IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 22321

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

PIN # 4606 54 29 199

APPLICANT: Jeff Smith APPLICANT ADDRESS: 156 Hedgewood Dr Mooresville, NC 28115

SITE ADDRESS: 108 Streamside Pl Mooresville, NC 28115 PHONE: 704 999-8272 ALT. PHONE:

SITE DIRECTIONS: Shearers Rd TR Creeks Edge corner lot on right

SUBDIVISION: Creek's Edge SECTION: LOT # 31 LOT AREA: .66 Ac. DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB 794 Date 5-28-17

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 7 Linear Ft: 270

Trench Width min 24" Max. Trench Bottom Depth 32" 36" Gravel Depth N/A

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

System Description: Gravity - Dist box Panel BK

Repair System Description: JLP PPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☒ Crawl Space

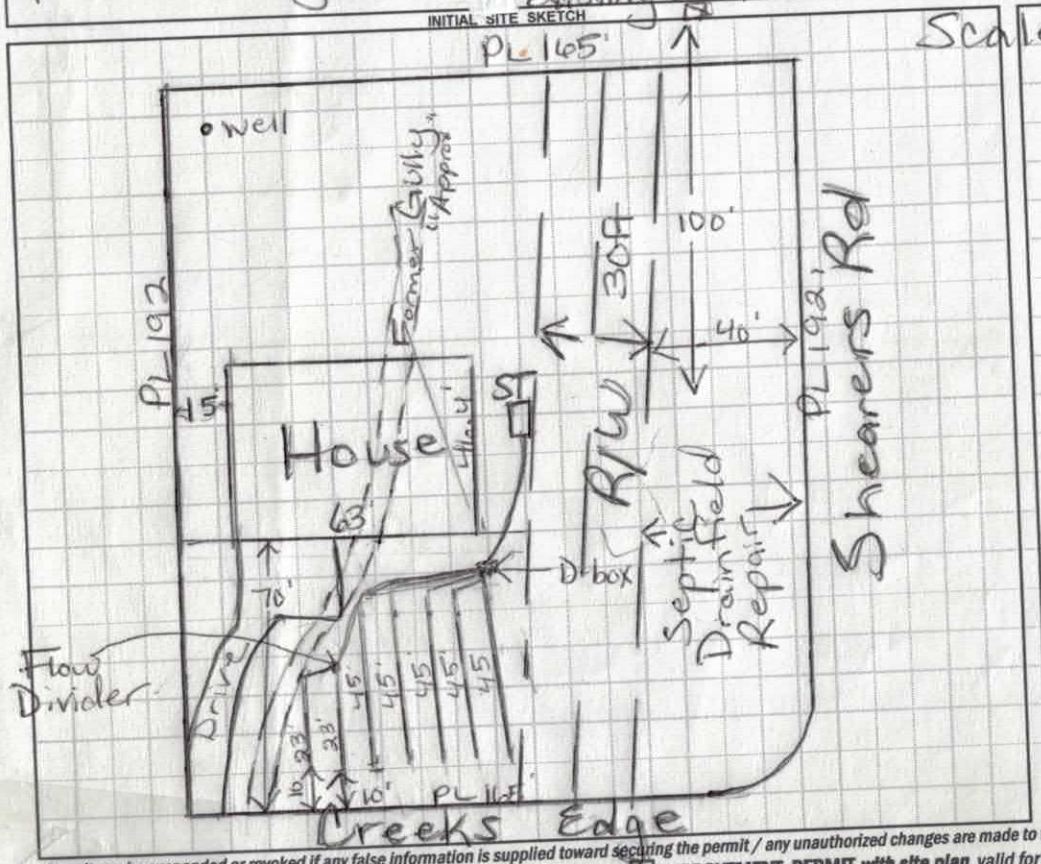
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Keep Septic 100ft from well
*Keep Drainlines out of Former gulley, if "Fill" is hit during installation of drainfield contact ICHD

* Divert ~~drainfield~~ Stormwater / surface water away from Septic. Recommend pumping septic tank every 3-5 years
* 10/3/17: Revisal trench bottom depth to 32" to avoid possible saprolite

