ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 310860

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

PIN # 4665-625-632

APPLICANT/OWNER: CMH Homes Inc | APPLICANT ADDRESS: 1468 US 52 N Albemarle NC 28001

SITE ADDRESS: 163 Springtime LN Mooresville NC 28115 | PHONE: 704-984-6607 | ALT. PHONE 704-492-2775

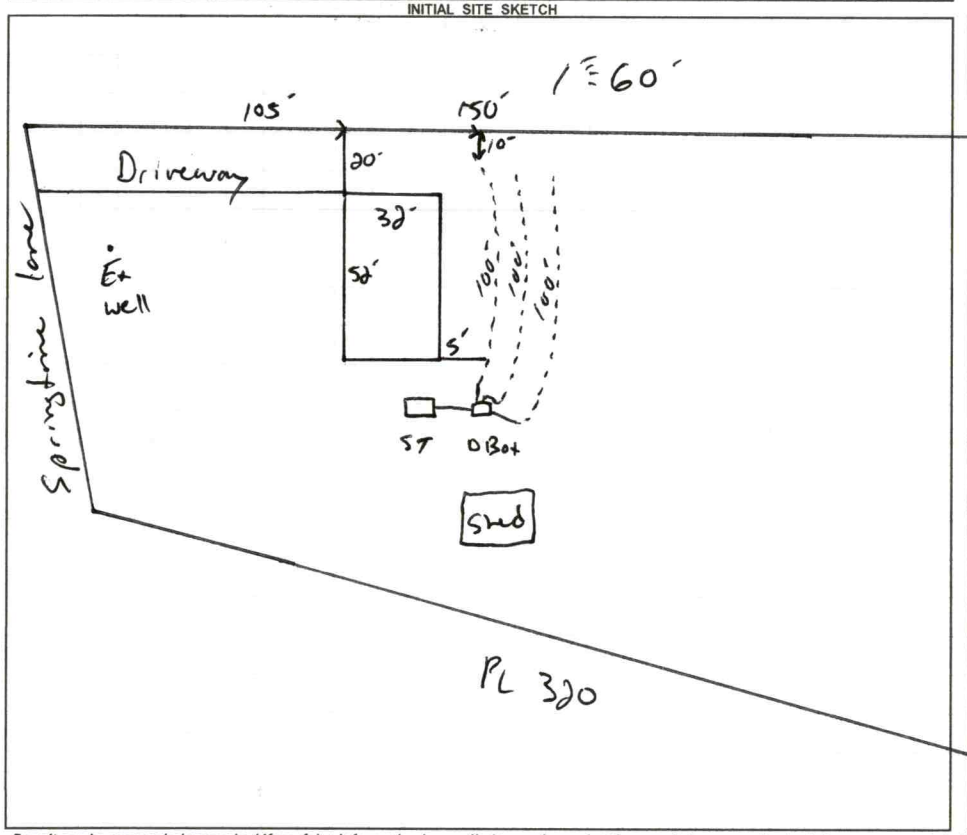
SITE DIRECTIONS: Sheares Road 5 miles L on Springtime House on L | SAP CONTROLLED: ☐ YES ☐ NO EXISTING

SUBDIVISION: Timberview | SECTION: 2 | LOT # 40 | LOT AREA: 2.53 | DESIGN FLOW: 360gpd | L.T.A.R.: Ex

Septic Tank ____ (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	**Water Supply**
Pump Tank ____ (gal)	PT	Date	System Description:		☐ Business	No. Persons	6	☒ Private
Pump Make ____	Model	Serial #	Repair System Description:		☐ Other	No. Employees		☐ Public
# Nitrification Fields ____	# Lines	Linear Ft	Maintenance Agreement Required:	☐ YES ☐ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width ____	Trench Bottom Depth(Low side)		Gravel Depth —	☐ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Existing System functioning properly at time of inspection. Meets all setbacks.

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.

