9:30

ICHD–ENVIRONMENTAL HEALTH DIVISION PSB

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

PERMIT # 232803

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

PIN # 4659-14-82-62

APPLICANT/OWNER: David Martin Inc. APPLICANT ADDRESS: P.O. Box 6105 Statesville, NC 28687

SITE ADDRESS: 117 Cottage Ct. Mooresville, NC 28115 PHONE: — ALT. PHONE —

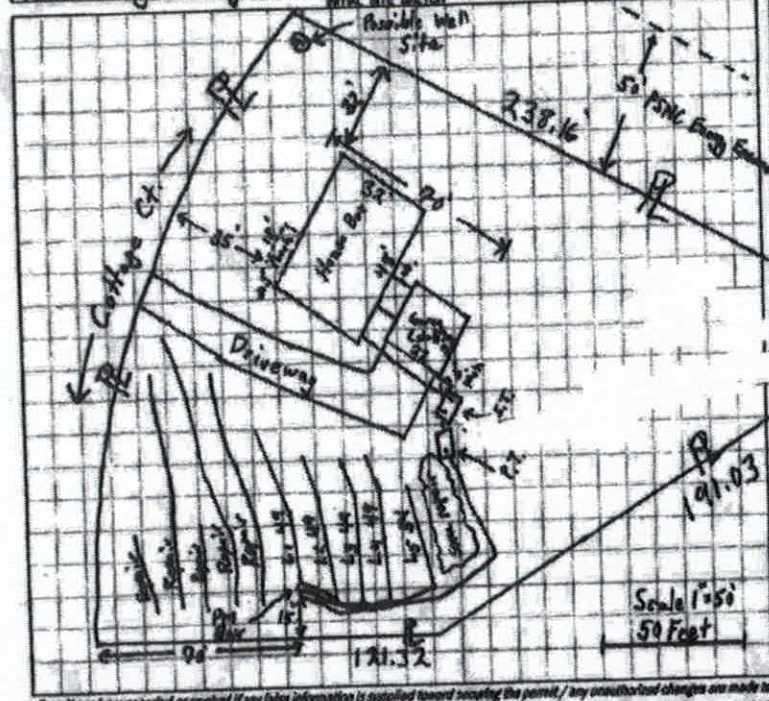
SITE DIRECTIONS: Rt 21/115 N from Mooresville → R on Shepherd Rd → R on Cottage Rd → on left SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: The Glen SECTION: 1 LOT # 2 LOT AREA: 0.78 ac DESIGN FLOW: 360 GPD L.T.A.R.: 0.40

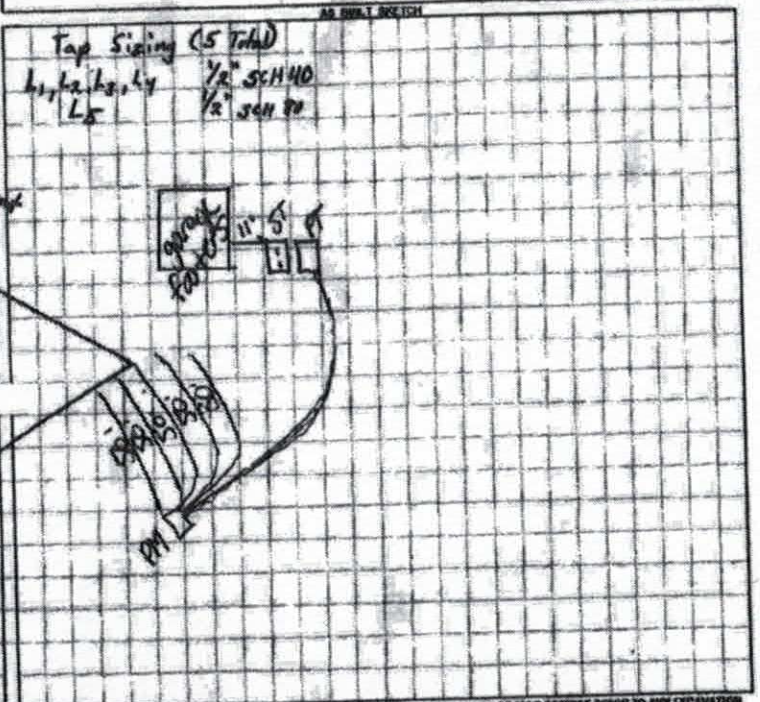
Septic Tank	1000 (gal)	STB	7120	Date	4/3/19	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000 (gal)	PT	3603	Date	5/7/19	System Description:	25% Reduction (Pressure Manifold)	☐ Business	No. Persons	6	☒ Private
Pump Make		Model		Serial #		Repair System Description:	50% Reduction (LPP-PEBPS)	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft.	230	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab Garage	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	31"	Gravel Depth	—		☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: * No greater than a 2' cut is allowed in constructing the driveway * Recommend pumping septic tank every 3-5 years. Set control floats to dose system 200 gallons per pumping event. (@ 6 min @ 33.69 GPM)

