IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3025 PERMIT # 181549

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

M.A.D. PIN # 4674384259

APPLICANT/OWNER: Rick Petit / Robert McGivern APPLICANT ADDRESS: 143 Secretriat Ln

SITE ADDRESS: 109 Aragon Ct. Mooresville, NC PHONE: 1401-524-9548 ALT. PHONE 704-575-1591

SITE DIRECTIONS: Hwy 3 → L on Aragon → lot on L at corner SAP CONTROLLED: ☐ YES ☑ NO

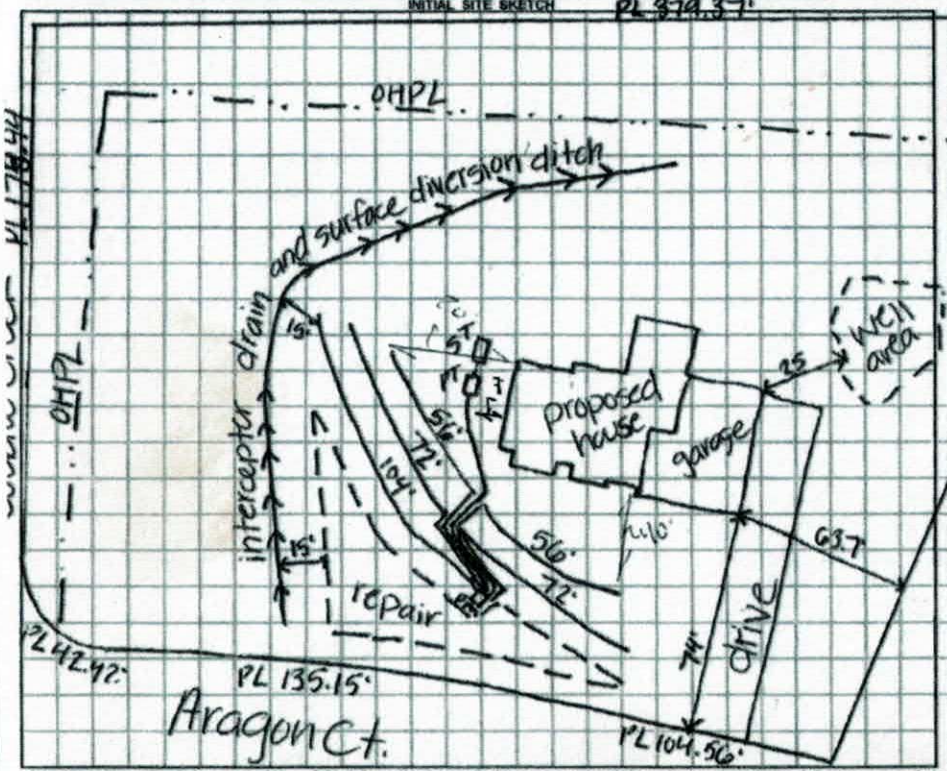
SUBDIVISION: Cabes Crossing SECTION: N/A LOT # 1 LOT AREA: 1.705 ac DESIGN FLOW: 360 gpd L.T.A.R.: .25

Septic Tank	1000	(gal)	STB 10/30/17	Date	Tap	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 3	Water Supply
Pump Tank	1000	(gal)	PT 283	Date	11/7/17	System Description: PM 25% reduction				☐ Business	No. Persons 6	☑ Private
Pump Make	Zoeller	Model	152	Serial #		Repair System Description: LP PPBPS				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft	360'	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	24"/24"	Gravel Depth	N/A		☐ GRAVITY	☑ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

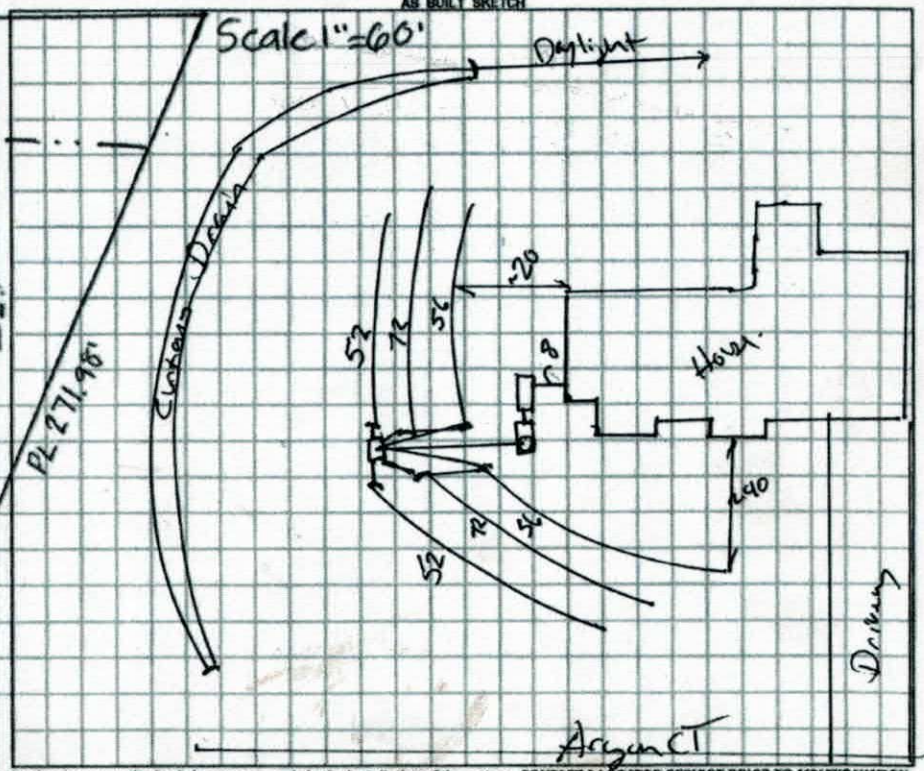
Comments / Conditions: Install interceptor drain 48" deep with a surface diversion ditch to divert surface water, day light interceptor drain below all components of septic.