Central Permitting
Please UPDATE Review Checklist once:
- ____ Balance Paid
- ✓ Permit Signed & Dated
- ✓ Floor Plans Signed

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: 12/8/2020 | Installed by: ____

IMPROVEMENT PERMIT by: ____ Date: ____ | OPERATION PERMIT by: ____ Date: ____

AUTHORIZATION TO CONSTRUCT by: ____ Date: ____ | Existing System Inspected by: [signature] Date: 11-24-2020

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

RECEIVED SEP 15 2020

AP-310860
$250.00

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 (X) 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() 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: CMH HOMES INC **Address:** 1468 US 52 N ALBEMARLE **NC Zip:** 28001
Applicant Email: HC359@CLAYTONHOMES.COM **Phone:** 704.984.6607 **Alt. Phone:** 704.492.2975
Owner Name: CMH HOMES INC **Address:** " **Zip:** "
Owner Email: " **Phone:** " **Alt. Phone:** "

Property Information:

Street Address: 163 SPRINGTIME LN MOORESVILLE NC 28115

Subdivision Name: TIMBERVIEW II **Section/Phase:** _____ **Lot Number:** 40
Driving Directions: MOORESVILLE: SHEARERS RD (S) 5 MILES TO (L) SPRINGTIME LN TO ADDRESS ON LEFT ABOUT AT END OF ROAD

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: 2 — ( ) 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: _____
( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1988
( ) 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.

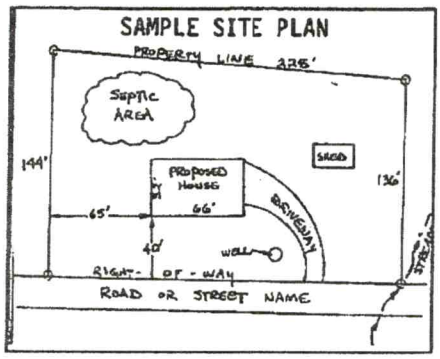
Signature: _____ CMH HOMES INC DBA CLAYTON HOMES _____ 9-10-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

- (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
- NA( ) 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

SEE ATTACHED SITE PLAN

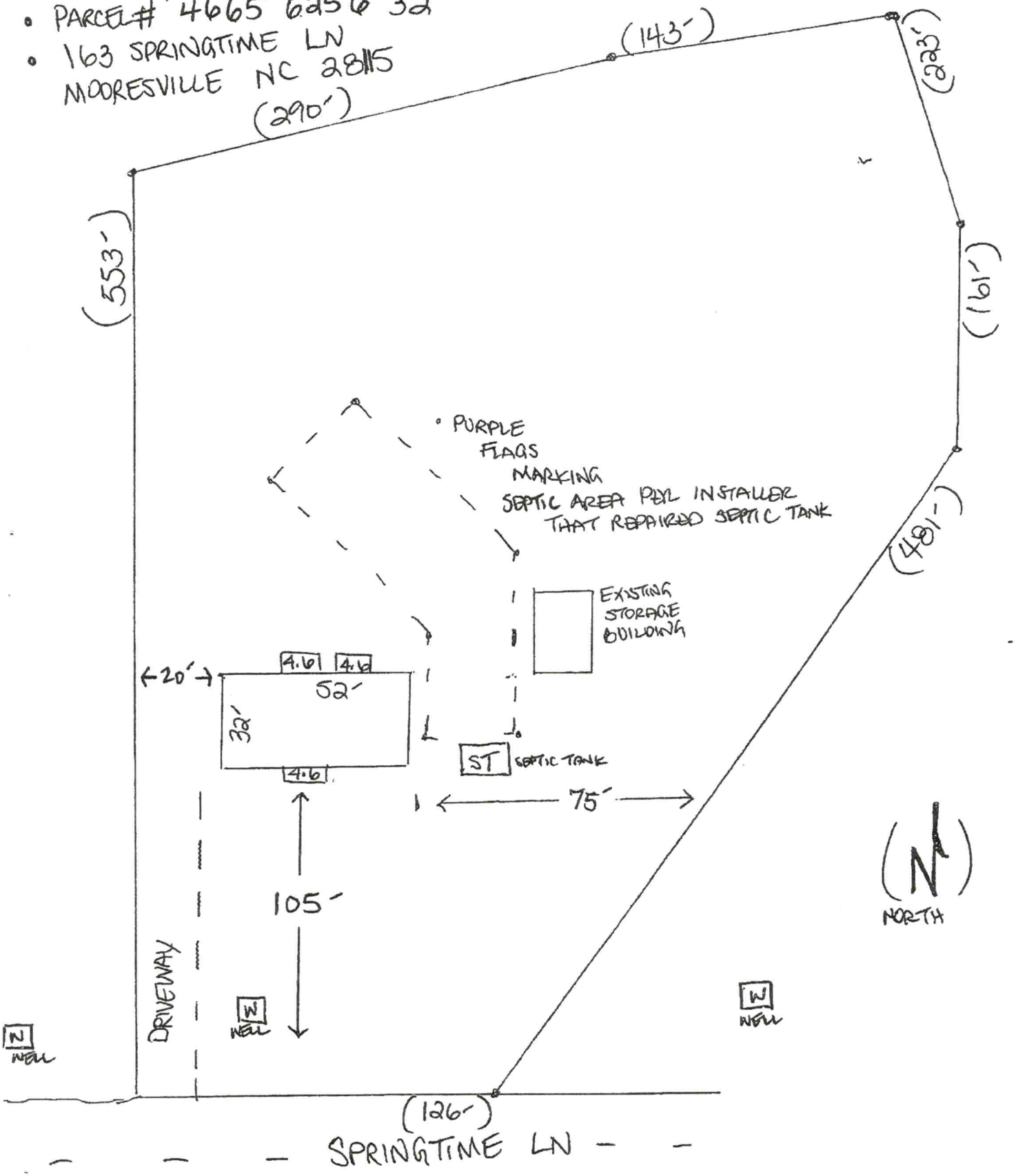
Signature: _____ CMH HOMES INC DBA CLAYTON HOMES ALBEMARLE

