IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 222897

BA

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

PIN # 4665-06-6309

APPLICANT: Donald Dingler | APPLICANT ADDRESS: 673 Faith Rd. Mooresville, NC 28115

SITE ADDRESS: 693 Faith Road Mooresville, NC 28115 | PHONE: 704-361-3028 | ALT. PHONE:

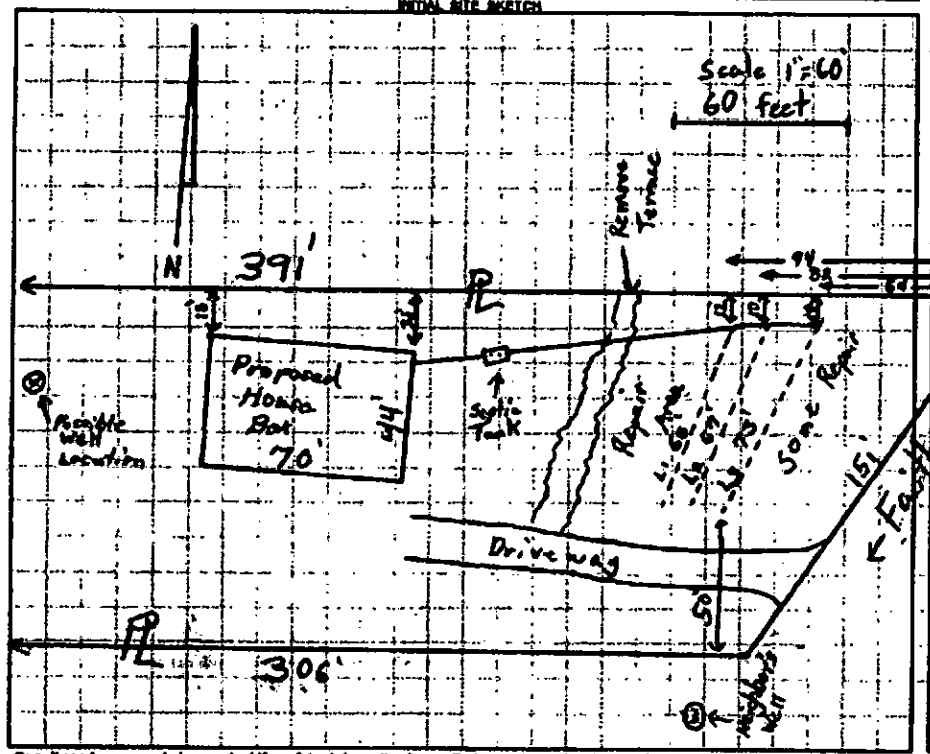
SITE DIRECTIONS: Shearer's Rd South from Mooresville → R on Faith Rd → Lot on Right

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 1.00 acres | DESIGN FLOW: 240 GPD | L.T.A.R.: 0.30

Septic Tank: 1000 (gal)	STB: In Pump Tank	Date:	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms: 3	Water Supply: ☒ Private
Pump Tank: — (gal)	PT: —	Date: —	System Description: 25% Reduction		☐ Business	No. Persons: 4	☐ Public
Pump Make: —	Model: —	Serial #: —	Repair System Description: 50% Reduction		☐ Other	No. Employees:	☐ Community
# Nitrification Fields: 1	# Lines: 3	Linear Ft: 200	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	☐ Crawl Space	
Trench Width: 36"	Max. Trench Bottom Depth: 36"	Gravel Depth: —		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Follow all N.C. septic rules. Recommend pumping septic tank every 3-5 years. Eliminate berms to promote natural drainage.

INITIAL SITE SKETCH



AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	1/12	BB
Tanks Checked	1/12	BB
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		
Comments:		

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: Donald Dingler | Date: 1-11-17 | Installed by: John - Moore septic

IMPROVEMENT PERMIT by: Tom Shuck | Date: 11-22-16 | OPERATION PERMIT by: Benjamin D. Batemis | Date: 1/12/17

AUTHORIZATION TO CONSTRUCT by: Tom Shuck | Date: 11-22-16 | Existing System Inspected by: | Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

RECEIVED NOV 1 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

Paid $500.00

1. APPLICATION FOR: ✓ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

222897

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Donald Dingler	673 Faith Rd Mooresville	NC 28115	704-361-3028
Donald Dingler	673 Faith Rd Mooresville	NC 28115	704-308-4704
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Kay H Schronce			

4. Property Information:

673 Faith Rd Mooresville NC 28115 — Street Address; Subdivision Name; Section/Phase and Lot Number

Driving Directions: South on Hwy 115 Left on Faith Rd. approx 3 miles will cross bridge go 1/mile beside old Farm House on left.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence — Maximum Number of Bedrooms 2
( ) New, Multi-Family Residence — Maximum Number of Occupants 2
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___
( ) Repair To Failing Septic System due to ___
( ) Other ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ____ *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
   ( ) Yes (✓) 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.

