# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 225524.5

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

PIN # 4668-56-0971

APPLICANT/OWNER: Carolina Athletic Club APPLICANT ADDRESS: Po Box 4251 Mooresville, NC 28117

SITE ADDRESS: 435 Mazeppa Rd. Mooresville, NC 28115 PHONE: 704-293-9597 ALT. PHONE

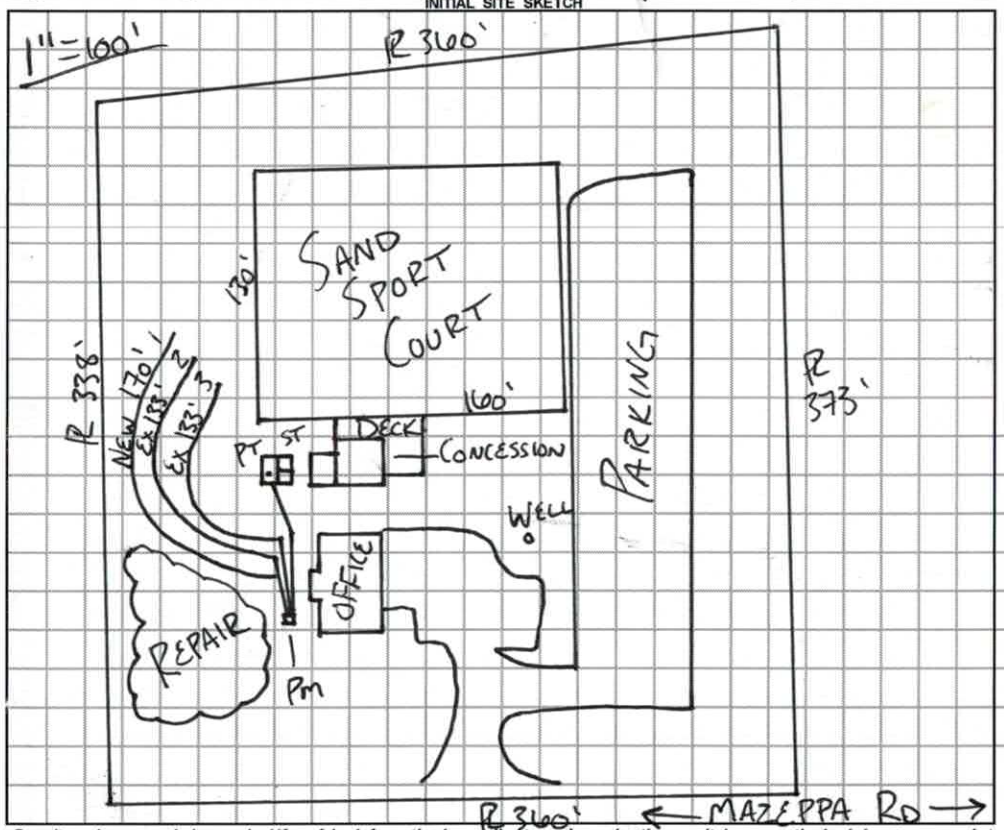
SITE DIRECTIONS: 115N, TR Mazeppa, on L SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 3.19 AC DESIGN FLOW: 410 L.T.A.R.: .25

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank 1000 (gal) | STB 360 | Date 6-12 | ☐ New System ☐ Repair ☒ Expansion System Type: I II (III) IV V VI | ☐ Residence | No. Bedrooms | | Water Supply |
| Pump Tank 1000 (gal) | PT 363 | Date 6-12 | System Description: PM - Gravel + 25% | ☒ Business | No. Persons | | ☒ Private |
| Pump Make Zoeller | Model 152 | Serial # B0152 | Repair System Description: PPBPS | ☐ Other | No. Employees | | ☐ Public |
| # Nitrification Fields 1 | # Lines | Linear Ft 170' | Maintenance Agreement Required: ☐ YES ☒ NO | ☐ Slab | ☐ Crawl Space | | ☐ Community |
| Trench Width 36" | Trench Bottom Depth(Low side) 36" MAX | Gravel Depth — | ☐ GRAVITY ☒ PRESSURE | ☐ Basement w/plumbing | | ☐ Basement w/o plumbing | |

Comments / Conditions: House To Be Converted To Office. Garage To Be Converted To Concession Stand & Bathrooms. 25 GPD Per Employee / 5 GPD Per Parking Spot

