clay Loam W. SBK Abundant SAP + mica	Sl. Friable, SS, Sp, Sexp					
		19-26	MA Loamy Saprolite	well Drained + Friable					
		26-63	MA Sandy Saprolite	Very well Drained + Very Friable					
4	LSS Lower 11%	0-8"	SCL	Sl. Fr, SS Sp, Sexp	—	12"	—	—	0.4 PS
		8-12"	Clay Loam w. SBK	Friable SS, Sp, Sexp					
		12-19	MA Loamy Saprolite	Very Friable + moderately Drained					
		19-63"	MA Sandy Saprolite	Very Friable well Drained					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	172'	240'
System Type(s)	50% PPBPS	TSII + PPBPS
Site LTAR	0.35	0.275

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ___

0.35 = 7 172

4 x 43



AP-306665

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
( ) 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: Meloland Properties Address: 6902 Cameron Crest, Raleigh Zip: 27613
Applicant Email: skabundu2000@gmail.com Phone: 704-299-5203 Alt. Phone: _____
Owner Name: Juan Tuache Address: _____ Zip: _____
Owner Email: Jamejuache@yahoo.com Phone: 980-339-0480 Alt. Phone: _____

Property Information:

Street Address: 114 Sheep Path Dr, Mooresville
Subdivision Name: Shepherd's Bluff Section/Phase: 5 Lot Number: 42
Driving Directions: Take US-21N, Turn Right into Shepherd Rd, Left to Shepherd Bluff Dr, Left into Bluff meadows ln and Left to Sheep Path

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) 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: _____ 8/1/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

4pm 5/1

RECEIVED APR 2 0 2020 AP-3066665 $550.00

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:
(X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
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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: Meloland Properties Address: P.O. Box 1073, Mt Holly, NC Zip: 28
Applicant Email: skabudu2000@gmail.com Phone: 704-254-5203 Alt. Phone:
Owner Name: Juan Juache Address: 6902 Cameron Creek Circle, #303, Raleigh, NC Zip: 27613
Owner Email: jaimejuache@yahoo.com Phone: 720-339-0480 Alt. Phone:

Property Information:

Street Address: 114 Sheep Path Dr Mooresville
Subdivision Name: Shepherd's Bluff Section/Phase: 5 Lot Number: 42
Driving Directions: Take US-21 N, Turn Right into Shepherd Rd, Left to Shepherds Bluff Dr, Left into Bluff Meadows Ln and Left to Sheep Path Dr

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:
( ) Swimming Pool
( ) Other Addition/Structure:

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

Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference (1) Alternative (2) 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.

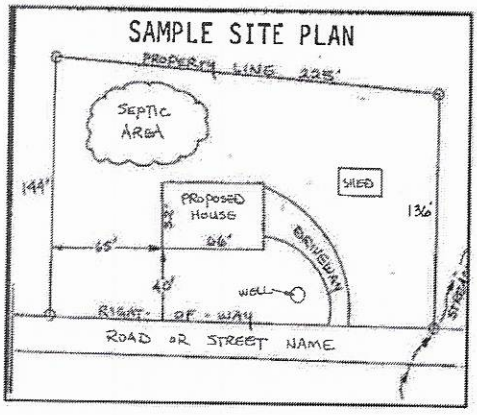
Signature: _____ 4/9/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

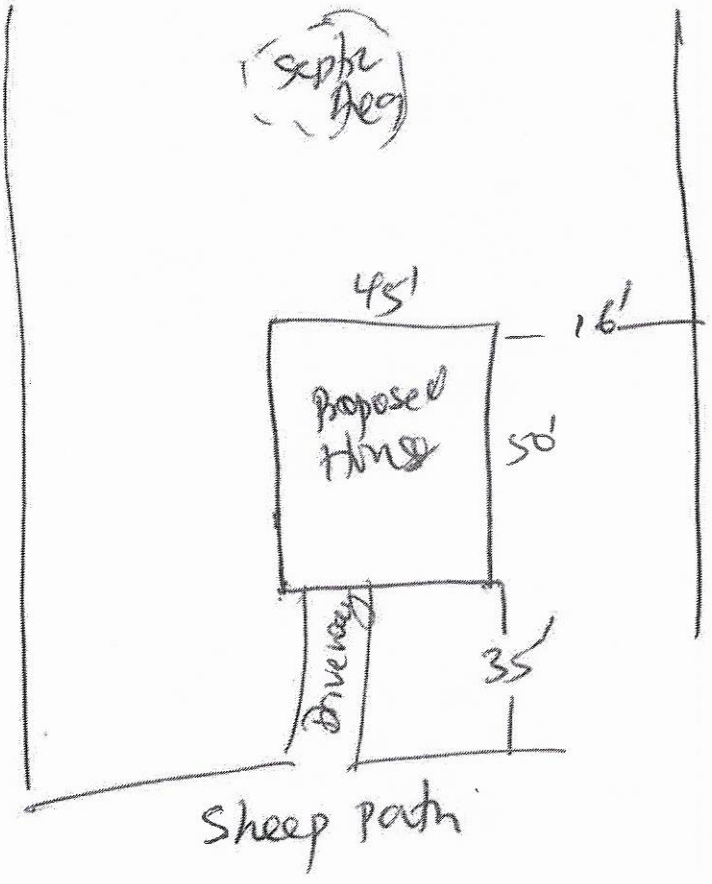
- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other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