6 lines. 104 split 2 52.

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

☐ IMPROVEMENT PERMIT *with 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: 6-27-17 Installed by: Dellinger

IMPROVEMENT PERMIT by: [signature] Date: 6-27-17 OPERATION PERMIT by: [signature] Date: 2-5-18

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 6-27-17 Existing System Inspected by: Date:

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 181549

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM M.A.D. PIN # 4674384259

APPLICANT/OWNER: Rick Petit / Robert McGivern APPLICANT ADDRESS: 143 Secretriat Ln

SITE ADDRESS: 109 Aragon Ct. Mooresville, NC PHONE: 401-524-9148 ALT. PHONE 704-575-1591

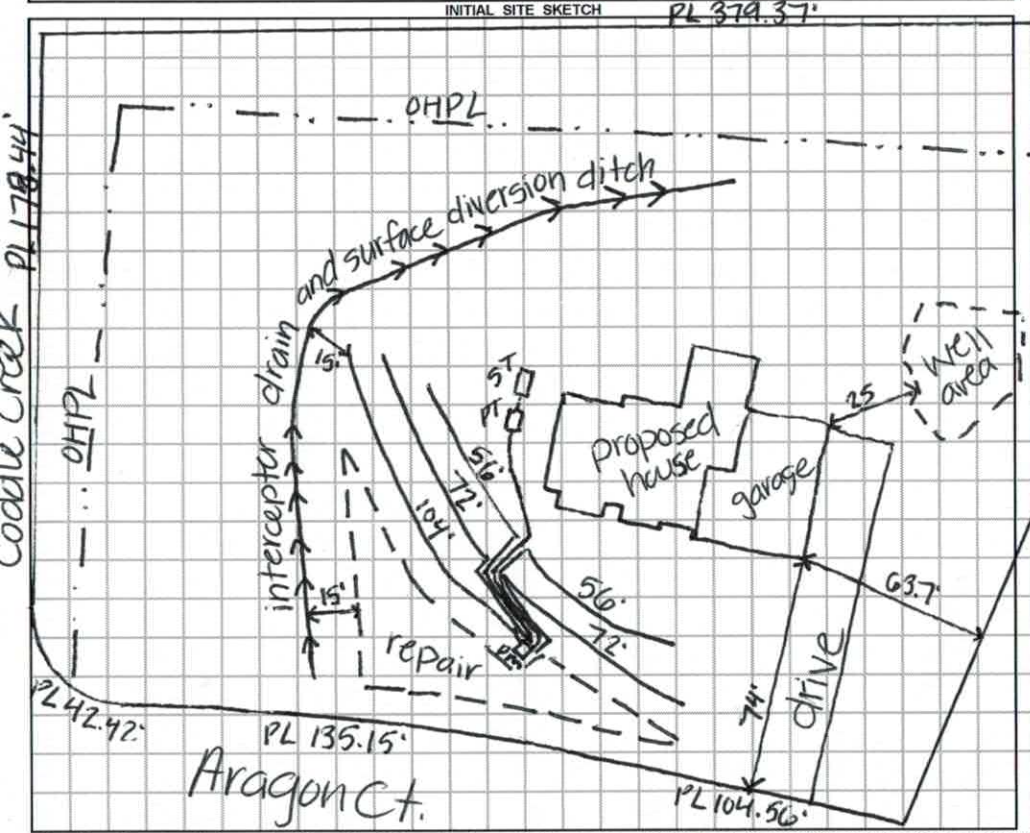
SITE DIRECTIONS: Hwy 3 → L on Aragon → lot on L at corner SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Cabes Crossing SECTION: N/A LOT # 1 LOT AREA: 1.705 ac DESIGN FLOW: 360gpd L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	Date	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000	(gal)	PT	Date	System Description: PM 25% reduction				☐ Business	No. Persons	6	☑ Private
Pump Make		Model		Serial #	Repair System Description: LP PPBPS				☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft	360'	Maintenance Agreement Required:	☐ YES	☑ NO	☐ Slab	☑ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	24"/24" high side	Gravel Depth	N/A		☐ GRAVITY	☑ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install interceptor drain 48" deep with a surface diversion ditch to divert surface water, day light interceptor drain below all components of septic.