INITIAL SITE SKETCH




AS BUILT SKETCH

TAP SIZES
LINE 1 = 3/4" 80
LINE 2 = 1/2" 40
LINE 3 = 1/2" 40

| | Date | Initials |
|---|---|---|
| Drain Lines Checked | 8/15 | BB |
| Tanks Checked | 8/15 | BB |
| Pressure Manifold or Valve Box Checked | 8/15 | BB |
| Pressure Head Set | 8/15 | BB |
| Electrical Checked | 4-10 | BW |
| Floats Set | 4-10 | BW |
| Alarm Checked | 4-10 | BW |
| Maintenance Contract Y (N) | 4-10 | BW |
| 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: Date: 12/21/17 Installed by: Piedmont Septic Tank

IMPROVEMENT PERMIT by: APPROVED DEC 20 2017 Date: OPERATION PERMIT by: Bryant White Date: 4-10-19

AUTHORIZATION TO CONSTRUCT by: APPROVED DEC 20 2017 Date: Existing System Inspected by: Date:

**FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.**

APPROVED JUN 13 2017

BA

Sheet 1 of 2

PROPERTY ID #: 4685609

COUNTY: Iredell

# SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

OWNER: Jeff Lafoon

ADDRESS: 435 Mazeppa RD Mooresville NC 28115

PROPOSED FACILITY: Volleyball Court Facility PROPOSED DESIGN FLOW (.1949): To be det. by HD. 1 Empl. 25gal/Employee

APPLICATION DATE

DATE EVALUATED: 4-27-17

LOCATION OF SITE:

PROPERTY SIZE: 1.3 ac

WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other

PROPERTY RECORDED: Y/S

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 |
|---|---|---|---|---|---|---|---|---|---|
| B1 | 5% | 0-9 | BSL GR | FR SS SP | C Fe Dep Chroma 2's | | | 20" Fe Dep Chroma 2 @ 33" | PS → 33" - .225 |
| | | 9-13 | BCL wm SBK | FR S. P. | | | | | |
| | | 13-40 | RBC wm SBK | Fi S. P. | | | | | |
| | | 40-48 | BRSC wm SBK | FR SS SP | | | | | |
| | | | | | | | | | |
| B2 | 5% | 0-3 | BL GR | | F SAP INC C SAP | | | | PS .275-.3 |
| | | 3-6 | BCL wm SBK | FR SS SP | | | | | |
| | | 6-24 | RC wm SBK | Fi S. P. | | | | | |
| | | 24-36 | BRC wf SBK | FR SS P | | | | | |
| | | 36-48 | BRCL wf SBK | " " " | | | | | |
| B3 | 6% | 0-4 | BL GR | FR SS SP | F Fe Dep ~27"+ C-SAP | F-SAP INC | | | PS .25-.275 |
| | | 4-11 | BCL wf SBK | " " " | | | | | |
| | | 11-22 | RBC wm SBK | " " P | | | | | |
| | | 22-44 | BRC wm SBK | " " " | | | | | |
| | | 44-48 | RBCL wf SBK | FR SS SP | | | | | |
| B4 | 7% | 0-2 | BL GR | | F/C SAP | | | | PS .275 |
| | | 2-11 | RBCL wm SBK | FR SS SP | | | | | |
| | | 11-22 | RBC wm SBK | " " P. | | | | | |
| | | 22-42 | BRC wm SBK | Fi SS P | | | | | |
| | | 42-48 | RBCL wf SBK | FR SS SP | | | | | |

Samuel A. Rollans LICENSED SOIL SCIENTIST 1231 6/9/17

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| vailable Space (.1945) | PS | PS |
| /stem Type(s) | HYBRID CONV/ ACCEPTED | PPBS |
| te LTAR | 0.25 | 0.25-.3 |

OTHER FACTORS (.1946):

SITE CLASSIFICATION (.1948): PS

EVALUATED BY: S. Ashley Rollans

OTHER(S) PRESENT:

MMENTS:

APPROVED JUN 13 2017

# SOIL/SITE EVALUATION

*(Continuation Sheet-Complete all field in full)*

3A



[redacted]