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50

Installed as Drawn

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: Date: 1/18/17

IMPROVEMENT PERMIT by: Maria Dotson RS Date: 1/9/17

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 2/13/17

Installed by: C. Wayne Orbison

OPERATION PERMIT by: Maria Dotson Date: 10/4/17

Existing System Inspected by: Date:

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

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Jeff Smith
ADDRESS: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____
LOCATION OF SITE: Lot 31 Creeks Edge

APPLICATION DATE
DATE EVALUATED: 11/18/16
PROPERTY SIZE: _____
PROPERTY RECORDED: _____

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	A 4%	0-12	Brw CL	w SBK					PS .3
		12-48"	Rd/Brw to RCL	m-w SBK		SS, SP, SEXP		FR	
2	B 6%	0-11	Brw SCL	w SBK					PS .3
		11-34	RCL	m SBK with SS, SP, SEXP, FR			Few SAP	Incls	
		34-48	RCL/CL	w SBK, SS, SP, SEXP, to many SAP. Incls			FR w/ Few		
3	C 3%	0-30"	Brw SCL	w SBK SS, SP, SEXP, FR					PS .3
		30-36	Rd w/ SBK CL	SS, SP, SEXP, FR					
		36-48"	Rd CL	w/ SBK/ABK SS, SP, SEXP, FR					
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: _____

COMMENTS: _____

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Jeff Smith _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 11/18/16
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 31 Creeks Edge PROPERTY RECORDED: _____
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	AH 3%	0-30"	5YR 5/8 W	SBK, SCL	SS, SP, SE, FR				PS .3
		30-36"	RC W	SBK CL					
		36-48"	RC/C A	BK/SBK CL					
2	AH	0-6"	Fill	Gravel					PS .3
		6-12"	Brw	SCL w SBK					
		12-36"	5YR 4/6	CL w SBK	SS, SP, SExp, FR				
		36-48"	ABK	CL					
			some 10YR 7/8 mottles						
3	AH 6% Not in Drainfield	0-14"	Brw	CL					PS .25 to 24"
		14-24"	Rd	CL					
		24-48"	Yel Br	massive	LSAP				
				Need backhoe pits					
4	AH	0-3"	Brw	SCL					PS .3
		3-15"	R	CL	M-w SBK SS, SP, SExp, FR				
		15-44"	R	C	m SBK SS, SP, SExp, FR				
		44-48"	Yel Br	massive	LSAP				

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: _____

COMMENTS: _____

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: James Piggee APPLICANT: ___
ADDRESS: ___ APPLICATION DATE: ___ DATE EVALUATED: 10/30
PROPOSED FACILITY: Home PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: .73
LOCATION OF SITE: L 31 Creek Sdy PROPERTY RECORDED: ___
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	Shldr 2-3% 4-6% Remainder lot	0-10	WCSBK l~cl	INCL VFI SS-SP					
		11-39	SMSBK/ l~cl	QUARTZ INCL FR SS-SP					
		40-49	FINE MMSBK/ cl	SEXP FI SS-NP	R		S	NA	.3
2	4-6	0-9	MF SBK/ l	VFI SS-NP					
		10-28	VFI INCL SM SBK/ cl	FI SS-SP	R				
		29-49	MF SBK/ cl	FR SS-NP	R		S	NA	.3
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	16" PPBPS	16" PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): Spec > PWR R/W
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Sparks
OTHER(S) PRESENT: ___

Recd 2/13/17

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)

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

****

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 #
JEFF SMITH	156 Hedgewood Dr. Mooresville 28115		704-999-8272
SAME			

Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
108 STREAMSIDE PLACE Mooresville 28115	CREEKS EDGE	31

Driving Directions: _____

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

(✓) 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: _____ 2-13-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Put house in line w/ neighbor's Jeff@lhnre.com

RECEIVED OCT - 6 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**

#222321

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:

Jeff Smith	156 Hedgewood Dr Mooresville NC 28115	704-999-8272	
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Jeff Smith	156 Hedgewood Dr Mooresville NC		
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information: 108 Streamside Place