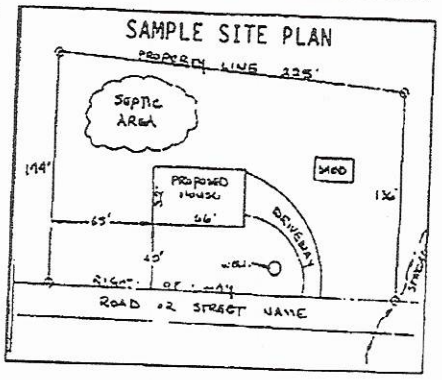
8/1/20

DATE

3066665

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:

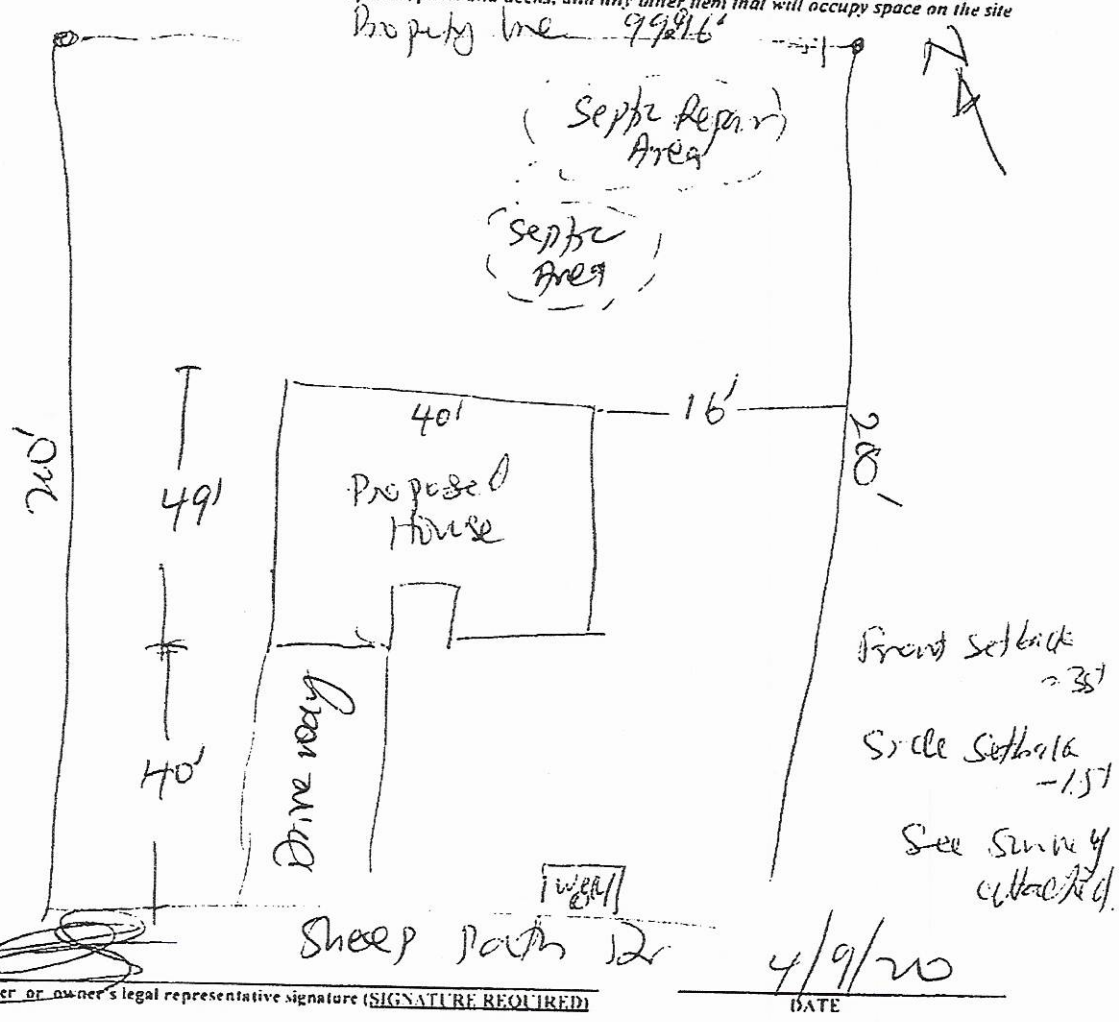
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator 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: _____ 4/9/20