Mazeppa

Jeff Lafoon

PROPERTY ID #: see 1st PG

DATE OF EVALUATION: 5/17/17

COUNTY: Goodhue

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| B5 | 4 | 0-9 | BL GR | | F/c SAP | | | | .3 |
| | | 9-34 | RC wm SBK | FR SS SP | | | | | |
| | | 34-48 | BRCL wf SBK | " " " | | | | | |
| B6 | 4 | 0-6 | BSL GR | FR SS SP | F/c SAP | | | | .3 |
| | | 6-36 | RC wm SBK | " " " | | | | | |
| | | 36-48 | RCL wf SBK | " " " | | | | | |
| B7 | 7 | 0-6 | BSL GR | | M/SAP INC | | | | .3 |
| | | 6-34 | BRC wm SBK | FR SS P | | | | | |
| | | 34-42 | BRSCL vwf SUBANGBLK | FR SS SP | | | | | |
| | | 42-48 | VSL Mass | FR SS SP | | | | | |
| B8 | 7 | 0-6 | BSL | | [Fe Deps] | | | 42" poss Chromo 2's | .25 |
| | | 6-13 | RBCL wf SBK | FR SS SP | | | | | |
| | | 13-48 | BRC wm SBK | " S P | | | | | |
| B9 | 5 | 0-12 | SL GR | NS | Few iron dep. 18-29" | 49" | — many inc 41-49 | 49+ | .25 |
| | | 12-18 | SCL WSBK | SS | | | | | |
| | | 18-29 | SCL WSBK | S | | | | | |
| | | 29-41 | CWSBK | S | | | | | |
| | | 41-49 | CL WSBK | SS | | | | | |

COMMENTS:

RECEIVED DEC 19 2017

# 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)*

#225524

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

**********

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

Ltd Relayout - Paid $105.00

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 # |
|---|---|---|---|
| Carolina Athletic Club | PO Box 4251 Mooresville NC 28117 | | 704-293-9597 |
| **Owner Name** | **Mailing Address** | **Home Phone #** | **Alternate Phone #** |
| Jeff Lafoon | Same | | Same |

**********

4. **Property Information:**

| Street Address | Subdivision Name | Section/Phase and Lot Number |
|---|---|---|
| 435 Mazeppa Rd | | |

Driving Directions: East on Mazeppa Rd From 115 Hwy, on left 1 mile just past Carolina Beverage.

**********

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 N/A
Maximum Number of Occupants N/A
If Expansion, Current Number of Bedrooms ___

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

**IF Non-Residential Site Development:**

| | |
|---|---|
| Type of Business | outdoor Recreation |
| Square Footage of Building | 576 |
| Maximum Number of Employees | 3 |
| Maximum Number of Seats | N/A |

**********

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: _____ 12/19/17

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

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

## 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, Jeff Laffoon, am the legal owner(s) of the property located at 435 Mazeppa Rd Mooresville NC 28115, identified as PIN (Parcel Identification Number) 4668560971, 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) | 12/19/17 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

RECEIVED MAY 1 0 2017

# 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**

Expansion / Change of Use

**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

# 225525

**3. Applicant Information:**

| Carolina Athletic club | Po Box 4251 Mooresville 28117 | — | 704-293-9547 |
|---|---|---|---|
| **Applicant Name** | **Mailing Address** | **Home Phone #** | **Alternate Phone #** |
| Jeff Laffoon | SAME | — | SAME |
| **Owner Name** | **Mailing Address** | **Home Phone #** | **Alternate Phone #** |

**4. Property Information:**

| 435 Mazeppa Rd Mooresville 28115 | N/A | N/A |
|---|---|---|
| **Street Address** | **Subdivision Name** | **Section/Phase and Lot Number** |

**Driving Directions:** East from 115 Hwy on Mazeppa Rd. 1st property on left after Barley Park Ln and Carolina Beverage property.

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

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

Maximum Number of Bedrooms N/A
Maximum Number of Occupants N/A
If Expansion, Current Number of Bedrooms N/A

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

**IF Non- Residential Site Development:**

| Type of Business | outdoor recreation |
|---|---|
| Square Footage of Building | 576 |
| Maximum Number of Employees | 3 / 67 PARKING |
| Maximum Number of Seats | N/A |

**6. Proposed Water Supply:**

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

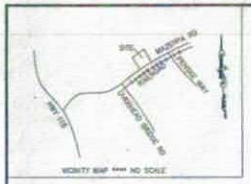
**7. Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

**8. 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. industry) 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.