Lot 31 Streamside Pl, Mooresville, NC 28115, Iredell County	Creeks Edge	Secton 1 / lot 31
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: I-77 S to Brawley School Rd, left Continue onto W Wilson Ave, right onto W Lowrance Av right onto Norman Dr, right onto S Main St, left onto Timber Rd, right onto Shearers Rd, right onto right onto Streamside Pl, First Lot on your right

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

(√) **New, Single Family Residence**
( ) **New, Multi-Family Residence**
( ) **Expansion of Existing Septic System**
( ) **Repair To Failing Septic System due to** _____
( ) **Other** _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(√) **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** (1) **Conventional** ( ) **Innovative** (2) **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: _____ 10/6/16
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:

_____ Property Line measurements are clearly identified… **_____ 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

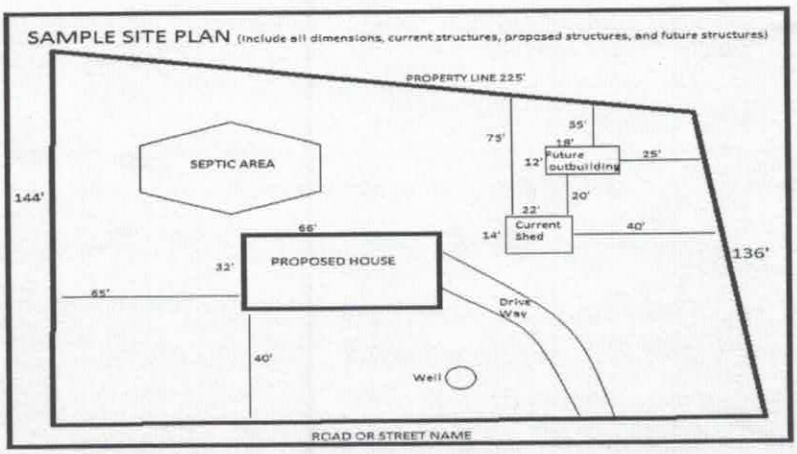
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

SAME AS PERMIT

Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

2-13-17

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:

X **Property Line measurements are clearly identified...**

X **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...**

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

X **Area you prefer your septic system to be placed...**

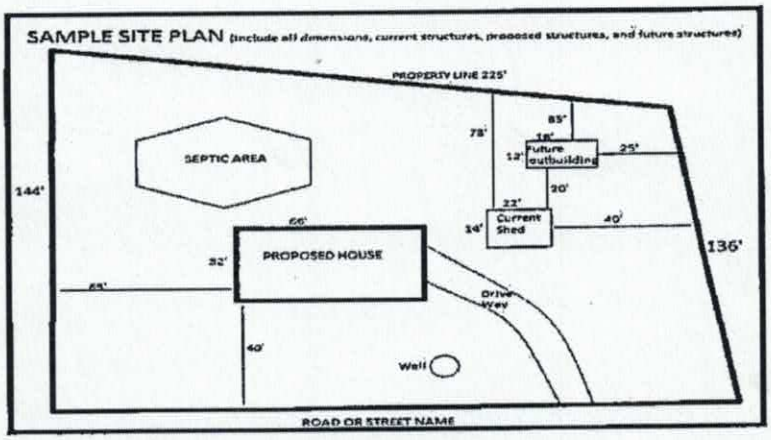
X **North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