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

9-10-2020

DATE

- PARCEL# 4665 6256 32
- 163 SPRINGTIME LN
  MOORESVILLE NC 28115



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*) _____ CMH HOMES INC DBA CLAYTON HOMES ALBEMARLE

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, _____, 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
- 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

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

4065625632

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Joseph P. Young DATE 3/14/88 PERMIT NO. _____

PHONE: Business _____ Home 591-9406

LOCATION Shearers Chapel Rd. S. TL (1st Timberview - Spring Time) Near end on left. S. R. No. _____

SUBDIVISION NAME Timberview II LOT NO. 40 SECTION OR BLOCK NO. _____

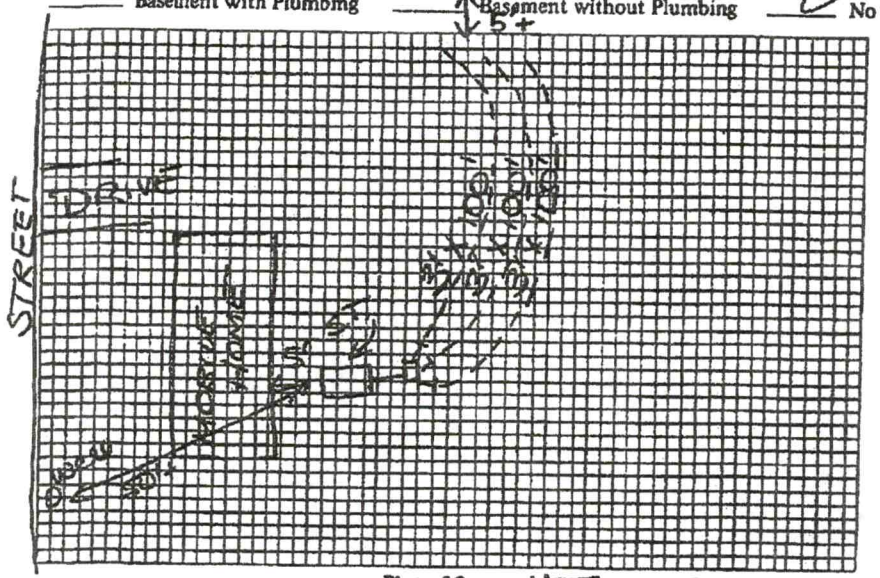
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clayey	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	~.4 gpd/ft²	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	4-8%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+	
			Rock or other impervious formations	scattered surface rock.	

Lot Area 20000ft²+

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement


lot line
5'+
STREET
DRIVE
MOBILE HOME
5'
5'
5'

IREDELL COUNTY · NC

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

APPLICATION NUMBER
310860 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4665625632.000	163 SPRINGTIME LN	IREDELL COUNTY

Owner Information	Applicant Information
Name: CMH HOMES INC Address: Phone:	Name: CMH HOMES INC Address: Phone:

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.53	35	35	15	15	N/A	NO

Remarks
MODULAR HOME need disclaimer

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: 09/14/2020

PAID ONLINE
DATE:

Permit Number	310860	TOTAL FEES:	$77.25

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)878-3171

310800

PARCEL# 4665 6256 32

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built___ Modular X 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)
-NA-

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? 3 and stories? 1

Please describe project (Details, Purpose, or Use): set up off frame modular

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 1660 sq. ft.