**9. Signature:** _____ 5/4/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE




GENERAL NOTES:

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHT-OF-WAYS OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) DEED REF: 2432\90
4) TAX PIN #: 4668560971
5) CURRENT ZONING = RA (PROPOSED USE: RURAL COMMERCIAL RECREATIONAL FACILITY)
6) SETBACKS FOR RA ZONING:
   35' FRONT SETBACK
   15' SIDE SETBACK (EXCEPT 50' ADJACENT TO RESIDENTIAL)
   35' REAR (EXCEPT 50' ADJACENT TO RESIDENTIAL)
7) SITE ADDRESS : 435 MAZEPPA RD., MOORESVILLE N.C. , 28115
8) TOTAL ACREAGE = 3.19 AC.
9) OUTDOOR LIGHTING TO BE COORDINATED WITH DUKE ENERGY.
10) SIGNS ARE TO BE PERMITTED SEPARATELY IN ACCORDINANCE WITH IREDELL CO.
11) MAX HEIGHT PER ZONING = 35' EXISTING HOUSE HEIGHT = 24'
12) OLD BARN AND OUTBUILDINGS STRUCTURES TO BE REMOVED(CHICKEN COOP,OLD SHEDS)
13) ALL BUFFERING, SCREENING AND FENCING TO BE IN ACCORDANCE WITH IREDELL COUNTY.
14) OUTDOOR LIGHTING WILL BE IN ACCORDANCE WITH IREDELL CO., SECTION 2.2.12– OUTDOOR LIGHTING OUTDOOR LIGHTING FIXTURES SHALL BE INSTALLED IN A MANNER TO PROTECT THE STREET AND NEIGHBORING PROPERTIES FROM DIRECT GLARE OR HAZARDOUS INTERFERENCE OF ANY KIND
15) TOTAL AREA TO BE DISTURBED = 27,334 SF (0.627 AC.)

**WATER\SEWER**

THIS SITE IS TO BE SERVED BY EXISTING WELL AND SEPTIC.

**WATERSHED DATA**

THIS PROPERTY IS NOT LOCATED IN A DESCINATED WATERSHED AREA.

**FLOOD DATA**

THE PROPERTY IS NOT LOCATED IN A DESCINATED FLOOD AREA.

**PERFORMANCE REQUIREMENTS**

R30 Golf Courses, Including Pro Shop; ~~Rural Commercial Recreational Facilities;~~ Saddle Clubs; Fraternal and Social Associations or Organizations,etc.