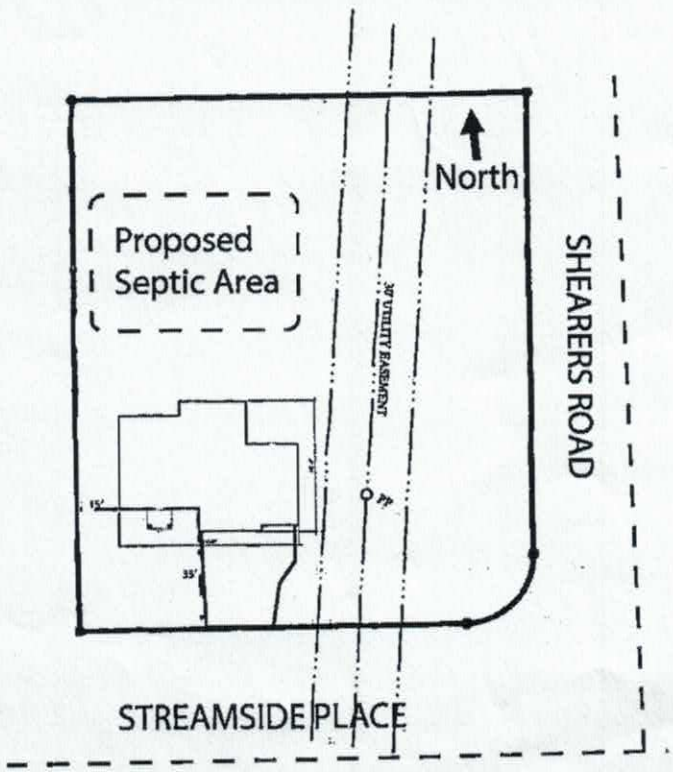
X **Location of septic systems and wells within 100' of your property... N/A**

X **Location of easements and rights of ways on your property... N/A**

N/A **Location of any designated wetlands on the property... N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN