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 plot 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: 6/26/19 Installed by: Stutts Grading

IMPROVEMENT PERMIT by: [signature] Date: 6/27/19 OPERATION PERMIT by: [signature] Date: 11-13-19

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 6/29/19 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 inspector to confirm your inspection time.

117 Cathodic Ct
The Glen 1 of 2

	Date	Initials
Drain Lines Checked	7-11	CC
Tanks Checked	7-11	CC
Pressure Manifold or Valve Box Checked	7-11	CC
Pressure Head Set	11-12	BCW
Electrical Checked	11-12	BCW
Floats Set	11-12	BCW
Alarm Checked	11-12	BCW
Maintenance Contract Y / (N)		

ICHD–ENVIRONMENTAL HEALTH DIVISION PJB

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

PERMIT # 232803

PIN # 4659 74 8262

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

APPLICANT/OWNER: David Martin Inc. APPLICANT ADDRESS: P.O. Box 6105 Statesville, NC 28687

SITE ADDRESS: 117 Stone Cottage Ct. Mooresville, NC 28115 PHONE: — ALT. PHONE —

SITE DIRECTIONS: Rt 21/115 N from Mooresville → R on Shepherd Rd → R on Cottage Rd → on left SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: The Glen SECTION: 1 LOT # 2 LOT AREA: 0.78 ac DESIGN FLOW: 360 GPD L.T.A.R.: 0.40

Septic Tank 1000 (gal) STB Date

Pump Tank 1000 (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft 230

Trench Width 36" Trench Bottom Depth(Low side) 31" Gravel Depth —

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

System Description: 25% Reduction (Pressure Manifold)

Repair System Description: 50% Reduction (LP-PPBPS)