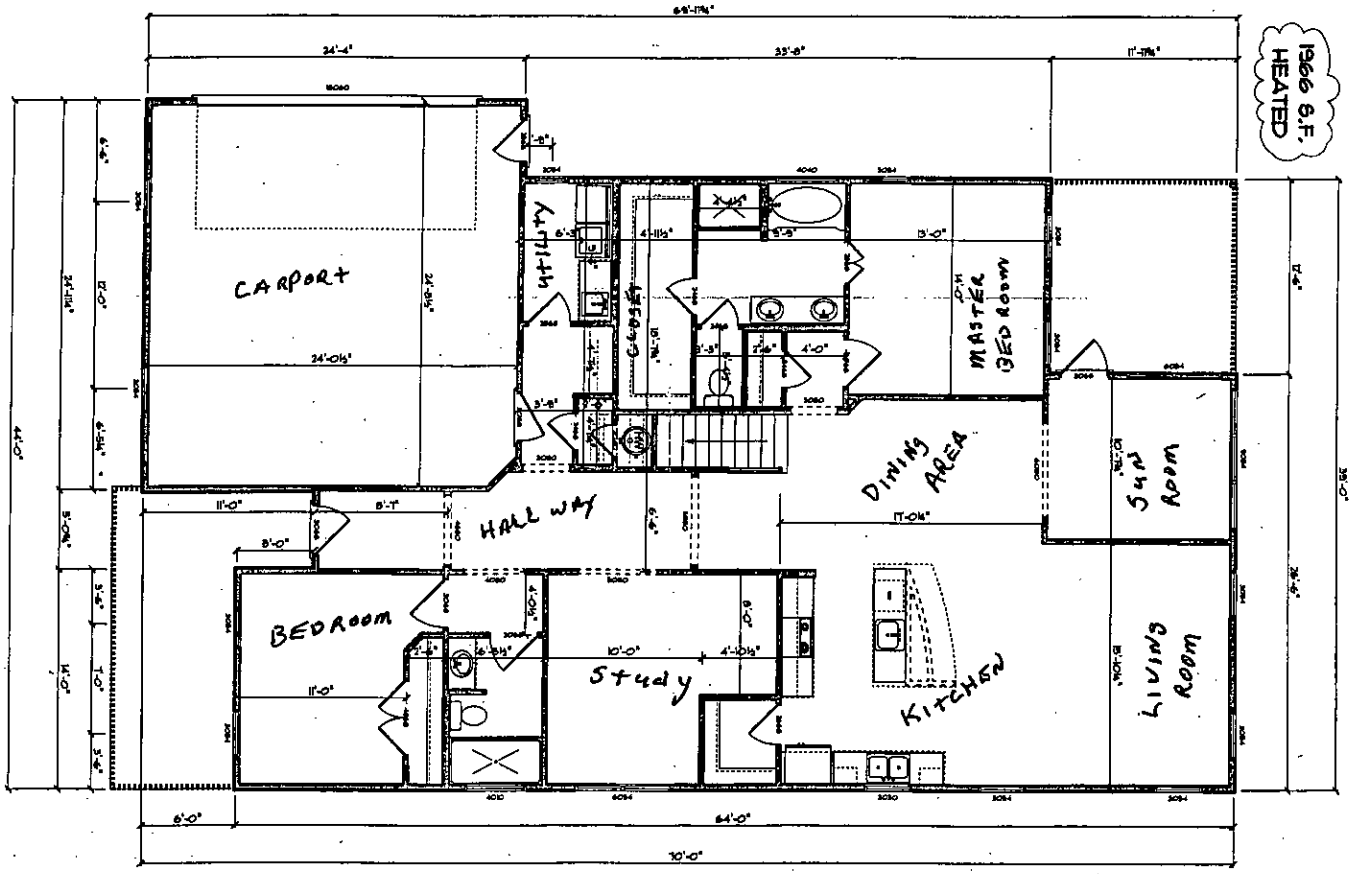
9. Signature: Kay H. Schronce Donald E. Dingler — 11-2-16
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

654 Faith

Acknowledgement of
Plans Submittal ONLY!

Donald Dwyer Date 11-3-16

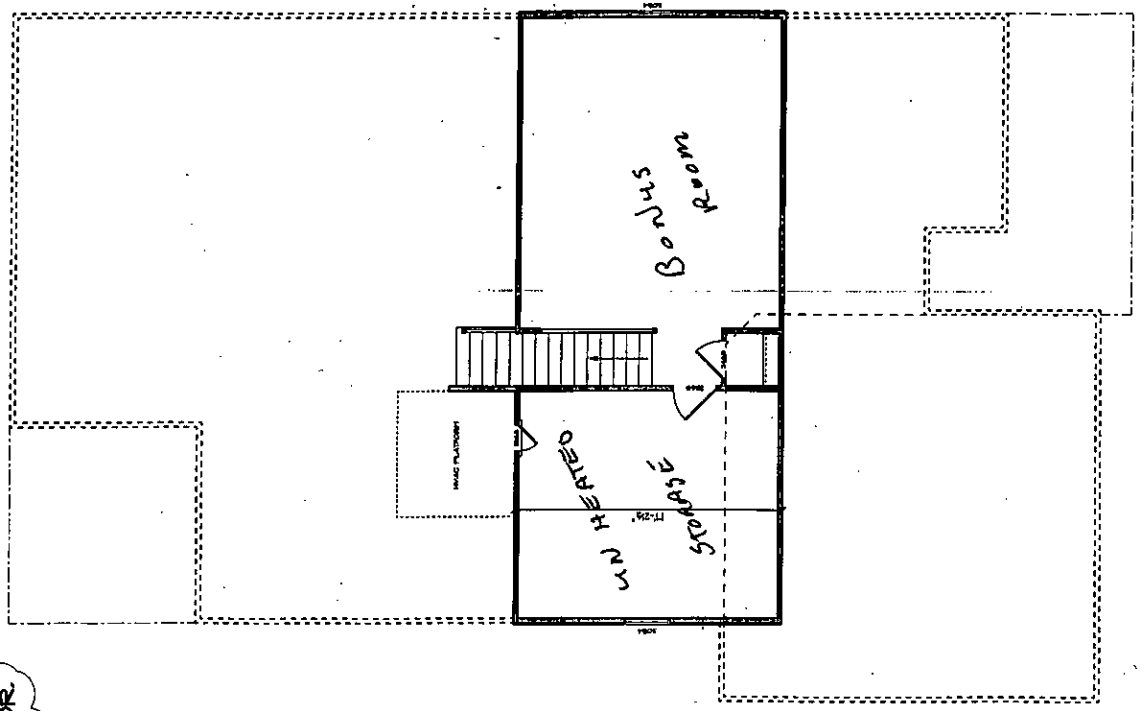
_____ Date _____



Acknowledgement of
Plans Submittal ONLY!