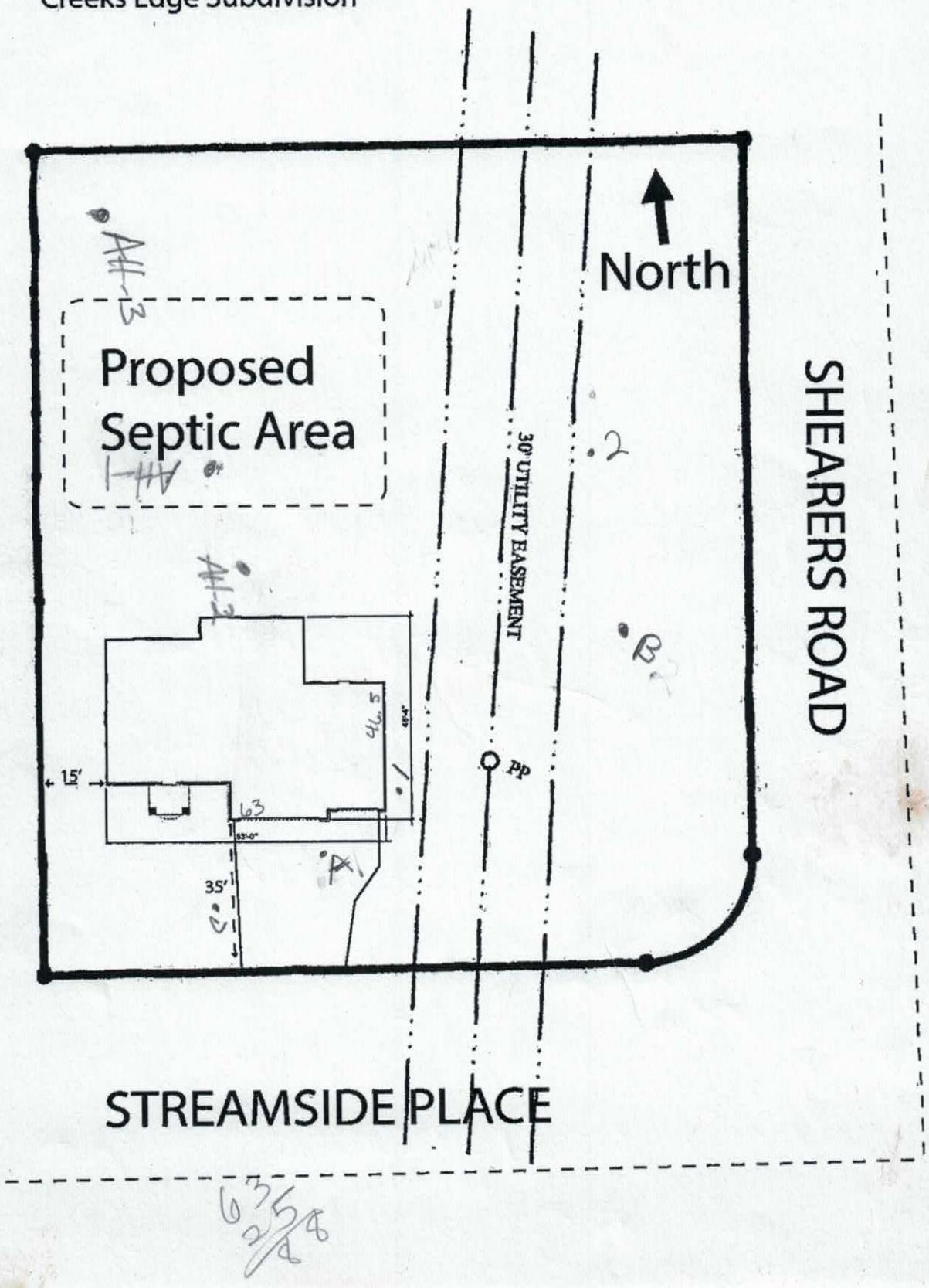


Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

10/6/16
DATE

Sitemap
Lot 31 Streamside Pl, Mooresville, NC 28115, Iredell County
PIN 4665-42-9199.000
Creeks Edge Subdivision



Certificate of Survey and Accuracy

I, T. Riley Casey, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 2387, page 925) ; that the boundaries not surveyed are clearly indicated as drawn from information found in as shown Book ___, page ___; that the ratio of precision as calculated is 1:10,000 + ; that this plat was prepared in accordance with G.S. 47-30 as amended.

Witness my original signature, registration number and seal this 28 day of July, A.D., 2016.

T. Riley Casey P.L.S. L-4896

This is to certify that the property does not lie within a 100 year flood plain.

T. Riley Casey P.L.S L-4896 07-28-2016

VICINITY MAP

NORTH REFERENCE
PB 48
PG 30

Curve	Radius	Length	Chord	Chord Bear.
C1	25.00'	39.21'	35.31'	S 17°33'58" W

N 62°51'06"E 164.96'

S 27°09'51"E 167.62'

SHEARERS RD 60' R/W

N 27°10'42"W 192.87'

FENCE RUNS WITH PROPERTY LINE

CONCRETE DRIVEWAY 2.9' +/- ACROSS LINE

N 88°49'42"E 60.68'

S 62°48'09"W 140.06'