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1"=60'

See attached as built - Page 2

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: 6-27-17 Installed by: Dellinger

IMPROVEMENT PERMIT by: Pamela Watson Date: 6-27-17 OPERATION PERMIT by: Pamela Watson Date: 2-5-18

AUTHORIZATION TO CONSTRUCT by: Pamela Watson Date: 6-27-17 Existing System Inspected by: Date:

	Date	Initials
Drain Lines Checked	12/13/17	B.B.
Tanks Checked	12/13/17	
Pressure Manifold or Valve Box Checked	2-5-18	KW
Pressure Head Set	2-5-18	KW
Electrical Checked	2-5-18	KW
Floats Set	2-5-18	KW
Alarm Checked	2-5-18	KW
Maintenance Contract Y (N)	—	
Comments: 2 not required for Type III B		

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 3
Property ID: 4674-38-4259
Lot #: 1
File #:
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Steve McGrady
Address: 15386 Lime St. Hesperia CA 92345
Proposed Facility: 3 BRM Design Flow (.1949) 360gpd
Location of Site: 109 Aragon Ct Mooresville NC
Water Supply: [ ] Public [X] Individual [X] Well
Evaluation Method: [X] Auger Boring [ ] Pit
Type of Wastewater: [X] Sewage [ ] Industrial Process

Applicant: Jessica Redlin
Date Evaluated: 12-6-13
Property Size: ~~Yes~~ 1.705ac
Property Recorded: yes
[ ] Spring [ ] Other
[ ] Cut
[ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
B 1	SS 3-4%	0-8	RB SC Gr	Fr SS SP SEP	Plow Layer (Ap)	44"	—	—	UN
		8-24	YR C WFSBK	Fr SS SP SEP	Chr2 >16", com YB				
		24-44	RY CL/C WFSBK	Fr SS SP SEP	com Chr2, com YB, com Sep, com R clay veins,				
B 2	HS 3%	0-14	B SCL Gr	Fr SS SP SEP	Ap				PS
		14-24	B SCL Gr	Fr SS SP SEP	com Mn				
		24-35	B SC WFSBK	Fr SS SP SEP	com Mn, few RB mottles few YB				.2 to 40"
		35-48	YB C WFSBK	Fr SS SP SEP	Chr2 > 40", many Mn, few Red mottles				
B 3	SS 3-4%	0-8	RB SC WFSBK	Fr SS SP SEP					PS
		8-20	B SCL WFSBK	Fr SS SP SEP	few Mn, few YB				.2-.225 to 40"
		20-38	YR C WFABK/SBK	Fr SS SP SEP	few Mn, com YB, few chr 3+4's, com Sep				
		38-48	YR C/CL WFSBK	Fr SS SP SEP	Chr2 >41", com Sep				
B 4	SS 4%	0-35	R C WFSBK	Fr SS SP SEP					PS
		35-40	R C/SCL WFSBK	Fr SS SP SEP	com YB,				.25
		40-48	R SC WFSBK	Fr SS SP SEP	few YB	Shallow Trench			

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	25% Red.	LP PPBPS
Site LTAR	0.25	0.25

Other Factors (.1946): None
Soil Evaluation By: ALP
Others Present: None
Site Classification (.1948): PS
Site Evaluation By: ALP
Others Present: None

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 2 of 3
Property ID: 4674-38-4259
Lot #: 1
File #:
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Steve McGrady
Address: 15386 Lime St. Hesperia CA 92345
Proposed Facility: 3BRM Design Flow (.1949) 360gpd
Location of Site: 109 Aragon Ct Mooresville NC
Water Supply: [ ] Public [H] Individual [T] Well
Evaluation Method: [T] Auger Boring [ ] Pit
Type of Wastewater: [T] Sewage [ ] Industrial Process