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.

X 2. I, Juan Juache, am the legal owner(s) of the property located at 114 Sheep Path Dr, Mooresville, identified as PIN (Parcel Identification Number) 4659569662, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Meloland Properties, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

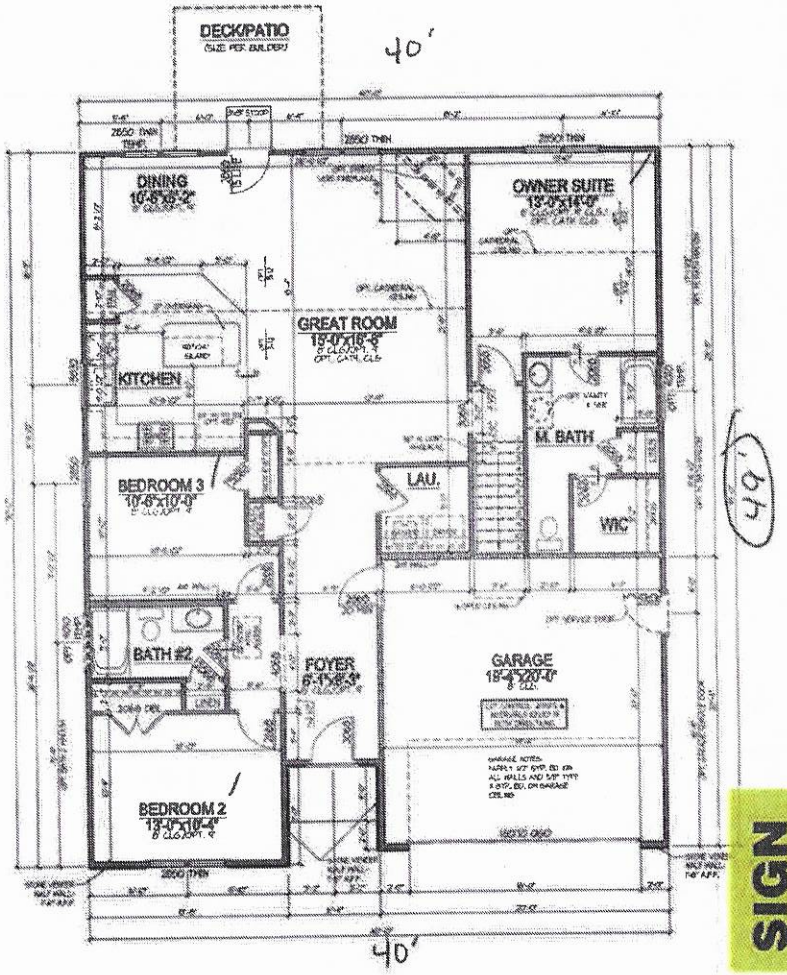
- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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.

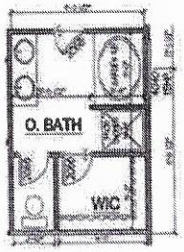
Signature of Owner(s) _____ Date 4-10-20

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



FIRST FLOOR PLAN



OPT. DELUXE MASTER BATH

SIGN HERE

Acknowledgement of Plans Submittal ONLY!

Date 9/1/2020

Date 9/1/20

BUILDERS

JULY 1st 2010

4.10

IREDELL COUNTY · NC

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

APPLICATION NUMBER
306665 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4659569668.000	114 SHEEP PATH DR	Iredell County

Owner Information	Applicant Information
Name: ALDACO JUAN C J+MARITZA A JUACHE Address: Phone:	Name: ALDACO JUAN C J+MARITZA A JUACHE Address: Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.46	35	35	15	15		NO

Remarks
SFD

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.