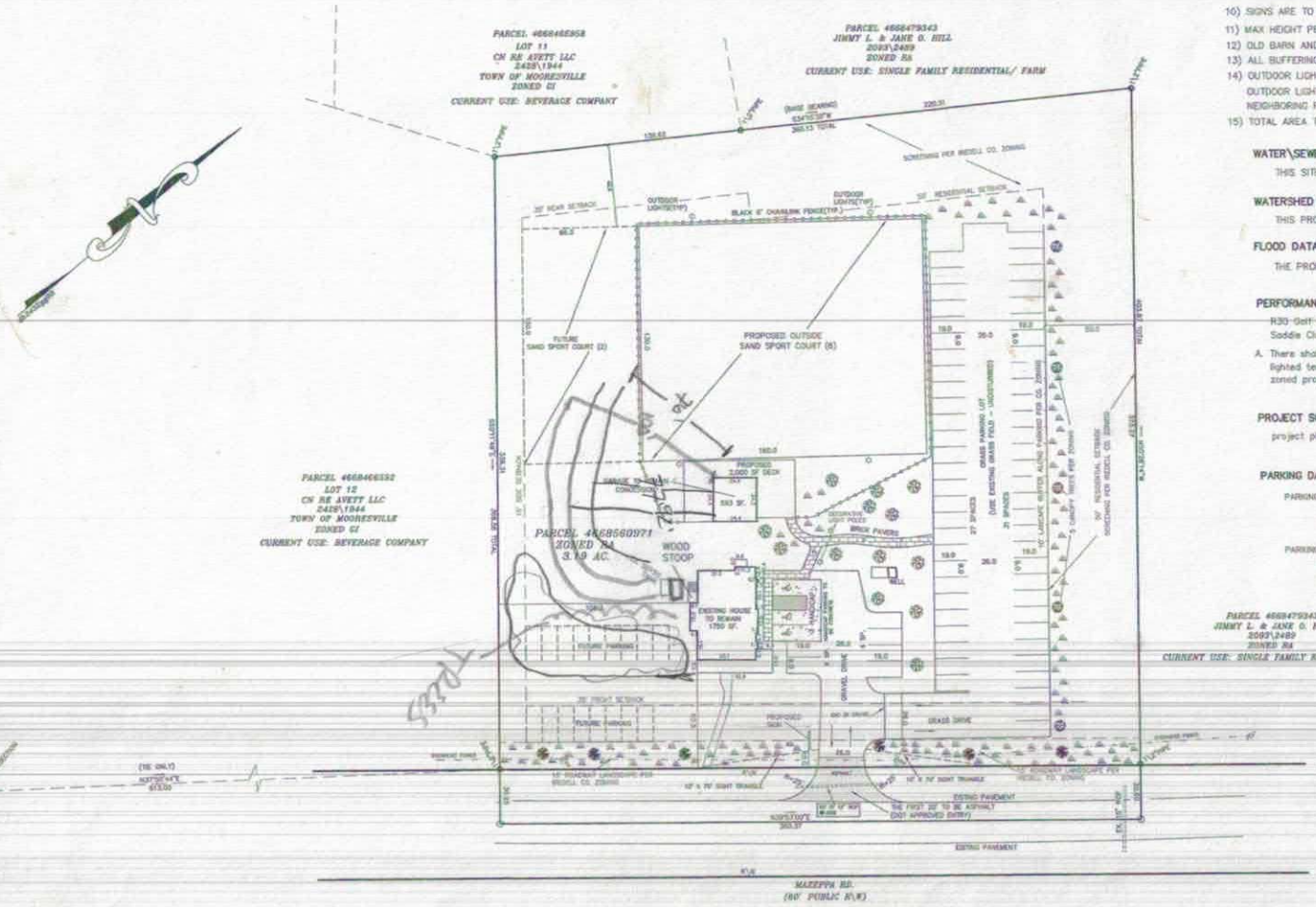
A. There shall be a fifty (50) foot minimum setback between clubhouses, swimming pools, lighted tennis courts, athletic fields, and other activity areas and adjacent residentially zoned property.

**PROJECT SCHEDULE**

project planned to start immediately and completed by spring of 2017.

**PARKING DATA**

PARKING REQUIRED:
1 SPACE FOR EVERY 2 PARTICIPANTS AT FULL CAPACITY
1 SPACE FOR EVERY 4 SPECTATORS
PLUS 1 SPACE FOR EVERY EMPLOYEE(S)= 41 SPACES
3 HANDICAP SPACES REQUIRED
PARKING PROVIDED
REGULAR SPACES = 64 SPACES
HANDICAP SPACES = 3 SPACES
TOTAL PARKING = 67 SPACES