Donald Dunphy Date 11-3-16

_____ Date _____



416 S.F.
HEATED/
255 S.F.
UNFIN. STOR.

IREDELL COUNTY

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

APPLICATION NUMBER
222897
Issue Date: 11/01/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4665066307.000	673 FAITH ROAD, MOORESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: DINGLER LAURA JOANNE H ETAL	Applicant: DINGLER, DONALD
Address: 713 FAITH RD MOORESVILLE, NC 28115	Address: 673 FAITH RD MOORESVILLE, NC 28115
Phone:	Phone: 704-361-3028

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	NOT	X

Remarks:

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	84639	TOTAL FEES:	$ 77.25

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

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

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

OWNER: Donald Dingler
ADDRESS: 673 Faith Road Mooresville
PROPOSED FACILITY: 2 Br House PROPOSED DESIGN FLOW (.1949): 240 GPD
LOCATION OF SITE: # 673 Faith Road Mooresville

APPLICATION DATE: 11/2/16
DATE EVALUATED: 11/17/16
PROPERTY SIZE: 1.00 acre
PROPERTY RECORDED: Yes

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

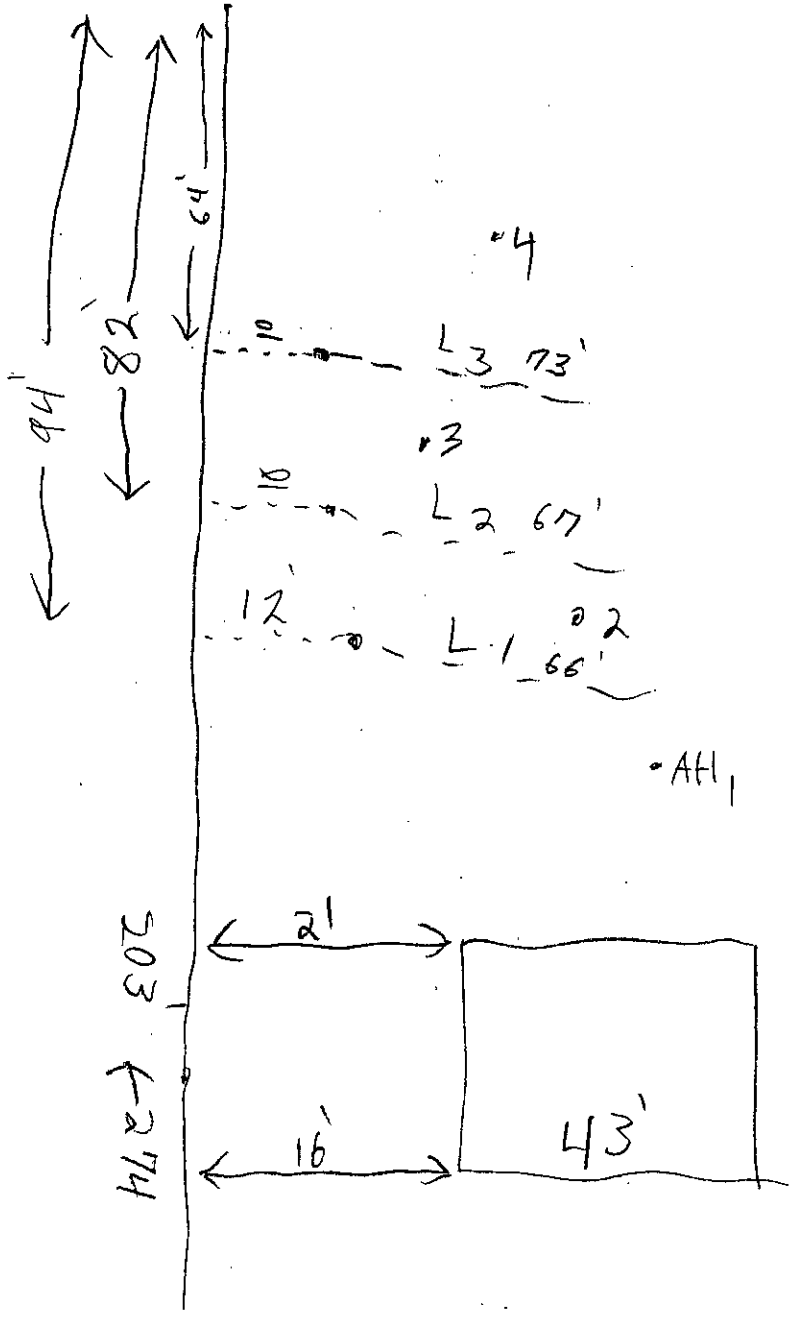
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 12%	0-38	R. Clay W. SBK	Firm, Sl. Sticky, Sp, Sexp	—	48"	—	—	0.30 PS
		38-48	R. clay W. SBK	Sl Firm SS Sp, Sexp					
2	12%	0-36	R clay W. SBK	Sl. Firm, SS, Sp, Sexp	—	48	—	—	0,325 PS
		36-48	R. Clay Loam W. SBK	Sl. Friable, SS, Sp, Sexp					
3		0-16"	R. Clay W. SBK	Firm, SS, SP, SEXP	Mica	48"	Few-C	—	0.325 PS
		16-48"	R. clay Loam W. SBK	Fr, SS, SP, SEXP					
4		0-30"	R. Clay W. SBK	Fi SS SP SEXP	Mica —	48"	Abundant	—	0.3 PS
		30-40"	R. Clay Loam W. SBK	Fr SS SP SEXP					
		40-48"	S. Loam V. W. SBK	Fr SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	208 L.F.	180± l.f.
System Type(s)	25% reduction	50% reduction
Site LTAR	0.30	0.30