Signature of Owner/Contractor

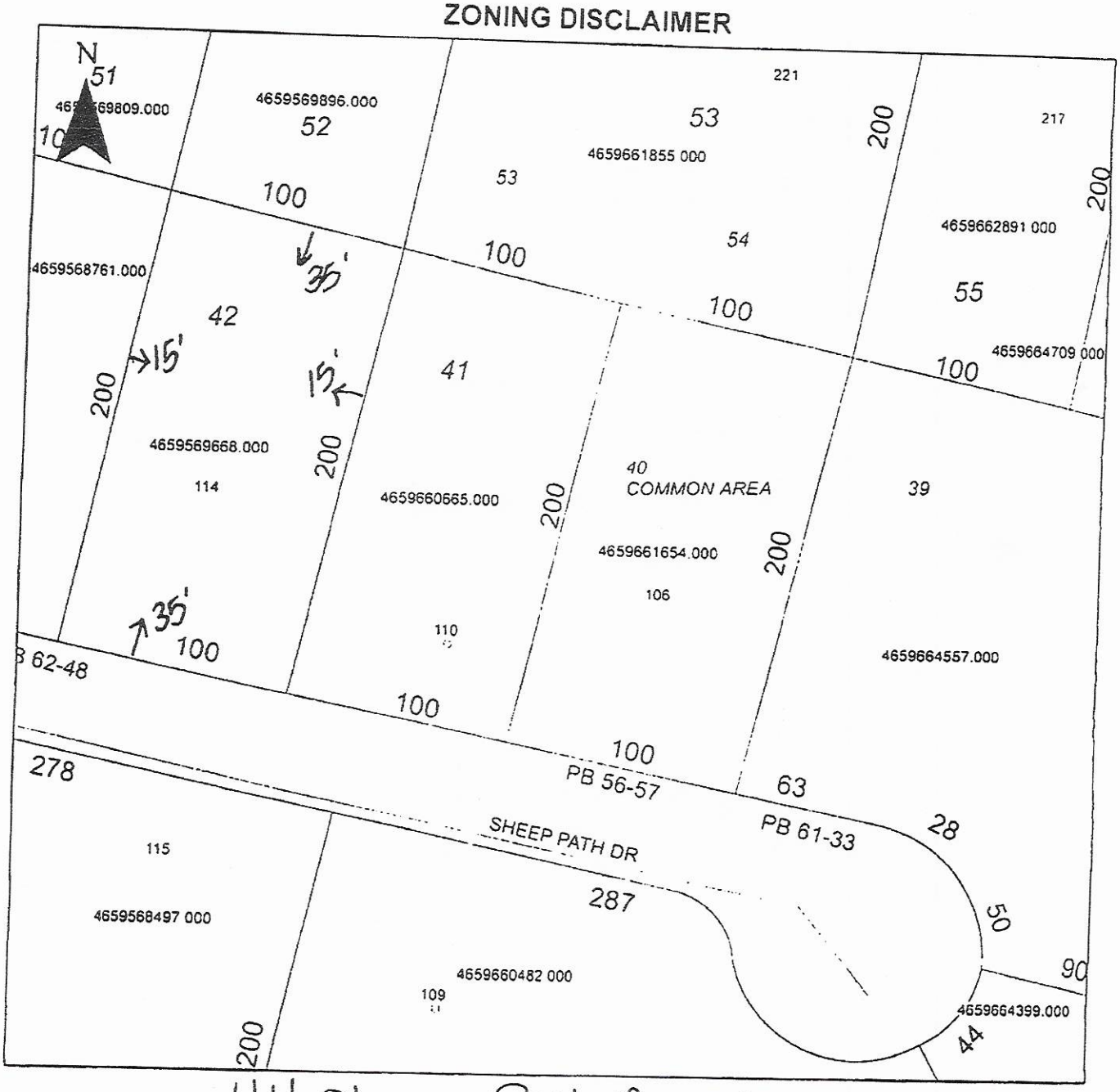
Date: 04/13/2020

Permit Number	306665

TOTAL FEES:	$77.25

3000605

ZONING DISCLAIMER



Property Address 114 Sheep Path Dr - Mooresville

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✓ Meloland Properties
Applicant

✓ 4/9/20
Date