Applicant: Jessica Medlin
Date Evaluated: 12-6-13
Property Size: 1.705ac
Property Recorded: yes
[ ] Spring [ ] Other
[ ] Cut
[ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
B 5	SS 4%	0-30	RC WFSBK	Fr SS SP SE P					PS .275
		30-48	R CL WFSBK	Fr SS SP SE P	few Mn, very few YB	48"	—	—	
B 6	SS 4%	0-8	B SCL WFSBK	Fr SS SP SE P					PS .25
		8-26	RC WFSBK	Fr SS SP SE P	com Mica com Mn	48"	—	—	
		26-41	R SC/SCL WFSBK	Fr SS SP SE P					
		41-48	YR CL WFSBK	Fr SS SP SE P	com YB, few Mn				
B 7	HS 4%	0-22	B SC/CL WFSBK	Fr SS SP SE P					PS .2-.225 to 38"
		22-30	RB C WFSBK	Fr SS SP SE P	com Mn	46	-	-	
		30-40	YR C WFSBK	Fr SS SP SE P	com YB, Chr 2, >38"				
		40-46	YB C WFSBK	Fr SS SP SE P	com Chr 2				
B 8	HS 5%	0-40	RC WFSBK	Fr SS SP SE P	few/com Mn, few YB				PS .25
		40-48	R SC/CL WFSBK	Fr SS SP SE P	few YB, com Mn	48"	—	—	

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	25% Red	LP PPBPS
Site LTAR	0.25	0.25

Other Factors (.1946): None
Soil Evaluation By: ALP
Others Present: None
Site Classification (.1948): PS
Site Evaluation By: ALP
Others Present: None

B9 SS 4%
0-14 B C WFSBK Fr SS SP SE P few/com Mn, few YB .25 to 40"
14-37 RC WFSBK Fr SS SP SE P few YB
37-41 R CL WFSBK Fr SS SP SE P com Mn, com YB, Chr 2 40"
41-45 YB C WFSBK Fr SS SP SE P com Chr 2, com R mottles

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 3 of 3
Property ID: 4674-38-4259
Lot #: 1
File #:
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Steve McGrady
Address: 15386 Lime St. Hesperia CA 92345
Proposed Facility: 3BRM Design Flow (.1949) 360 gpd
Location of Site: 109 Aragon Ct Mooresville
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant: Jessica Medlin
Date Evaluated: 12-6-13
Property Size: 1.705
Property Recorded: yes

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
B 9	SS 4%	0-14	BC WFSBK	Fr SS SP SEXP	few/com R mottles	45"	-	-	PS
		14-37	RCL WFSBK	Fr SS SP SEXP	few YB				.25 to 40"
		37-41	RCL WFSBK	Fr SS SP SEXP	com Mn, com YB, Chr 2	40"			
		41-45	YB C WFSBK	Fr SS SP SEXP	com chr 2, com R mottles				

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	25% Red.	LP PPBPS
Site LTAR	0.25	0.25

Other Factors (.1946): None
Soil Evaluation By: ALP
Others Present: None
Site Classification (.1948): PS
Site Evaluation By: ALP
Others Present: None

Limited

RECEIVED JUN 26 2017

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

Paid $105.00
181549

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

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

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

The following optional attachments may also be submitted:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: FAMILY CONSTRUCTION & REMODELING LLC

Applicant Name: [redacted] Address: 15804 TRENTON RD HUNTERSVILLE NC 28078 Phone: 704-575-159

Owner Name: RICK PETIT Address: 143 SECRETRIAL LN MOORESVILLE NC 28117 Phone: 401-524-9148

Property Information:

Street Address: 109 ARAGON COURT MOORESVILLE NC 28115

Subdivision Name: CABE'S CROSSING Section/Phase: 1 Lot Number: 1

Driving Directions: JUST PAST CORNER OF SHEARERS AND PRESBYTERIAN, LEFT ON ARAGON CT, 1ST LOT ON LEFT

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure:

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference ( ) Alternative (X) 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: RE McGuire 6-26-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Richard Petit, am the legal owner(s) of the property located at 109 Aragon Court Mooresville, NC 28115, identified as PIN (Parcel Identification Number) 4674-38-4259, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Robert McGivern of Family Construction & Remodeling, LLC dba 6:48 Renovations, 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.

Richard Petit 5/29/17

Signature of Owner(s) Date

Signature of Witness Date

Please return this signed form to the appropriate office:

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

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

IREDELL COUNTY HEALTH DEPARTMENT

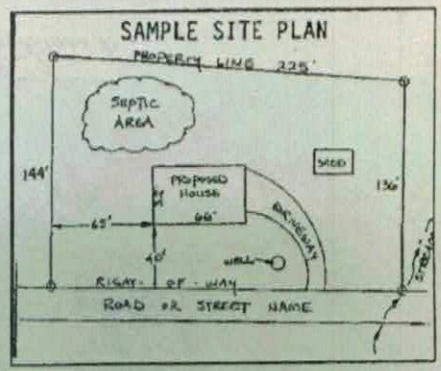
ENVIRONMENTAL HEALTH DIVISION

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:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