OTHER FACTORS (.1946): Remove Berms!
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck + Grace Herbert
OTHER(S) PRESENT: —

COMMENTS: ___

L_1	66	7.95'
L_2	67	9.10'
L_3	73	10.05'
	206	

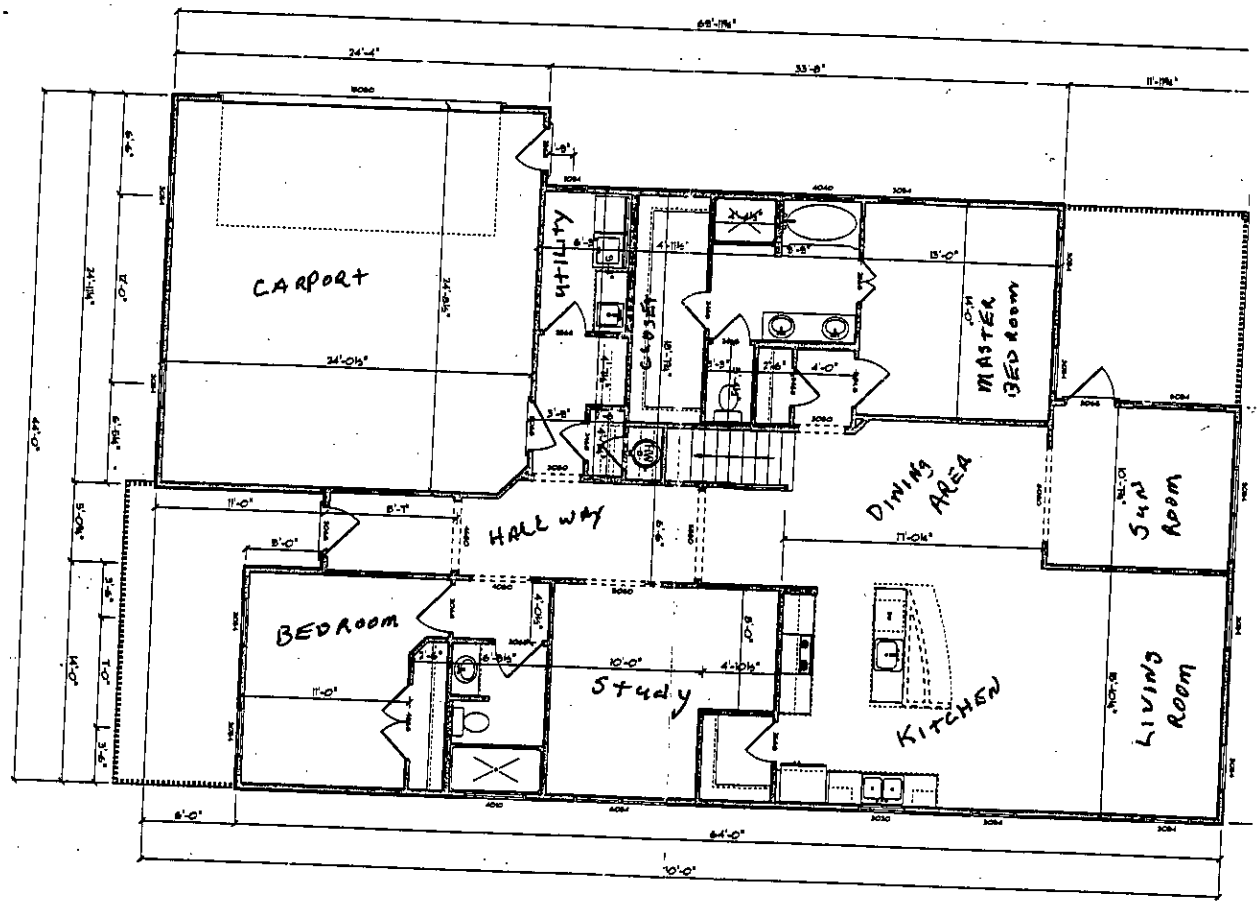


654 Ta

Acknowledgement of
Plans Submittal ONLY!