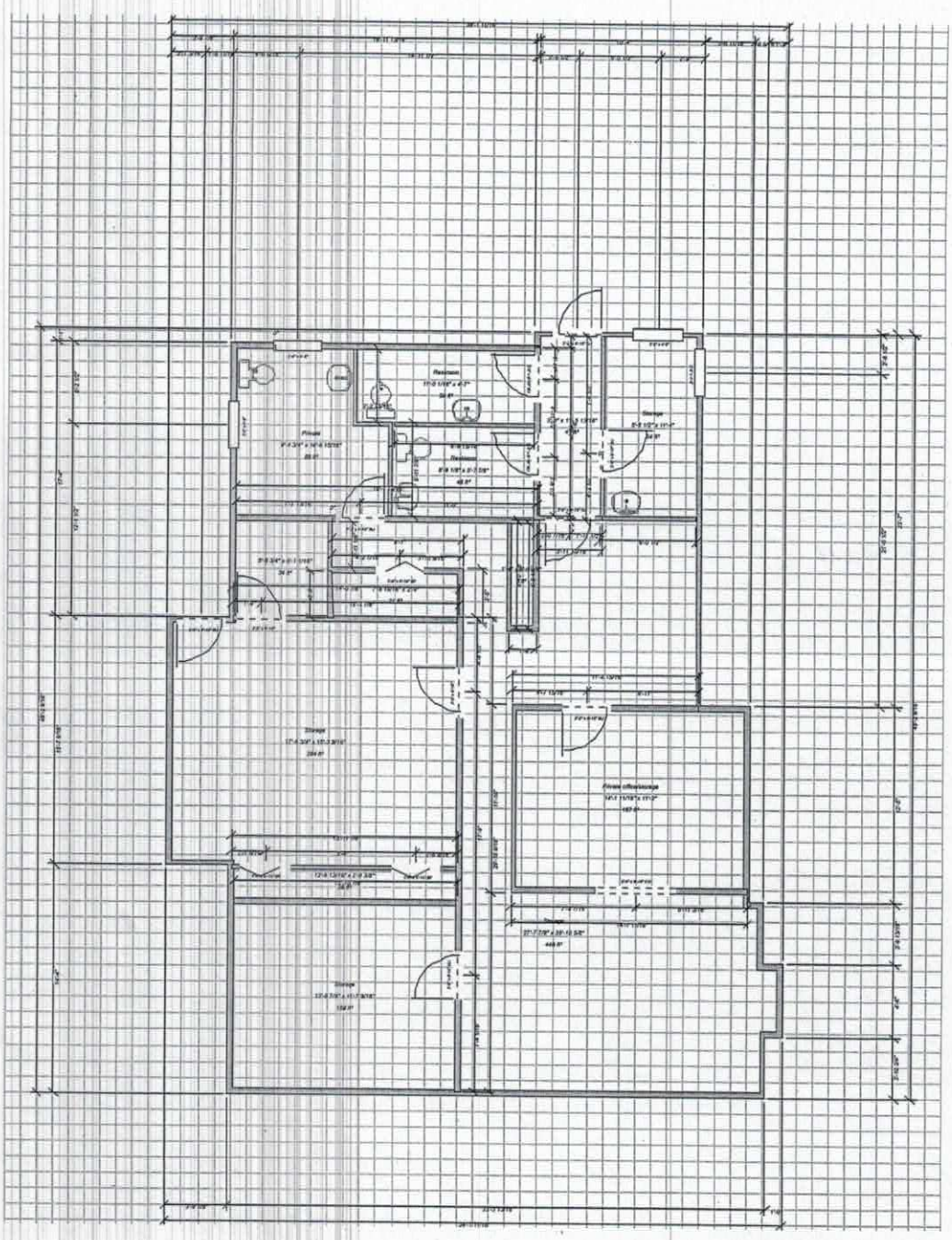

DAS
DON ALLEN & ASSOCIATES P.A.
"Since 1979"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
135 Gateway Park Drive – Suite 102 * Mooresville , N.C. 28117
(704) 664-7020 . (704) 664-8041 Fax
donallensurvey@gmail.com

SITE PLAN
OF
# 435 MAZEPPA RD.
CODDLE CREEK TWSP., IREDELL CO., N.C.
SCALE: 1" = 30' DATE: JAN. 31, 2017
REVISED: MARCH 28, 2017 (DOT TRIANGLES AND PPC)

OWNER: JEFFREY A. & JODI R. LAFFOON
GROUP NAME:CAROLINA ATHLETIC CLUB
153 MARKETPLACE AVE.
MOORESVILLE NC. 28117

GRAPHIC SCALE
0 15 30 60 120
( IN FEET )
1 inch = 30 ft.