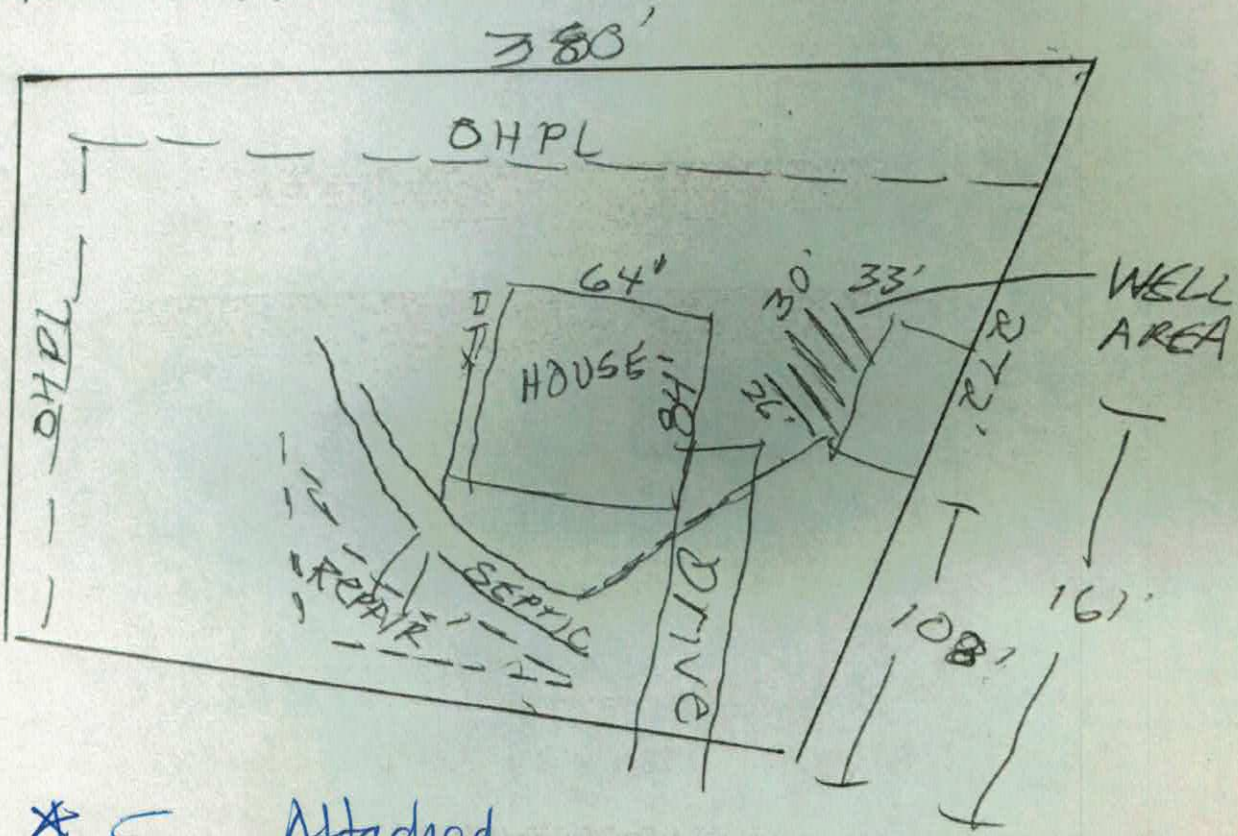


Circle N/A on the following if appropriate:

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

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 Scaled Drawing

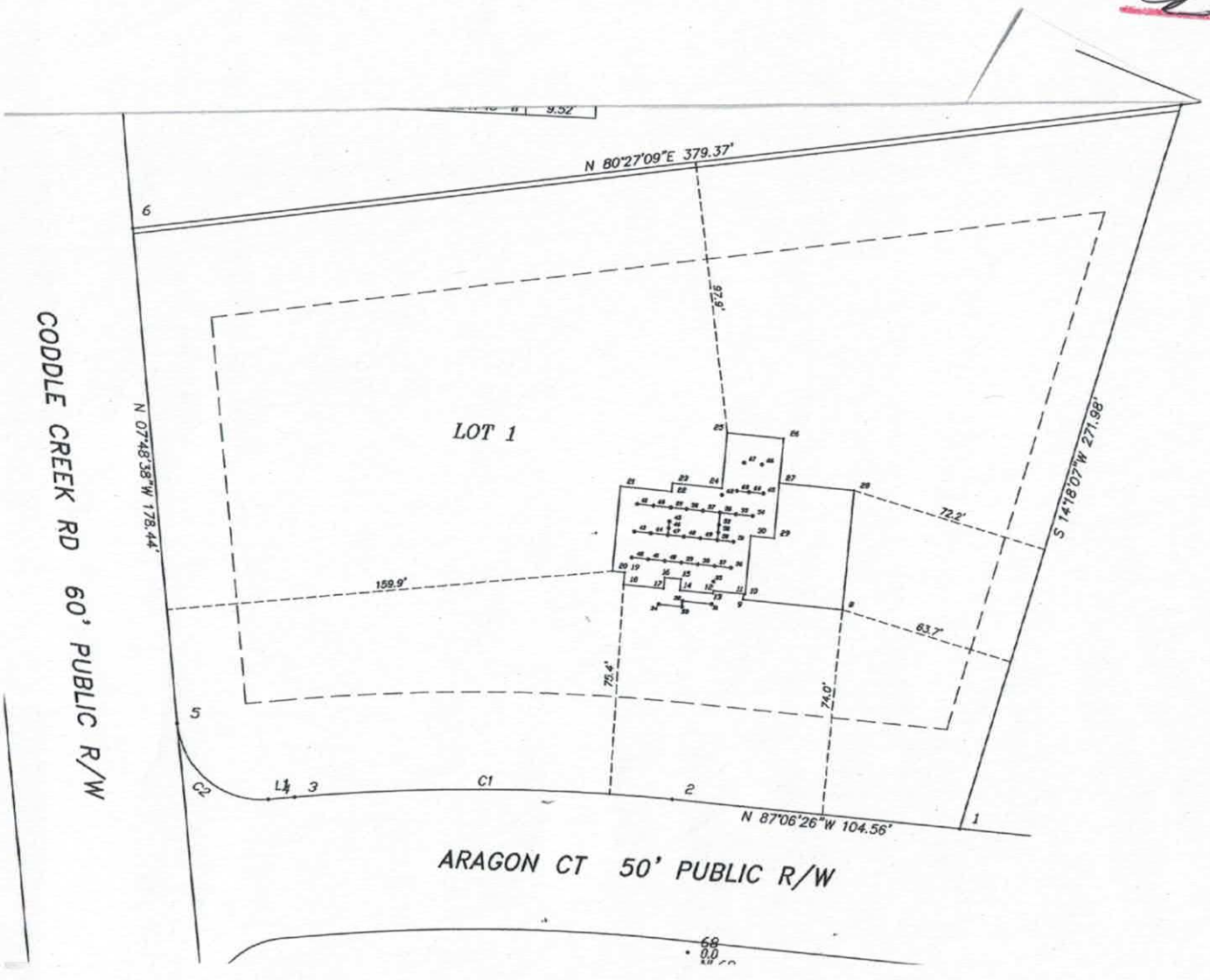
Signature: LEE McClung

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

6-27-17

DATE

Acknowledgement Of
Plans Submittal ONLY!
Date 6-27-17
Date 6-27-17



5

84'-0"

THE Marcord COLLECTION

LICENSE NUMBER: 108437

LEGEND

- RECESSED LIGHT
- RECESSED DIRECTIONAL LIGHT FIXTURE
- WALL MOUNTED LIGHT
- SURFACE-MOUNT LIGHT
- FLOOD LIGHT
- SURFACE-MOUNT FLUORESCENT
- RECESSED EXHAUST FAN VENTED TO THE EXTERIOR
- CEILING FAN
- DUPLEX OUTLET
- CEILING MOUNTED DUPLEX OUTLET
- 220V OUTLET
- FLUSH FLOOR MOUNTED OUTLET (VERIFY LOC.)
- TELEPHONE OUTLET
- DATA OUTLET
- TELEVISION OUTLET
- SPEAKER LOCATION
- SMOKE / CO DETECTOR (SEE "GENERAL NOTES" FOR OTHER SPECS.)
- RECESSED STRUCT. FIBERGLASS BEARING WALL
- POINT LOAD FROM ABOVE
- BEARING POINT LOCATION (PROVIDE SOLID BEARING - MIN. OF FIBERGLASS WIDTH USED)
- 4 X 4 POST FROM ROOF HIP, VALLEY OR RIDGE DOWN TO BEARING POINT ON WALL BELOW (MAX. OF 48" FROM VERT.)
- BEARING WALL SUPPORTING STRUCTURE ABOVE
- 4 X 10 HDR. + BEARING WALL INF. DOOR / OPENING @ TYP. (3) 2 X SUPPORT EA END (SIM.)
- DROPPED STRUCT. FIBERGLASS BEARING WALL