STREAMSIDE PLACE 50' R/W

SPRINGTIME LN

PHYSICAL SURVEY
FOR
JEFF & KRISTINA
SMITH

MOORESVILLE TOWNSHIP IREDELL COUNTY
NORTH CAROLINA

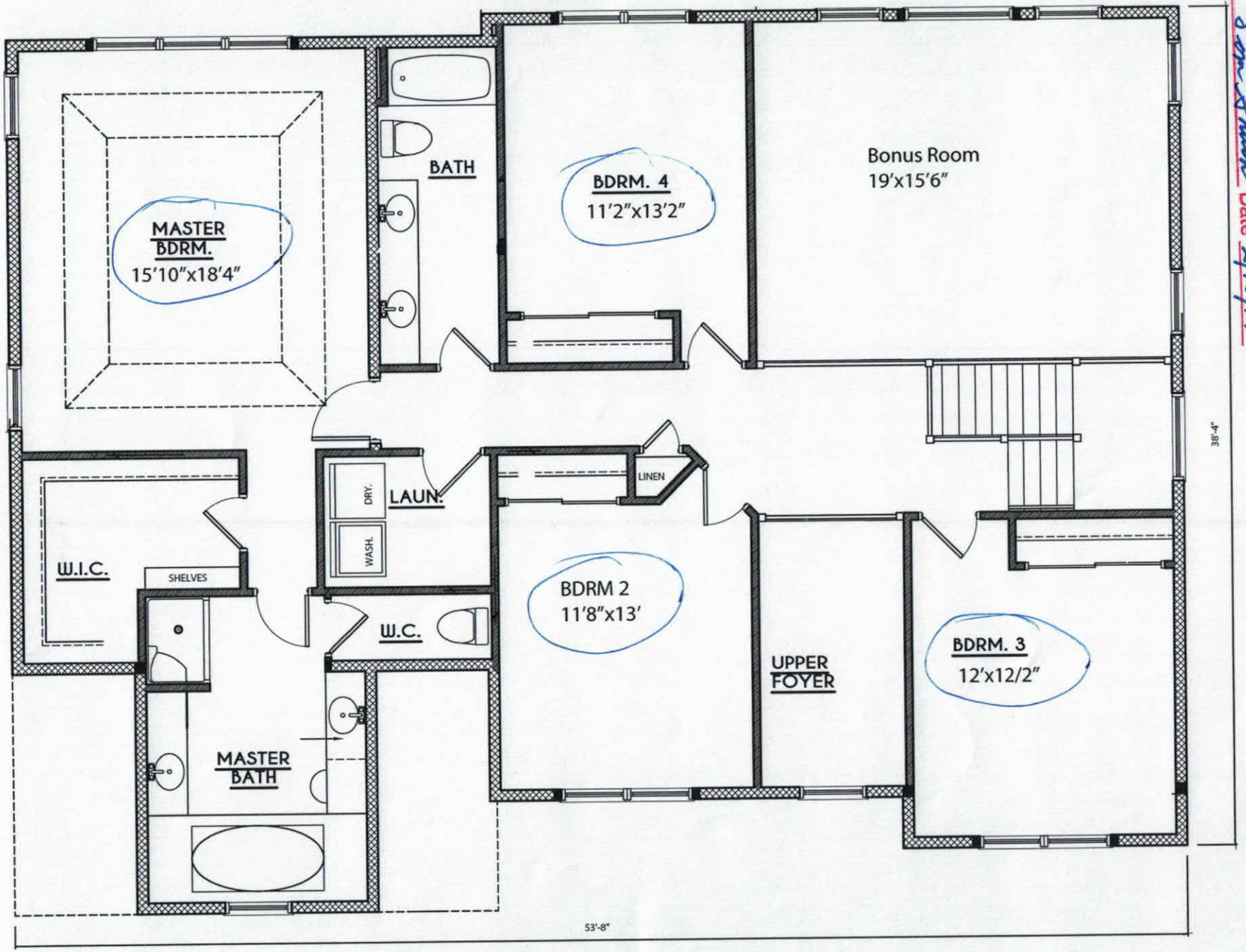
BEING RECORDED IN DEED BOOK 2387, PAGE 925
IN THE REGISTER OF DEEDS OFFICE FOR IREDELL COUNTY.

LEGEND:
NIP New Iron Pin
EIP Existing Iron Pin
CIP Control Iron Pin
PT Point
RW Right-of-way
PP Power Pole
PL Power Line
OHU Overhead Utility
PED Utility Pedestal
CO Clean Out
WV Water Valve
LP Light Pole
PKS PK Nail Set
PKF PK Nail Found
WM Water Meter
YI Yard Inlet
IV Irragation Valve
MBS Min. Building Setback
PSDE Public Storm Drainage Easement

DATA:
Total Acreage: 0.73 AC +/-
PIN #: 4665429199.000
Subdivision: CREEKS EDGE
Lot #: 31
Job File: STREAMSIDE07282016
Date: JULY 28, 2016