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 CMH Homes Inc. DBA Clayton Homes Phone # 704 984 6600

Owner's Current Address 1468 US Hwy 52 N Albemarle NC 28001

Property Information

Property Address 163 Springtime Lane Parcel # 4665 6256 32

Subdivision: Timberview Lot: 40 Zoning: ____ Watershed: Y / (N) Flood Plain: Y / (N) Township: 03

Directions to property (from a MAIN ROAD) I-77S - exit 33 US 21 N - left Williamson rd - rt fairview rd - mecklenburg hwy - faith rd - Shearers rd - Springtime lane

Application Information

Applicant's Name or Company Clayton Homes Applicant's Phone # 704 984 6600

Applicant's Address 1468 US Hwy 52 N Albemarle NC 28001

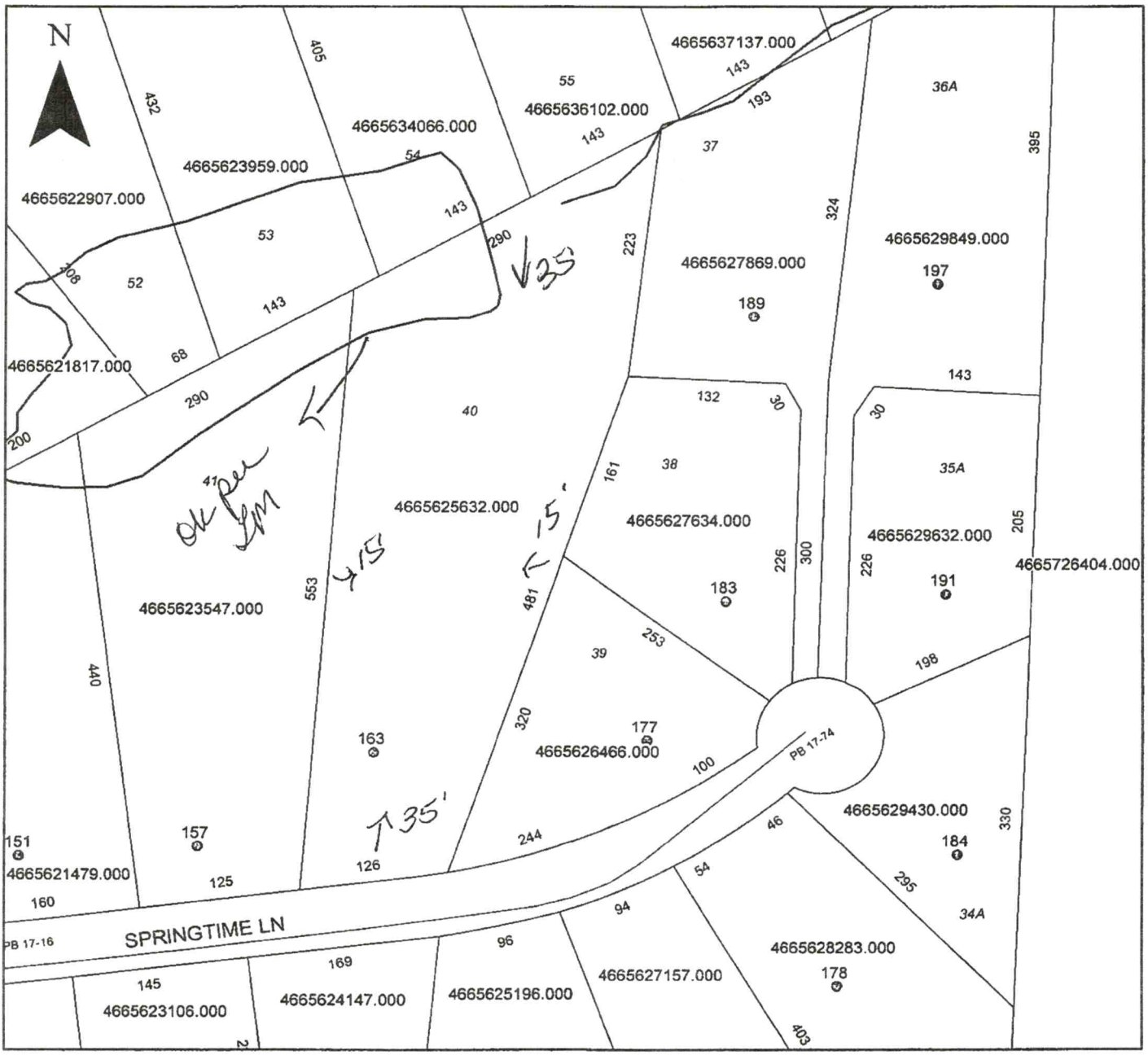
If Company, Representative's Name and Title Josie Ferguson / sales manager

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 PLANNING & DEVELOPMENT 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 [signature] for CMH Homes Inc Clayton Homes DATE 07/27/2020

2.53 RA N

ZONING DISCLAIMER



Property Address 163 Springtime Ln

2.53 RA N N

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.