Donald Dyer Date 11-3-16

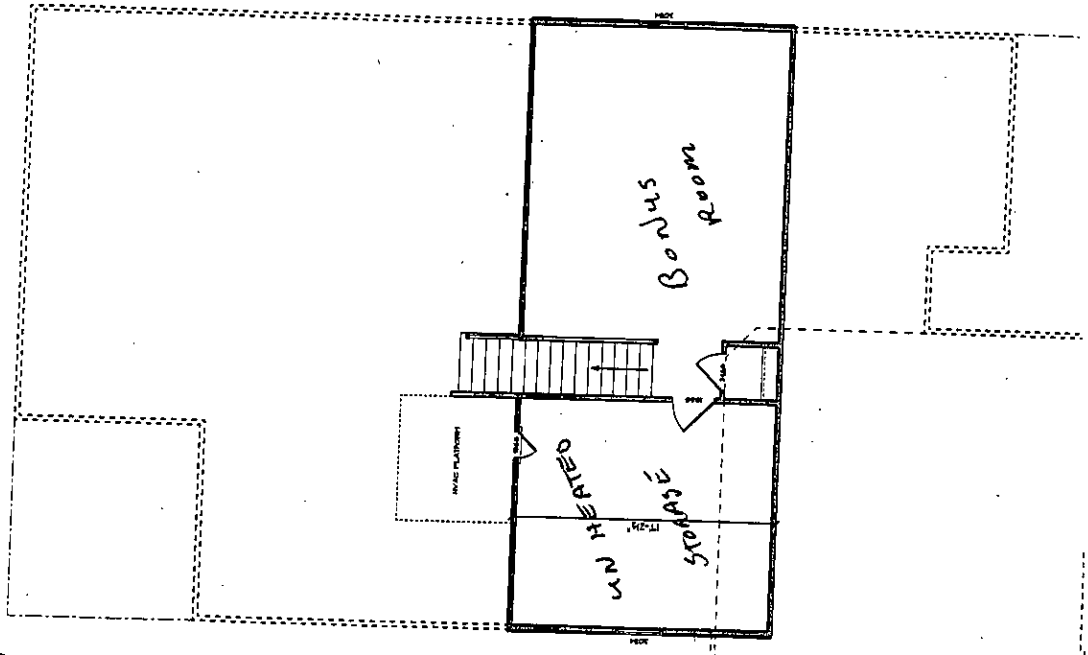
Tom Shuck Date 11-22-16



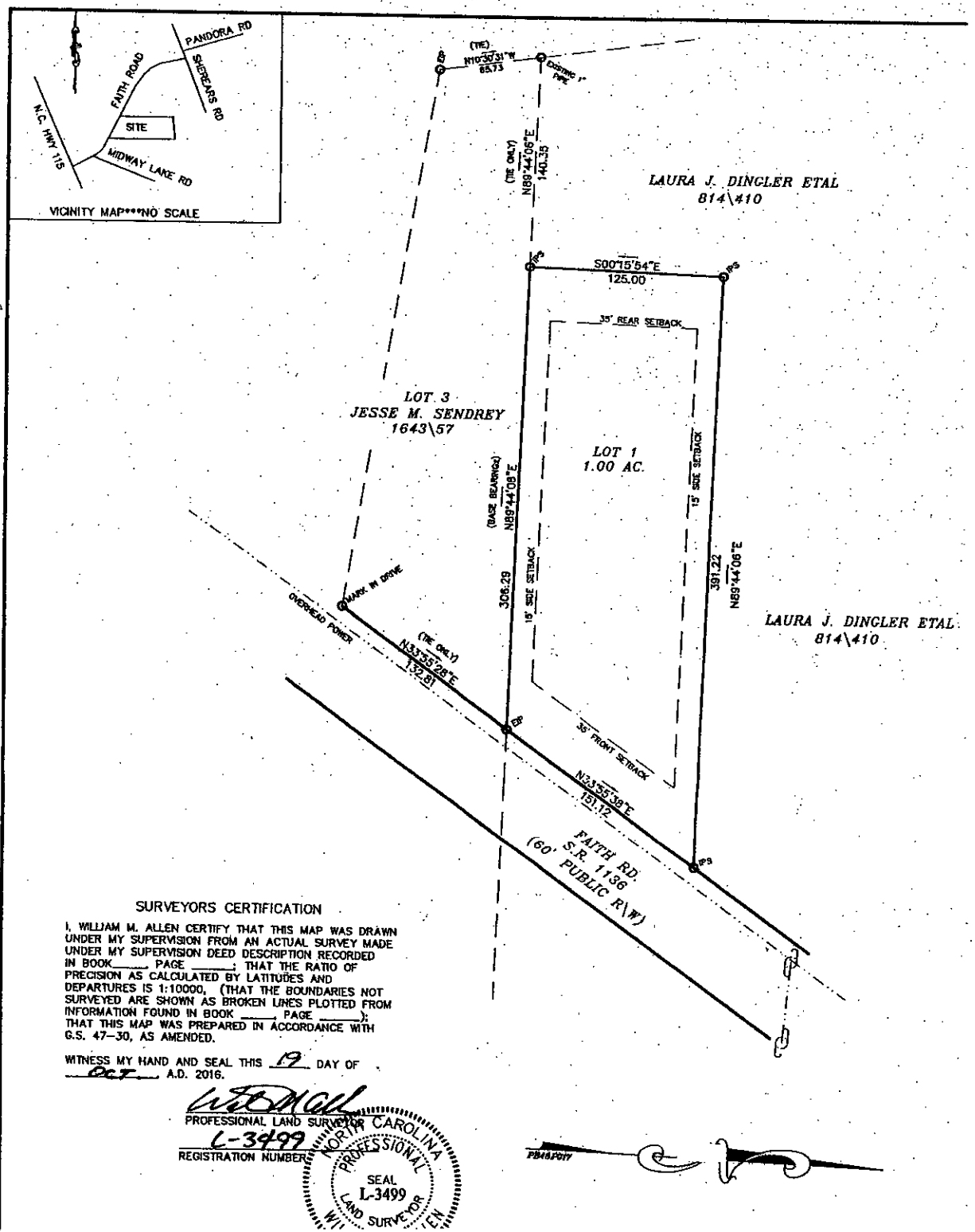
Acknowledgement of
Plans Submittal ONLY!

Date 11-3-16

Date



416 S.F. HEATED/ 255 S.F. UNFIN. STOR.



SURVEYORS CERTIFICATION

I, WILLIAM M. ALLEN CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION DEED DESCRIPTION RECORDED IN BOOK_____ PAGE _____; THAT THE RATIO OF PRECISION AS CALCULATED BY LATITUDES AND DEPARTURES IS 1:10000, (THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK _____ PAGE _____); THAT THIS MAP WAS PREPARED IN ACCORDANCE WITH G.S. 47-30, AS AMENDED.

WITNESS MY HAND AND SEAL THIS 19 DAY OF OCT A.D. 2016.