50 0 50 100 150
GRAPHIC SCALE – FEET

CASEY
LAND SURVEYING
1963 LONG SHOALS RD
LINCOLNTON, NC 28092
(704) 308-0701

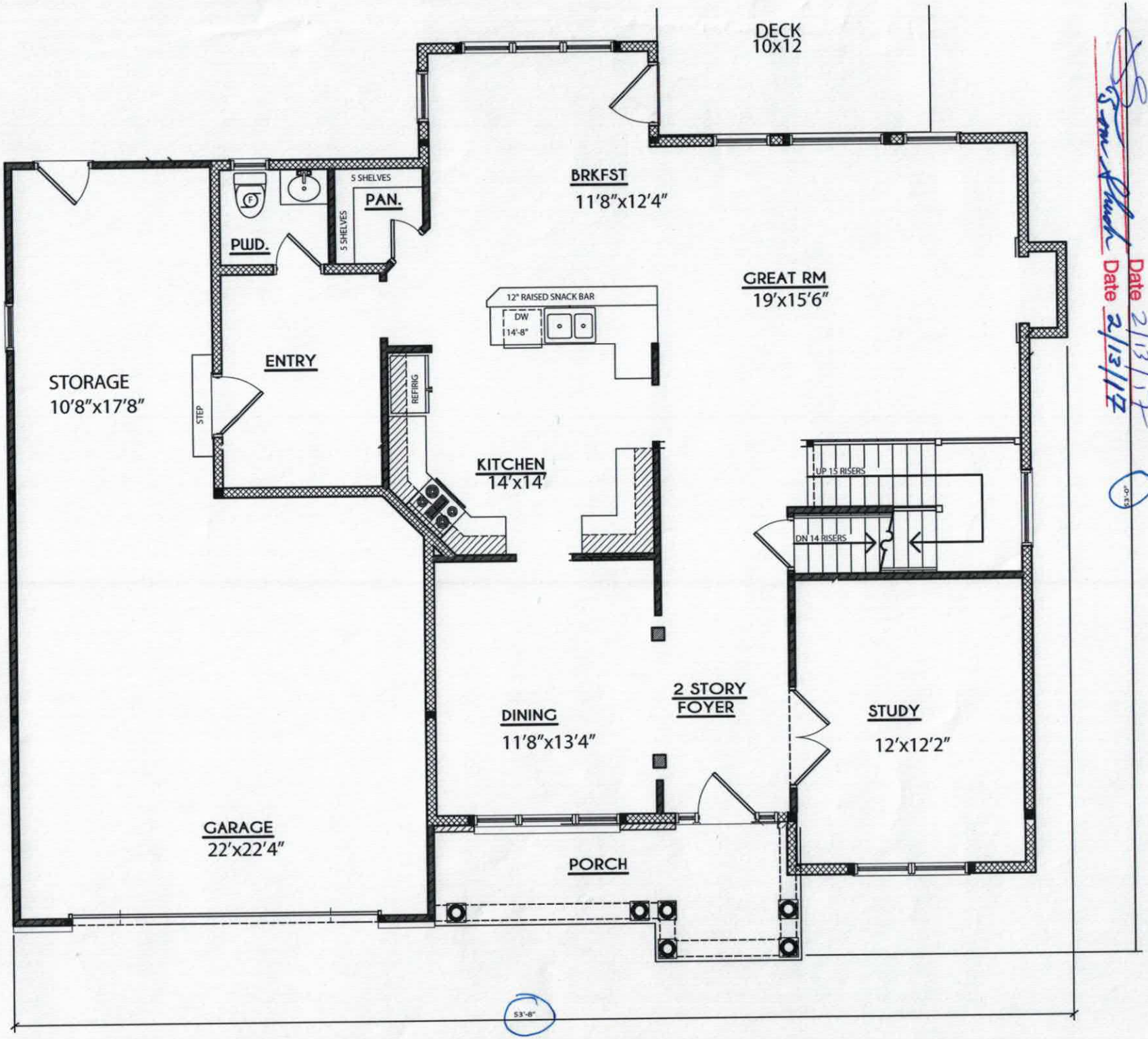


108 Streamside Place 2nd Floor

Acknowledgement of Plans Submittal ONLY!

Date 2/13/19

Date 2/13/19



Acknowledgement of Plans Submittal ONLY!

Date 2/13/17

Date 2/13/17

IREDELL COUNTY

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

APPLICATION NUMBER
222321
Issue Date: 10/06/2016

FILE COPY

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4665429199.000	108 STREAMSIDE PLACE, MOORESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: SMITH, JEFF SMITH, KRISTINA	Applicant: SMITH, JEFF
Address: 156 HEDGEWOOD DR MOORESVILLE, NC 28115	Address: 156 HEDGEWOOD DR MOORESVILLE, NC 28115
Phone: 704-999-8272	Phone: 704-999-8272

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.730	35.00	35.00	15.00	25.00	NO	X

Remarks:

PAID Credit 10-6-16

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: See Attached Date: _____

Permit Number	82446	TOTAL FEES:	$ 77.25