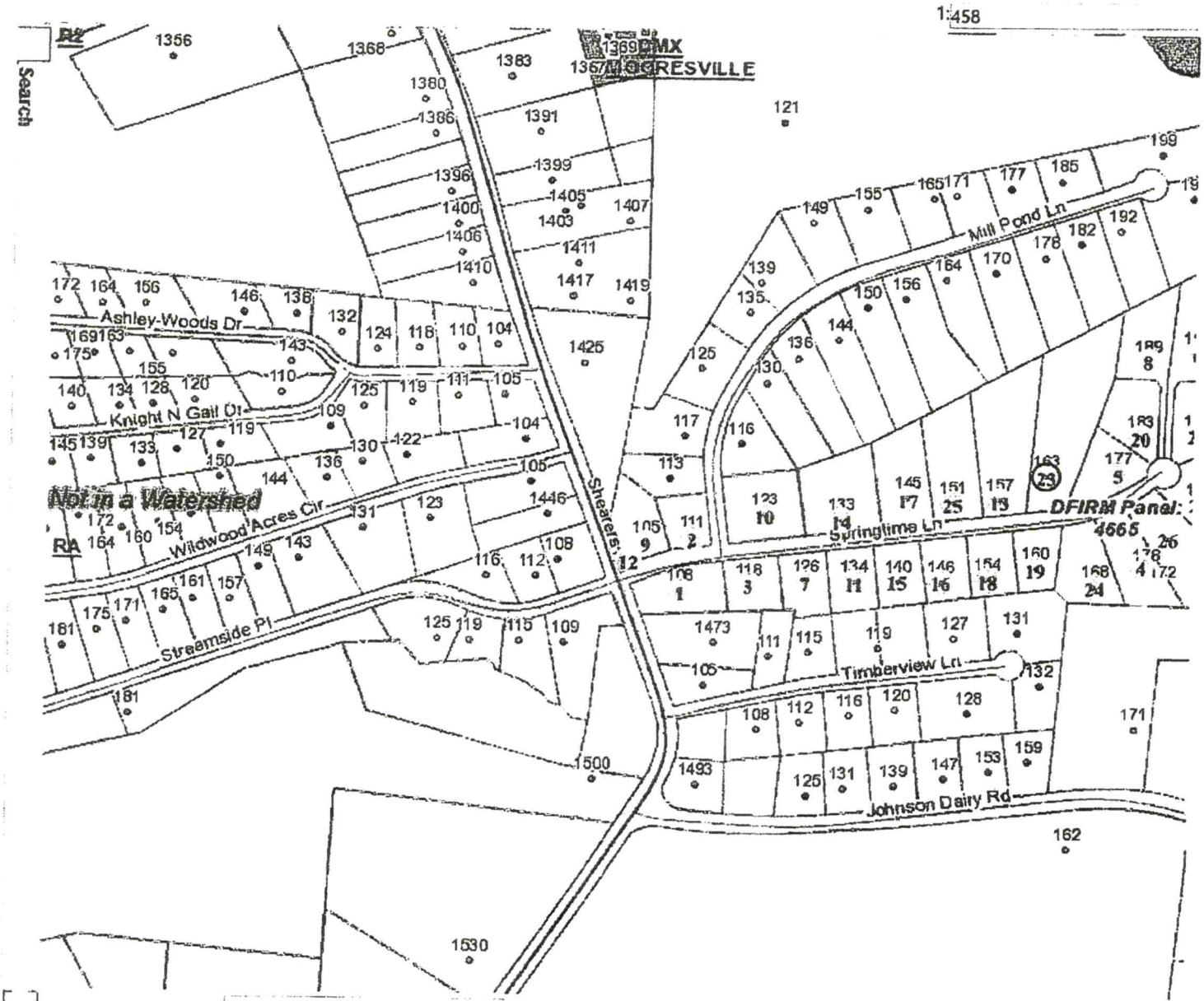
Applicant

Date

CONNECTGIS WEB HOSTING

Iredell County

PARCEL# 4665 6256 32



Excel 2000/2003

19	160 SPRINGTIME LN	MOORESVILLE	NC	28115	SPRINGTIME
20	183 SPRINGTIME LN	MOORESVILLE	NC	28115	SPRINGTIME
21	191 SPRINGTIME LN	MOORESVILLE	NC	28115	SPRINGTIME
22	184 SPRINGTIME LN	MOORESVILLE	NC	28115	SPRINGTIME
23	163 SPRINGTIME LN	MOORESVILLE	NC	28115	SPRINGTIME
24	168 SPRINGTIME LN	MOORESVILLE	NC	28115	SPRINGTIME
25	151 SPRINGTIME LN	MOORESVILLE	NC	28115	SPRINGTIME