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

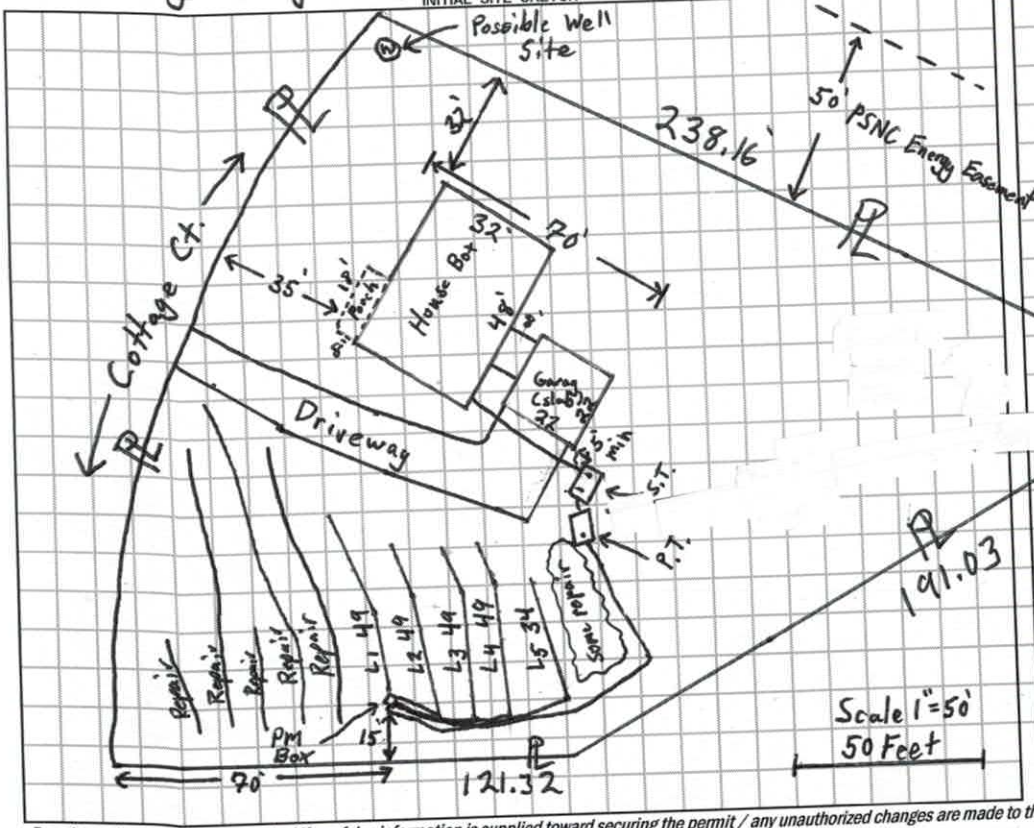
☒ Residence ☐ Business ☐ Other ☒ Slab Garage ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees — ☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: * No greater than a 2' cut is allowed in constructing the driveway * Recommend pumping septic tank every 3-5 years. Set control floats to dose system 200 gallons per pumping event. (≈ 6 min @ 33.69 GPM)

INITIAL SITE SKETCH



AS BUILT SKETCH

Tap Sizing (5 Total)

L1, L2, L3, L4 1/2" SCH 40

L5 1/2" SCH 80

CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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.

☐ 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: David F Martin Date: 6/26/19

IMPROVEMENT PERMIT by: Tom Shuck Date: 6/27/19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 6/27/19

Installed by: Date:

OPERATION PERMIT by: Date:

Existing System Inspected by:

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.

PROPERTY ID #: 4659840168
COUNTY: Iredell

SHEPHERD RD

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

OWNER: DJ Phoenix LLC
ADDRESS: 112 old Post Road
PROPOSED FACILITY: Res
LOCATION OF SITE: The Eden Subdivision LOT 2
APPLICATION DATE:
DATE EVALUATED: 1-3-18
PROPERTY SIZE: 0.78
PROPERTY RECORDED: NO
PROPOSED DESIGN FLOW (.1949):

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	LSS 6%	0-13	RCMSBK	Fi SSPSExP	N/A MANY FELD SPAR 13"-60"	40"	S	60+	.35
		13-40	RCLWSBK	Fr SSSPSExP					
		40-60	LSAP	Fr SSSPSExP					
2	LSS 6%	0-15	RCMSBK	Fi SPSExP	N/A MANY FELD SPAR 15-60"	31"	S	60+	.35
		15-31	RCLWSBK	Fr SSSPSExP					
		31-60	LSAP	Fr SSSPSExP					
3	LSS 12% Not Used	0-8	BR/RCMSBK	Fr SSSPSExP	N/A MANY FELDSPAR 8-60	24"	S	60+	.35
		8-24	RCLWSBK	Fr SSSPSExP					
		24-50	LSAP/CV	Fr SSSPSExP					
		50-60	LSAP	Fr NSNPNExP					
4	LSS 5%	0-9	RCMSBK	Fr SSSPSExP	N/A MANY FELDSPAR 21-60	21"	S	60+	.4
		9-21	RCLWSBK	Fr SSSPSExP					
		21-60	LSAP	Fr SSSPSExP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PM 25%	LPPPBPS
Site LTAR	0.4	0.35

OTHER FACTORS (.1946): None
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: CS & SL HSL
OTHER(S) PRESENT: None

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: 4655840165
DATE OF EVALUATION: 1-3-18
COUNTY: Iredell