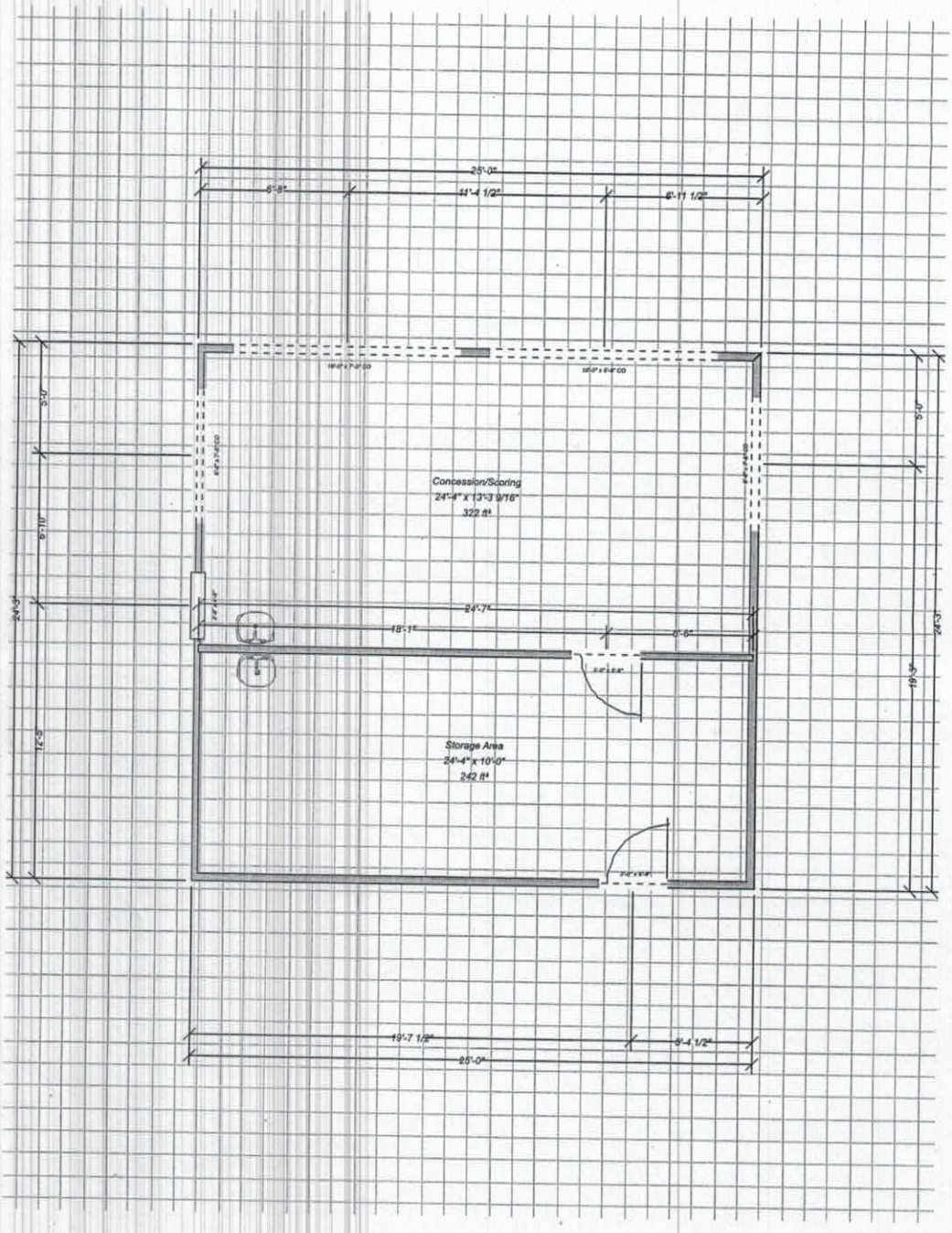
FILE NAME: MAZEPPA 435 — 13457.DWG



Acknowledgement Of
Plans Submittal ONLY!

Date APPROVED JUN 14 2017

Date 6/14/17




Acknowledgement Of
Plans Submittal ONLY!

_____ Date APPROVED JUN 14 2017

_____ Date 6/14/17

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 225524 |
| Issue Date: 03/24/2017 |

## ZONING PERMIT

Residential

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4668560971.000 | 435 MAZEPPA ROAD, MOORESVILLE, NC | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Owner: LAFFOON JODI R+JEFFREY | Applicant: LAFFOON JODI R+JEFFREY |
| Address: PO Box 4251<br>MOORESVILLE, NC 28117 | Address: PO Box 4251<br>MOORESVILLE, NC 28117 |
| Phone: | Phone: |

| Use Requested | Zone Code |
|---|---|
| CHANGE OF USE FROM HOUSE TO STORAGE FOR VOLLEYBALL COURTS | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 3.190 | 35.00 | 35/50.00 | 15.00 | 50.00 | NOT | X |

**Remarks:**

RURAL COMMERCIAL RECREATIONAL FACILITY TO OPERATE VOLLEYBALL COURTS APPROVED BY THE BOA ON 2/16/17; MUST COMPLY WITH THE SITE PLAN AS APPROVED BY THE BOARD

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: 3/24/17

| Permit Number | 97585 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|