ASAP Landscaping & Septic Inspection

Septic Tank Inspection Worksheet

Date of Inspection: 6/1/2020 File Number: _____ ☐ Pre-Inspection Contract Attached

Property Address: 168 Springtime lane Mooresville NC, 28115
Street City State Zip

Client Name: Clayton home Current owner of Record:

Copy of Operations Permit available? ☒ Yes No Iredell County Environmental Health
Number of bedrooms, as listed on permit, MLS, or sworn statement by owner or owner's representative: 3
Gallons per day for designed system size or number of bedrooms as stated in local health department info: 360
Type of water supply: ☒ Well ___ Public Water ___ Community Water ___ Spring
Subsurface Operator Required? Yes No ☒ If yes, Current Operator's Name: _____
Most recent performance, operation and maintenance reports are: _____ Attached _____ Not Available

Septic Tank/Capacity Information: 1000 Able to locate tank? ☒ Yes No*
(*System inspection cannot be completed until tank is located)

___ ft from house or structure 90 ft from well, if applicable ___ ft from water line, if applicable
___ ft from property line, if property lines are known/marked Yes connection present from house to tank
8" distance from finished grade to top of tank/access riser Yes connection present from tank to next component
___ Access riser(s) Yes ☒ No Description: Satisfactory Unsatisfactory
___ Tank lids intact ☒ Yes No Description: ☒ Satisfactory Unsatisfactory
___ Tank has baffle wall ☒ Yes No Description: ☒ Satisfactory Unsatisfactory
☒ Inflow to tank is noted as sufficient ___ Inflow to tank is noted as insufficient or blocked
___ Outlet T is present Yes ☒ No Description: Satisfactory ☒ Unsatisfactory
___ Outlet has filter Yes ☒ No Condition: Satisfactory Unsatisfactory
___ Effluent leaves in the outlet ☒ Yes No ___ Roots present Yes No Comment: Slowly
No ___ Water level in tank is relative to tank outlet
___ Evidence of tank leakage Description: _____
No ___ Evidence of non-permitted connections, such as downspouts or sump pumps
YES ___ Connection present from house to tank Yes ___ Connection present from tank to next component
65% Percentage of solids in tank ___/___/___ Date tank was last pumped, if unknown check here ☒

Does system have pump tank? Yes No ☒ If yes, complete section below

____ ft from house or structure ____ ft from well or spring, if applicable ____ ft from water line, if applicable

____ ft from property line (if known) ____ distance from finished grade to top of tank or access riser

____ access riser in place? Yes No Type of access risers in place: _____

____ ft from septic tank Condition of tank lids: Satisfactory Unsatisfactory

Location of control panel: _____ Condition of control panel: _____

Electrical connections in place & grounded? Yes

No Audible & visible alarms work? Yes No

Pump turns on and effluent is delivered to next component? Yes No*

*If no, was the pump unable to operate due to lack of electricity at site during time of inspection? Yes No

Dispersal field: 1 Type of system: Conventional X Accepted Innovative Experimental Controlled Demonstration: ____ Pretreatment: Type of pretreatment: _____

Brief description of system type: Distribution box to gravity gravel

____ ft from property line, if known 5 ft from septic/pump tank 3 # of lines

300 length of lines

Past or current surfacing at time of inspection: Yes* X No *If yes, brief summary: _____

Evidence of traffic over the dispersal field? Yes X No Effluent is reaching the dispersal field: Yes X No

Vegetation, grading, and/or drainage noted that may affect the condition of the system or components? Yes X No

Yes

____ Conditions present that prevented or hindered the inspection

Adverse conditions present that require repair or subsequent observation or warrants further evaluation by the local health department? X Yes No Description of the adverse condition: _____

The distribution box and lid is broken. There are also holes in the lid. The septic tank "T" is missing.

Consequences of the adverse condition: _____

There is no lid to the distribution box, therefore the distribution box will not work properly.