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	
LOT 2	LSS 12%	0-10	RCMSBK	FI S PSEXP	MANY FELDSPAR 10-60	24"	S	60+	.4
		10-24	RCLWSBK	FR SS SP SEXP					
		24-60	LSAP	FR SS SP SEXP	N/A				

#082003
6-24-19
$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
( ) 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: DAVID T MARTIN INC Address: Box 6105 STATESVILLE NC Zip: 28687
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 117 STONE Cottage Ct MOORSVILLE NC 28115
Subdivision Name: THE GLEN Section/Phase: 1 Lot Number: 2
Driving Directions: _____

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

Describe Problem: _____

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: _____ 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: David T Martin 6/24/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED JAN 2 4 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $350.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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232803

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (X) 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: DJ PHOENIX, LLC/CS&SC **Address:** 112 OLD POST RD., MOORESVILLE, NC **Zip:** 28117

Applicant Email: douglasajohnson1@gmail.com **Phone:** 704-400-5066 **Alt. Phone:**

Owner Name: SAME **Address:** **Zip:**

Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 117 STONE COTTAGE CT., MOORESVILLE

Subdivision Name: THE GLEN **Section/Phase:** 1 **Lot Number:** 2

Driving Directions: HWY 115 N, TR ON SHEPHERD RD., NEW SUBDIVISION RD ON R PAST SHEPHERD VALLEY, SECOND LOT ON L

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines **Describe Problem:**

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) 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 (X) 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: **Property owner or owner's legal representative signature (SIGNATURE REQUIRED)** 1-20-18 **DATE**

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, DOUG JOHNSON, am the legal owner(s) of the property located at 117 Stone Cottage Ct, Mooresville NC 28115, identified as PIN (Parcel Identification Number) 4659840168, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) ADRIAN PRUITT, CAROLINA SOIL + SEPTIC CONSULTING, 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 _____

Signature of Witness _____ Date _____

Please return this signed form to the appropriate office:

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

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*) David T Martin

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, DAVID T MARTIN JR, 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
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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.

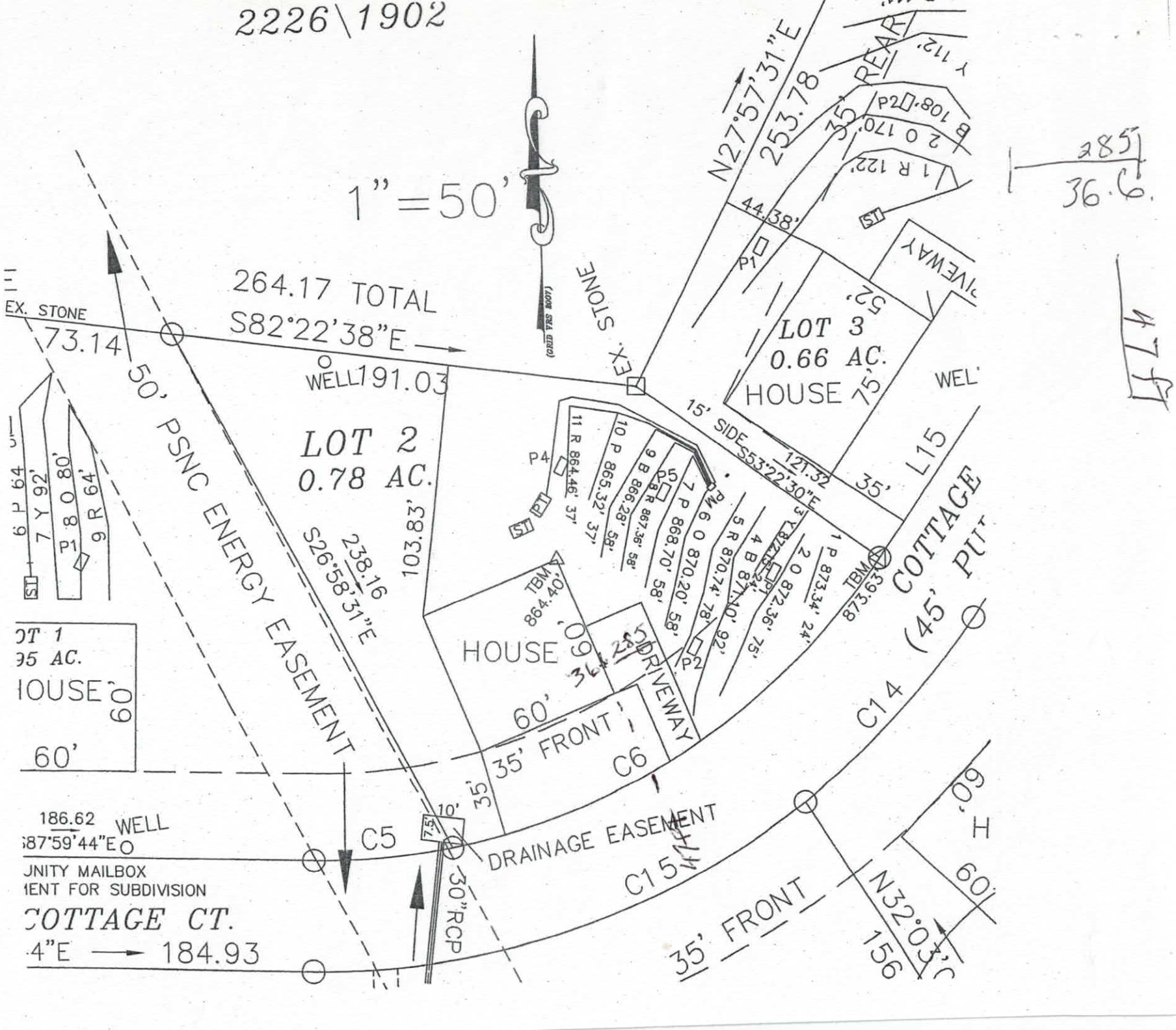
David T Martin
Signature of Owner(s)