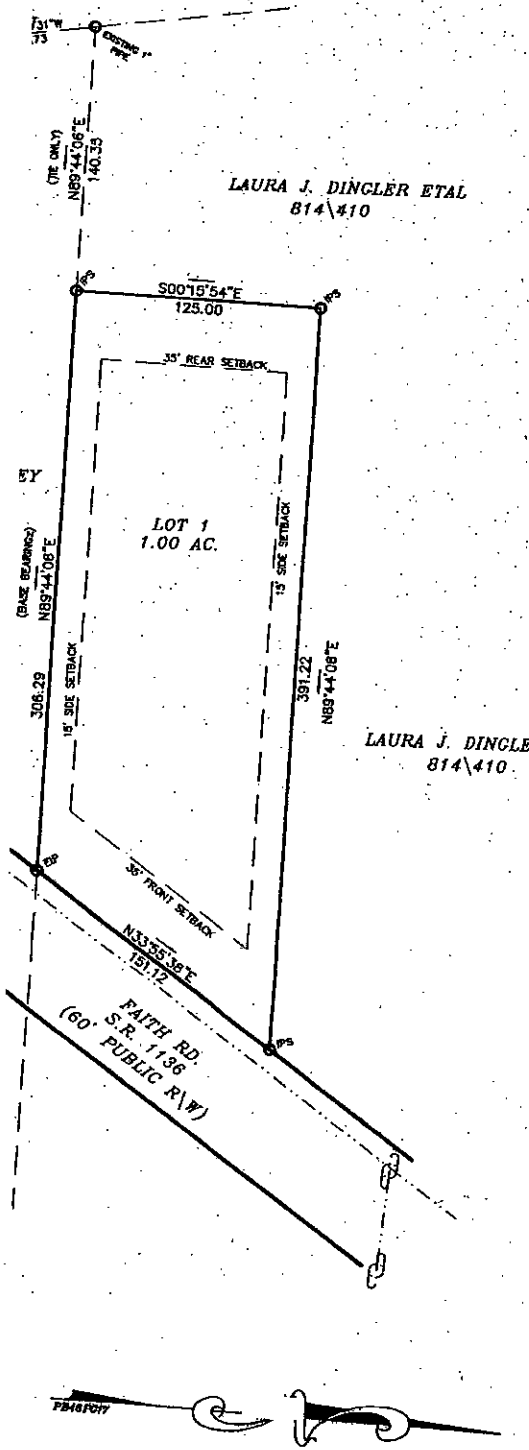
PROFESSIONAL LAND SURVEYOR

L-3499

REGISTRATION NUMBER

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR

PB48,PG17



I HEREBY CERTIFY THAT THE SUBDIVISION PLAT SHOWN HEREON HAS BEI FOUND TO COMPLY WITH THE SUBDIVISION REGULATIONS OF THE COUNTY IREDELL, NORTH CAROLINA AND THAT THIS PLAT HAS BEEN APPROVED B SUVDIVISION ADMINISTRATOR FOR RECORDING IN THE OFFICE OF REGISTER DEEDS OF IREDELL COUNTY.

SUBDIVISION ADMINISTRATOR
IREDELL CO., NORTH CAROLINA

10-24-16
DATE

TO THE BEST OF MY KNOWLEDGE, LOTS SHOWN ON THIS PLAT, DOES NOT LIE WITHIN A WATER SUPPLY WATERSHED AS DESIGNATED BY THE NORTH CAROLINA DIVISION OF ENVIRONMENTAL MANAGEMENT, AND APPEARS ON THE WATERSHED PROTECTION MAP OF IREDELL COUNTY.

10-21-16
DATE

SUBDIVISION ADMINISTRATOR

AS OF THE DATE OF THIS RECORDING, THE LOTS REPRESENTED ON THIS PLAT HAVE NOT BEEN INSPECTED OR APPROVED BY THE IREDELL COUNTY HEALTH DEPT. UNTIL INSPECTED THERE IS NO ASSURANCE THAT A BUILDING PERMIT WILL BE ISSUED.

THE SUBJECT PROPERTY IS NOT LOCATED WITHIN A SPECIAL FLOOD HAZARD AREA ACCORDING TO FLOOD INSURANCE RATE MAP – COMMUNITY PANEL #3710466500 EFFECTIVE DATE: 03\18\2008.

NOTES:

1) This property may be subject to any easements and/or Rights-of-way of record.
2) Tax Parcel No. 4665161672
3) Deed Ref. 814\410
4) Property Zoned :RA
5) Minimum Building Setback Per County Zoning: 35' FRONT
   35' REAR
   15' SIDE
6) The property is located in CODDLE CREEK TWSP., IREDELL CO., N.
7) TOTAL AC.= 1.00 AC.
8) No geodetic monument found within 2000' of said property.
9) The lots shown on this plat does not lie in a destnated flood are
10) TOTAL # LOTS SUBDIVIDED = 1
11) THIS LOT WILL BE SERVED BY INDIVIDUAL WELL & SEPTIC.
12) ALL LOT LINES ARE SUBJECT TO A 10' DARINAGE & UTILITY EAS

STATE OF NORTH CAROLINA
COUNTY OF IREDELL

I, William M. Allison, REVIEW OFFICER OF IREDELL COUNTY, CERTIFY THAT THE MAP OR PLAT TO

Doc ID: 015811690001 Type: CRP
Recorded: 10/21/2016 at 08:26:15 AM
Fee Amt: $21.00 Page 1 of 1
Iredell County, NC
Ronald N. Wyatt Register of Deeds
BK 65 PG 99

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 SUVDIVISION ADMINISTRATOR FOR RECORDING IN THE OFFICE OF REGISTER OF DEEDS OF IREDELL COUNTY.

Willie M. Allen
SUBDIVISION ADMINISTRATOR
IREDELL CO., NORTH CAROLINA

10-21-16
DATE

TO THE BEST OF MY KNOWLEDGE, LOTS SHOWN ON THIS PLAT, DOES NOT LIE WITHIN A WATER SUPPLY WATERSHED AS DESIGNATED BY THE NORTH CAROLINA DIVISION OF ENVIRONMENTAL MANAGEMENT, AND APPEARS ON THE WATERSHED PROTECTION MAP OF IREDELL COUNTY.