Client should contact Iredell County Environmental Health

Other pertinent facts noted during inspection: _____

Property was overgrown. Small trees and vines hindered inspection. The septic tank "T" is decayed & part of it was missing. The pipe leaving septic tank to the d. box is draining slowly. The d. box & lid was broke and caving in. Septic tank and septic system do not meet structure setback requirements.

Inspector Name: Jason R. Yountz, ASAP Landscaping & Septic Inspection Certification Number: SS-11971

Address: 103 Meadowlark Lane, Statesville, NC 28625 Phone: 704-902-0521

[redacted]

Inspectors Signature: _____ Date: 6/1/2020

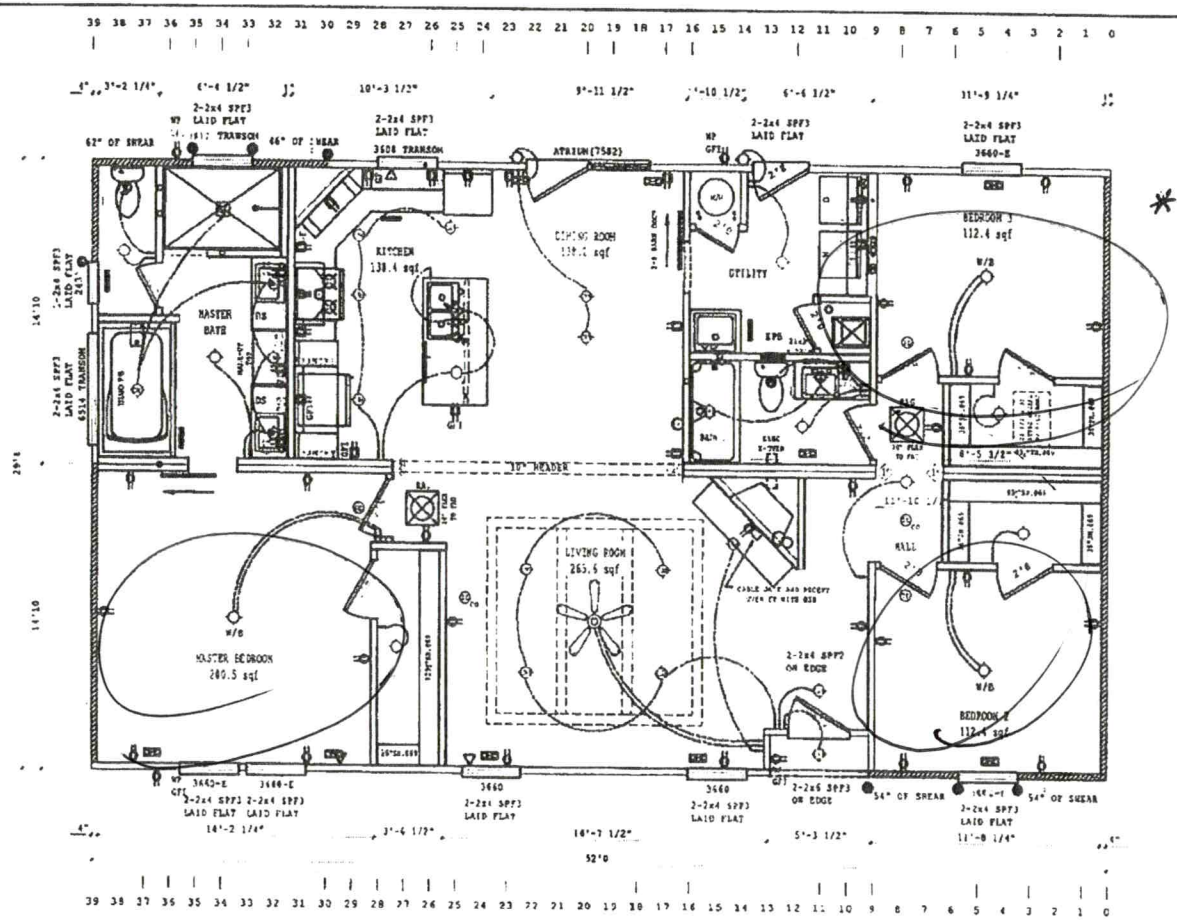
163 SPRINGTIME LN
MOORESVILLE NC 28115

Acknowledgement Of Plans Submittal ONLY!