ENERGY ENVELOPE KEY

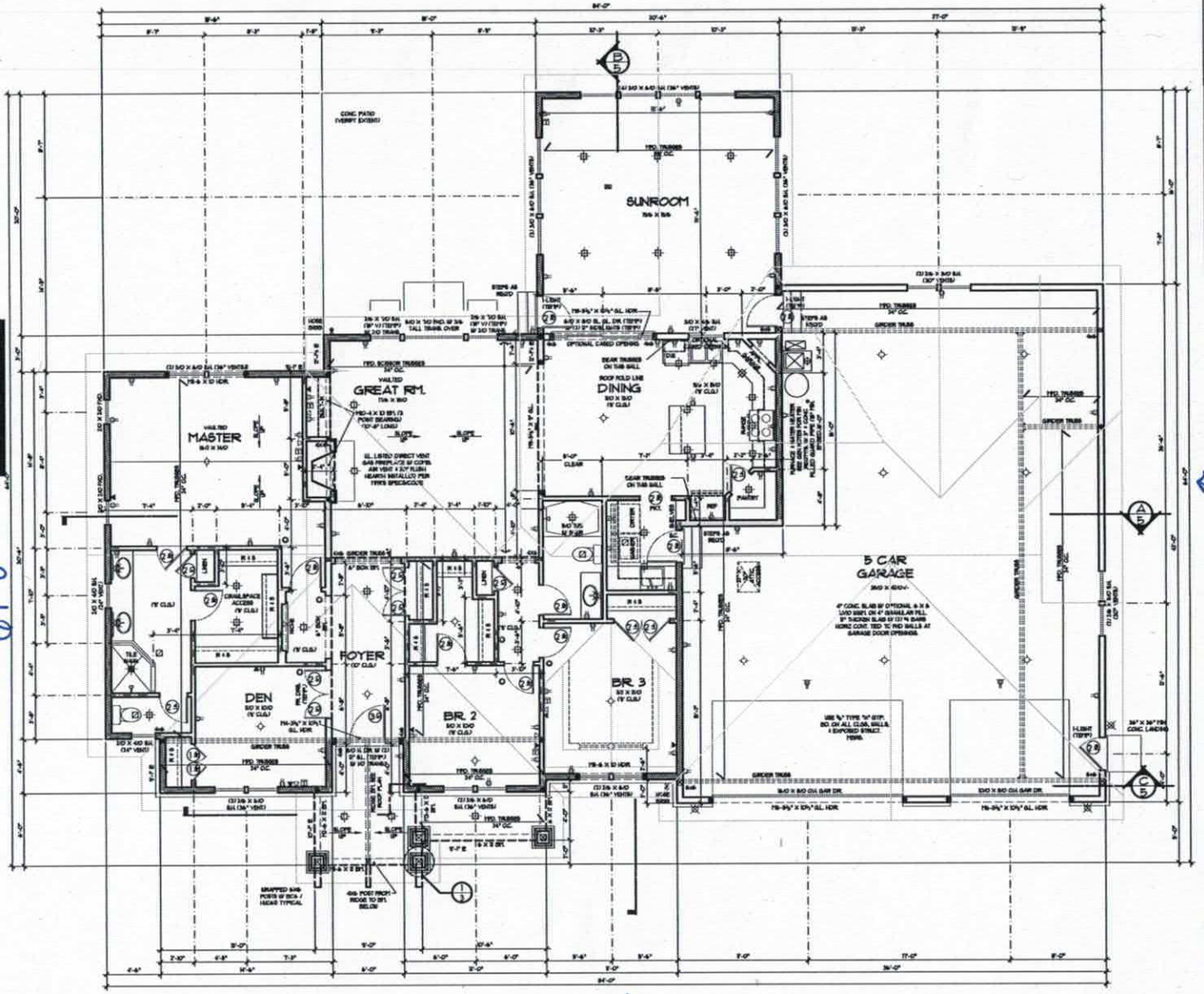
WALL PUR/CLG. INSUL.
FOUNDATION INSUL.
(SEE SHEET "5" FOR INSULATION VALUES)

C.O. DET LOCATION

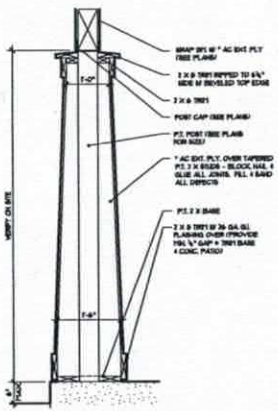
CARBON MONOXIDE ALARMS SHALL BE LOCATED IN EA. BEDROOM OR WITHIN 10 FEET OUTSIDE OF EA. BEDROOM DOOR, AT EVERY FLOOR LEVEL W/ BEDROOMS

(SEE SHEET "6" FOR ADDT'L INFO)

64'-0"



84'-0"



1 POST DETAIL

MAIN FLOOR PLAN

Acknowledgement of Plans Submittal ONLY!

Date 6-27-17

Date 6-27-17

Home plans professionally marketed by: UO unlimited options, inc

COPYRIGHT © 2016 ALAN MARCORD DESIGN ASSOCIATES, INC.