6/04/19
Date

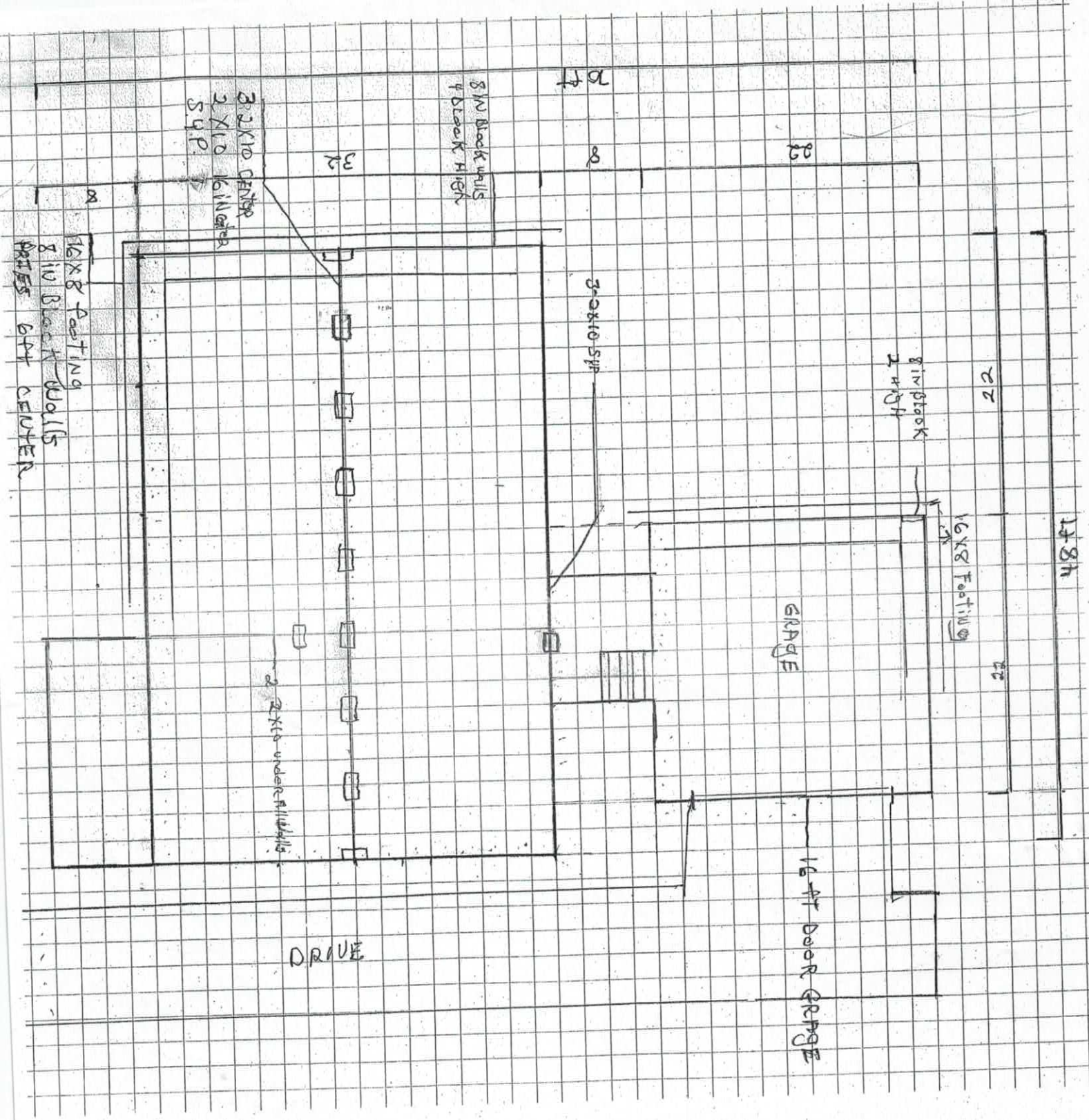
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