4665 6256 32

Date 12/8/2020

Date 11-24-2020



* 4x6 STOOP WITH STEPS AT ALL ENTRANCES

195PLF EFFECTIVE LENGHTS
7/16x1-3/4"x15ga:6oc Edge & 12oc Field-195PLF
BASED ON SW-31.10._.1a.C.17.-.78.1-2
UN-BLOCKED DIAPHRAGM SW-20-237B.1

EXTERIOR WALL HEADERS PER
EW-20.3.R.K.C.22.20
MATEWALL BEAMS PER
RC-60.3.R.K.M._.20

INSULATION FOR NORTH CAROLINA/2018 PRESCRIPTIVE METHOD
C24: R=38 CEILING R=15 WALLS R=22 FLOOR
U=0.35 / SHGC=0.28

RETURN AIR REQUIREMENTS
① 20"x16" GRILL REQUIRED
② 4"x10" GRILL W/ 2 1/2" DOOR UNDERCUT
③ DOORSILL MUST BE UNDERCUT 2 1/2" MIN.
④ 6"x24" OR 8"x14" GRILL REQUIRED

* SPECIFIES THAT END SHEAR WALL NEED PLYWOOD
"#" THE # SPECIFIES THAT THERE CAN BE NO HOLES IN STUDS IN COLUMNS

BRAND: SCHULT	SERIES: HD32	REVISIONS / BY / DATE	GENERAL NOTES
CLAYTON HOME BUILDING GROUP			CEILING HEIGHT = 108.0 FLOOR FRAMING SPACING =16 TOTAL WINDOW SQFT =ENTER TOTAL CALCULATED

DRAWING TITLE: MASTER PLAN

MODEL NAME: 3447			SQ. FT.: 1533
PLANT: 958	DESCRIPTION: 32X52 3BR-2BA		MODEL NO.: SN252136
DRAWN BY: LSS	ORIG. DATE: 08/14/2020	DATE PRINTED: 08/19/2020	SHEET NO.: 1-1

Type: CRP
Recorded: 06/30/2020 at 09:44:47 AM
Fee Amt: $162.00 Page 1 of 2
Revenue Tax: $136.00
Iredell County, NC
Ronald N. Wyatt Register of Deeds
BK 2710 PG 2163-2164

NORTH CAROLINA
GENERAL WARRANTY DEED

Excise Tax: $136.00 | Recording Time, Book and Page:

Tax Map No. | Parcel Identifier No: 4656625632

Mail after recording to: Alie Yates Brown Attorney , 525A South Church Street, Asheboro, NC 27203

This instrument was prepared by: Alie Yates Brown Attorney, a licensed North Carolina attorney. Delinquent taxes, if any, to be paid by the closing attorney to the county tax collector upon disbursement of closing proceeds.

THIS DEED made this 23rd day of June , 2020 by and between

GRANTOR

Kenneth Walter Sawyer and wife, Janet Finley Sawyer

Mailing Address: 12 Dawson Place Asheville NC 28803

GRANTEE

CMH Homes, Inc.
Property Address: 163 Springtime Lane, Mooresville, NC 28115

Mailing Address: 5000 Clayton Rd. Maryville TN 37804

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 or parcel of land and more particularly described as follows:

Being all of Tract 40, containing 2.53 acres, more or less, Timberview Section 2 as shown on plat recorded in Plat Book 17, Page 16 Iredell County Registry

All or a portion of the property hereinabove described was acquired by Grantor by instrument recorded in Book 18E , Page 1190 , Iredell County Registry.

A map showing the above described property is recorded in Plat Book 17 , Page 16 , and referenced within this instrument.

Does the above described property include the primary residence (yes/no) ? ***No***

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.

R.O.T.C.

Page Count: 2
☐NS ☐PG ☐SI

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 except for the exceptions hereinafter stated.

Title to the property hereinabove described is subject to the following exceptions:

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officer(s), the day and year first above written.

_____
(Entity Name)

By: _____

Title: _____

By: _____

Title: _____

_____

Kenneth Walter Sawyer (SEAL)

Janet Finley Sawyer (SEAL)

_____ (SEAL)

_____ (SEAL)

NORTH CAROLINA Buncombe COUNTY

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document: Kenneth Walter Sawyer and wife, Janet Finley Sawyer. Witness my hand and official stamp or seal, this the 26th day of June, 2020.

My Commission Expires: 12/11/2021

Notary Public

Print Notary Name: Hak Yong Kim

HAK YONG KIM NOTARY PUBLIC HENDERSON COUNTY

NORTH CAROLINA ____ COUNTY

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document: _____, _____. Witness my hand and official stamp or seal, this the _____ day of _____, ____.

My Commission Expires: _____

Notary Public

Print Notary Name: _____