10-21-16
DATE

Willie M. Allen
SUBDIVISION ADMINISTRATOR

AS OF THE DATE OF THIS RECORDING, THE LOTS REPRESENTED ON THIS PLAT HAVE NOT BEEN INSPECTED OR APPROVED BY THE IREDELL COUNTY HEALTH DEPT. UNTIL INSPECTED THERE IS NO ASSURANCE THAT A BUILDING PERMIT WILL BE ISSUED.

THE SUBJECT PROPERTY IS NOT LOCATED WITHIN A SPECIAL FLOOD HAZARD AREA ACCORDING TO FLOOD INSURANCE RATE MAP – COMMUNITY PANEL #3710466500J EFFECTIVE DATE: 03\18\2008.

NOTES:

1) This property may be subject to any easements and/or Rights-of-way of record.
2) Tax Parcel No. 4665161672
3) Deed Ref. 814\410
4) Property Zoned :RA
5) Minimum Building Setback Per County Zoning: 35' FRONT
   35' REAR
   15' SIDE
6) The property is located in CODDLE CREEK TWSP., IREDELL CO., N.C.
7) TOTAL AC.= 1.00 AC.
8) No geodetic monument found within 2000' of said property.
9) The lots shown on this plat does not lie in a desinated flood area.
10) TOTAL # LOTS SUBDIVIDED = 1
11) THIS LOT WILL BE SERVED BY INDIVIDUAL WELL & SEPTIC.
12) ALL LOT LINES ARE SUBJECT TO A 10' DARINAGE & UTILITY EASEMENT.

OWNERS CERTIFICATE AND NOTARIZATION

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 AND ESTABLISH MINIMUM BUILDING SETBACKS AS NOTED, AND DEDICATE ALL ROADS, ALLEYS, WALKS, PARKS, AND OTHER SITES AND EASEMENTS TO PUBLIC OR PRIVATE USE AS NOTED:

I FURTHER CERTIFY THAT:

A: THERE ARE NO DEED RESTRICTIONS WHICH WILL BE VIOLATED BY THE REQUESTED SUBDIVISION; AND

B: THERE ARE NO GOVERNMENTAL REGULATIONS OF ANY KIND, OTHER THAN THOSE FOR WHICH A VARIANCE HAS BEEN APPLIED FOR UNDER 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.

10/19/16 — Gary Neil Howard Schronce — OWNER
DATE

10/19/16 — Laura J. Dingler — OWNER
DATE

10/19/16 — Robert William Howard — OWNER
DATE

NORTH CAROLINA

Iredell COUNTY

I, Patricia B. Allen
A NOTARY PUBLIC FOR SAID COUNTY AND STATE

DO HEREBY CERTIFY THAT Gary Neil Howard Schronce & Laura J. Dingler & Robert William Howard
OWNER(S) PERSONALLY APPEARED BEFORE ME THIS DAY, AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICIAL SEAL,

THIS 19 DAY OF Oct, 2016.

Patricia B. Allen
NOTARY PUBLIC

MY COMMISSION EXPIRES: 4-17-17

PATRICIA B. ALLEN NOTARY PUBLIC IREDELL COUNTY, NC

F NORTH CAROLINA
OF IREDELL

, REVIEW OFFICER OF COUNTY, CERTIFY THAT THE MAP OR PLAT TO HIS CERTIFICATION IS AFFIXED MEETS TUTORY REQUIREMENTS.

MINOR PLAT
OF

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

Paid $500.00

1. APPLICATION FOR: ✓ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

222897

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Donald Dingler	673 Faith Rd Mooresville	NC 28115	704-361-3028
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Donald Dingler			
Gay H Debronce	673 Faith Rd Mooresville	NC 28115	704-308-4704
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

673 Faith Rd Mooresville NC 28115 — Street Address; ___ Subdivision Name; ___ Section/Phase and Lot Number

Driving Directions: South on Hwy 115 Left on Faith Rd. approx 3 miles will cross bridge go 1 mile beside old Farm House on left.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence — Maximum Number of Bedrooms 2
( ) New, Multi-Family Residence — Maximum Number of Occupants 4
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___
( ) Repair To Failing Septic System due to ___
( ) Other ___

( ) Crawl Space Foundation?
(✓) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ___ *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) 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.