2226\1902


1"=50'
264.17 TOTAL
S82°22'38"E
EX. STONE
73.14
WELL
191.03
LOT 2
0.78 AC.
LOT 3
0.66 AC.
HOUSE
75'
15' SIDE
S53°22'30"E
121.32
35'
L15
50' PSNC ENERGY EASEMENT
238.16
S26°58'31"E
103.83'
N27°57'31"E
253.78
35' REAR
44.38'
DRIVEWAY
52'
P1
P2
P4
TBM
864.40'
TBM
873.63'
HOUSE
60'
60'
35' FRONT
C6
C5
C14
C15
C16
C17
COTTAGE
(45' PUT
186.62
S87°59'44"E
WELL
10'
7.5'
30"RCP
DRAINAGE EASEMENT
35' FRONT
N32°03'
156
60'
JNITY MAILBOX
IENT FOR SUBDIVISION
COTTAGE CT.
4"E
184.93


HOUSE 1616 Sqft
GRAGE 484 Sq ft
PORCH 176 Sq ft
Acknowledgement of
Plans Submittal ONLY!
Date 6/21/19
Date 6/27/19
GARAGE
Landing
R
Kitchen
Bath
Master
Bed Room
Dinning
Living
Bed Room
2
Bath
Bed Room
3
20 FT
8FT
16FT
4FT
12 FT
8FT
20 FT
12 FT
8FT
14 FT
5FT
11FT
2FT
18 FT
48 FT



Acknowledgement of
Plans Submittal ONLY!

Dan Di Martino Date 6/21/19

Tom Shuck Date 6/27/19

IREDELL COUNTY

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

APPLICATION NUMBER
232803
Issue Date: 01/19/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4659840168.000	117 STONE COTTAGE COURT, MOORESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: DJ PHOENIX, LLC	Applicant: CAROLINA SOIL SEPTIC C
Address: 112 OLD POST RD MOORESVILLE, NC 28117	Address: 162 WEST B ST KANNAPOLIS, NC 28081
Phone: 704-400-5066	Phone: 704-202-5791

Use Requested	Zone Code
SFD	RA

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

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmenta 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, pla 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	126172	TOTAL FEES:	$ 77.25