Marcord COLLECTION

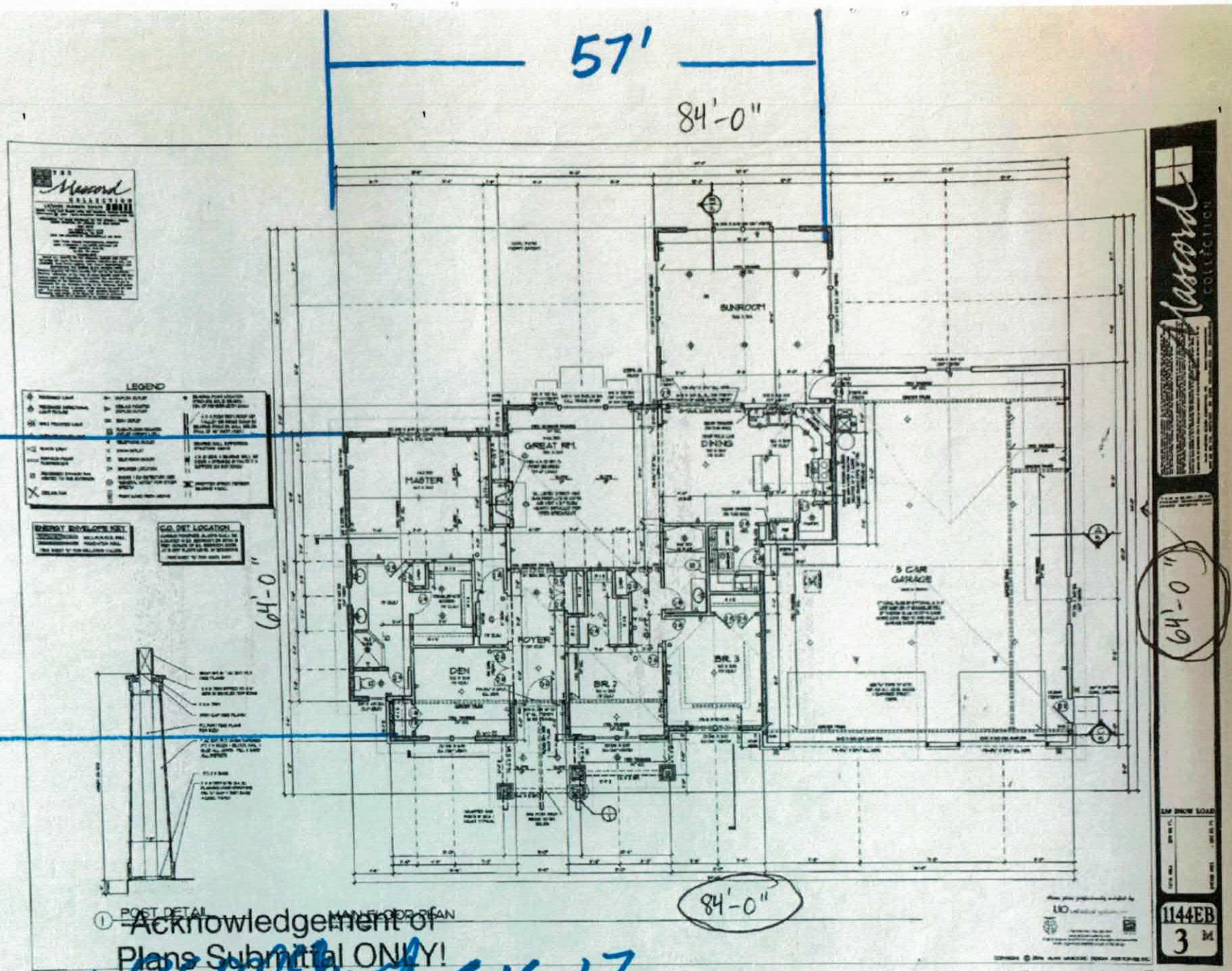
ASP SNOW LOAD

TOTAL AREA SQ. FT.

GARAGE AREA SQ. FT.

1144EB

3 M



Acknowledgement of Plans Submittal ONLY!

REM/SENT 6.16.17

Date _____

Date _____

FULL ENVELOPE 84x64 BUT LIVING AREA [redacted] IS CLOSER TO 57 X 30'/2 → PLEASE NOTE SMALL SUNROOM AND GARAGE REM

RECEIVED OCT 17 2013

Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

FILE COPY

Zoning Permit

Printed: 10/17/2013

Permit Number: 181549ZO

Master #: 181549

Associated Permits:
181549ZO Zoning

Applicant

Name: JESSICA MEDLIN
Address: 5315 GOLDMINE ROAD
MONROE, NC 28110

Phone: 704-576-5010
8688-34087

Parcel

Parcel Number: 4674384259.000
Address: 000 Aragon Ct.
Mooresville, NC 28115
Subdivision: CABE'S CROSSING

Zoning: Ra
Township: 0300
Area:
Lot(s): 1

Directions to Parcel: Coddle Creek Rd South, left Aragon just infront of Johnson Dairy Rd, property on left

Owners

Name: STEVE & DOREEN MCGRADY
Address: 15386 LIME ST
HESPERIA, CA 92345

Contractors

Contractor Type: Special
Name: Owner
Address:

Fees and Receipts:

Number	Description	Amount
FEE-299559-07	Zoning - Permit Application	$75.00
FEE-299561-07	Technology Fee - Planning	$2.25
FEE-299562-07	Environmental Health - Gravity System	$500.00

$ PAID
577.25
C. Card
10-17-13 AD