9. Signature: Gay H. Debronce Donald E. Dingler — 11-2-16

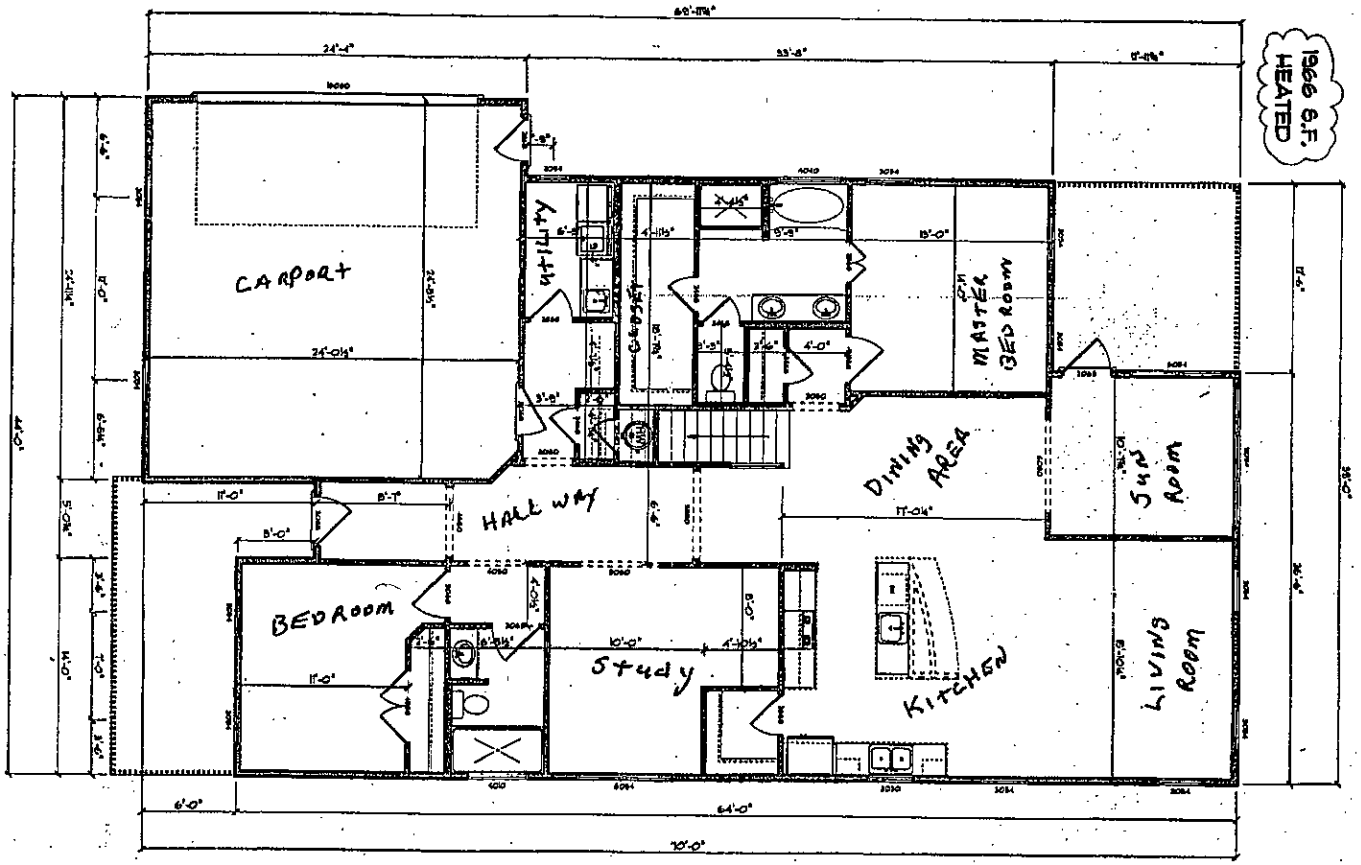
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

054 Fair

Acknowledgement of
Plans Submittal ONLY!

Donald Dunn Date 11-3-16

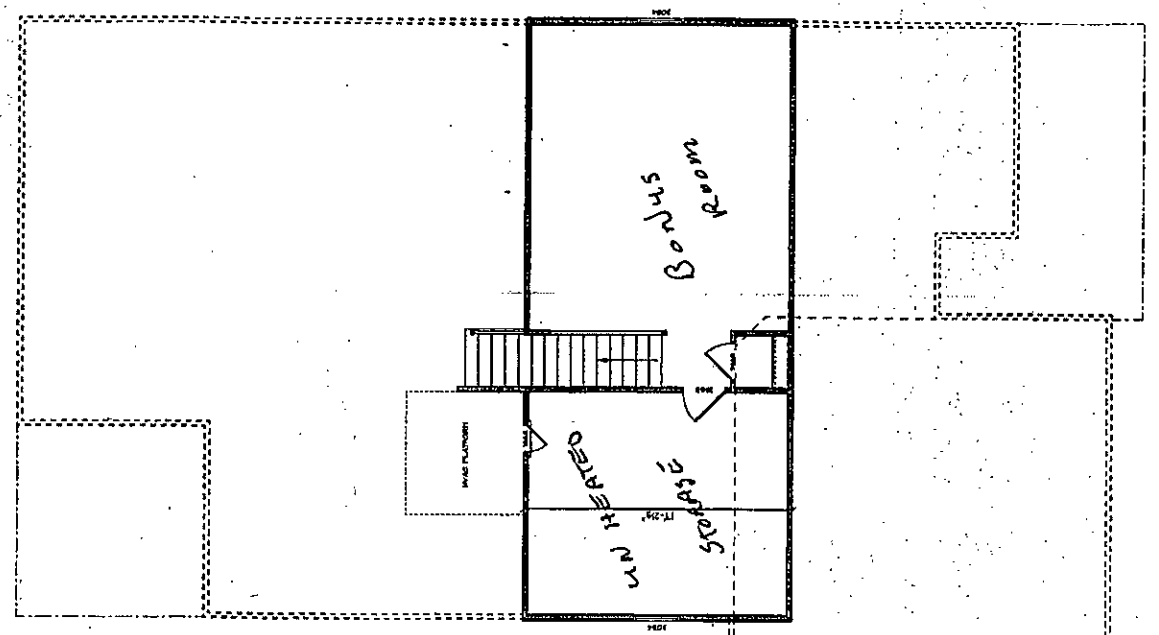
_____ Date _____



Acknowledgement of
Plans Submittal ONLY!

Donald L Dwyer Date 11-3-16

_____ Date _____



416 S.F. HEATED/ 255 S.F. UNFIN. STOR.

IREDELL COUNTY

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

APPLICATION NUMBER
222897
Issue Date: 11/01/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4665066307.000	673 FAITH ROAD, MOORESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: DINGLER LAURA JOANNE H ETAL	Applicant: DINGLER, DONALD
Address: 713 FAITH RD MOORESVILLE, NC 28115	Address: 673 FAITH RD MOORESVILLE, NC 28115
Phone:	Phone: 704-361-3028

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	NOT	X

Remarks

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	84639	TOTAL FEES	$ 77.25